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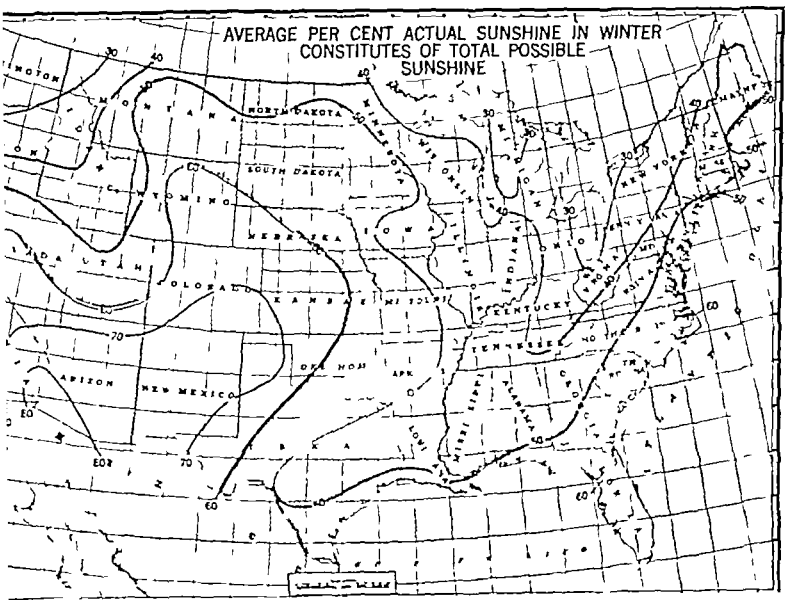
IT CAN HAPPEN HERE

Lest we forget—we who are of the vitamin D era—severe rickets is not yet eradicated, and moderate and mild rickets are still prevalent Here is a white child (see facing page), supposedly well fed if judged by weight alone, who developed severe rickets despite the fact that he was reared on a farm in a locality having an average amount of fall and winter sunshine equal to that in Texas, Louisiana, and a number of other southern states

How much more likely then that rickets will develop among city-bred children who live under a smokepall for a large part of each year True, vitamin D is more or less routinely prescribed nowadays for infants But is the anti-ricketic routinely administered in the home? Does the child refuse it? Is it given in some unstandardized form, purchased from a false sense of economy because the physician did not specify the kind?

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The state in which the boy pictured at right developed bow legs and other signs of severe rickets lies between latitudes 37° and 42° Most of this state has from 50 to 60% winter sunshine (regarded as a sunny climate) and a portion has from 40 to 50% winter sunshine As will be seen from the blue area in the U S Weather Bureau map at the left, the major portion of the United States lies in a similar belt Only a relatively small thinly populated section has a higher percentage of winter sunshine



Example of severe rickets in a sunny clime Courtesy of E H Christopherson, M D , San Diego, and of "California and Western Medicine

DESPITE the fact that this child was brought up on a farm and evidently lived out of doors a good deal, in a locality having a high altitude and a sunny climate, he developed all the stigmata of severe rickets—*genu varum*, quadratic head, flat feet To guard against such deformities, children in most sections of the United States need a regularly administered, dependable antiricketic such as Oleum Percomorphum

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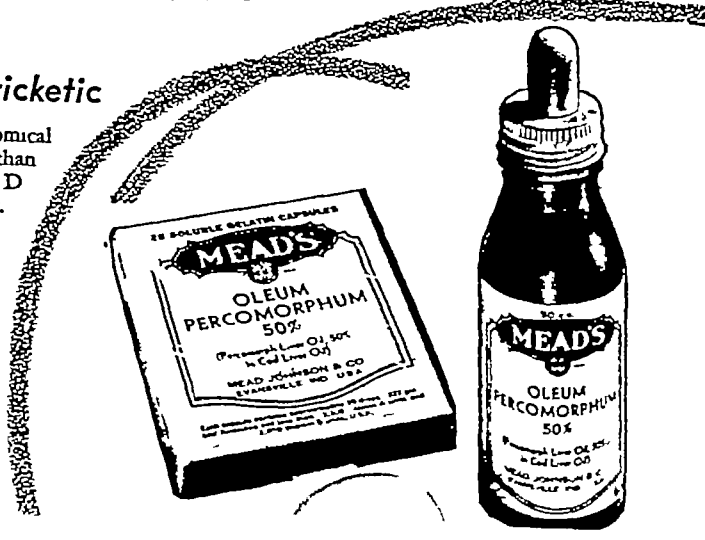
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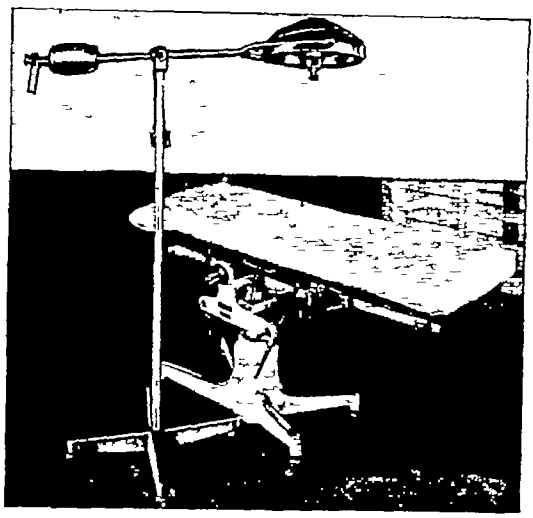
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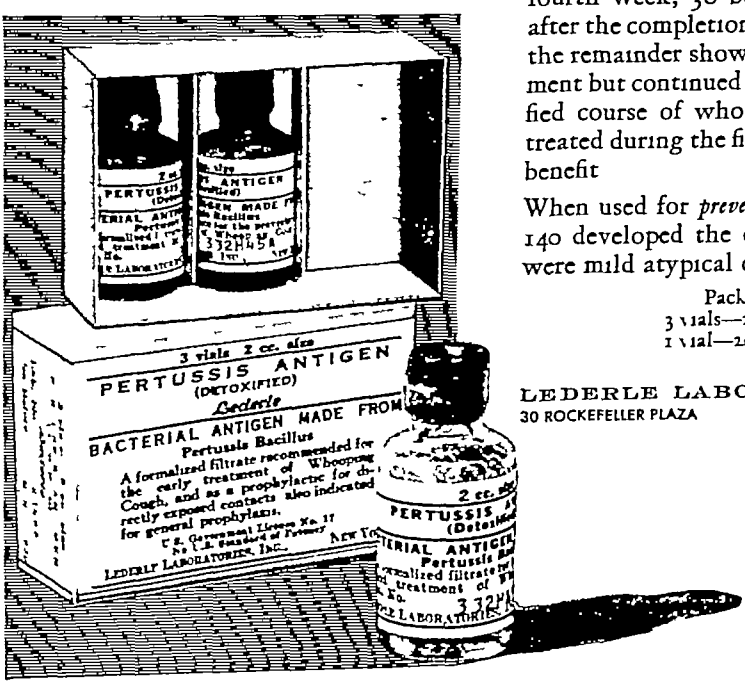
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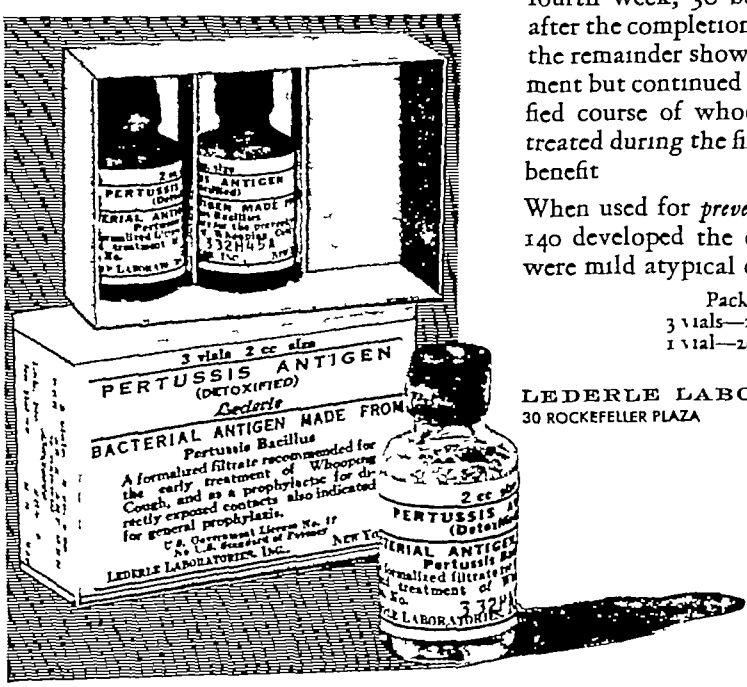
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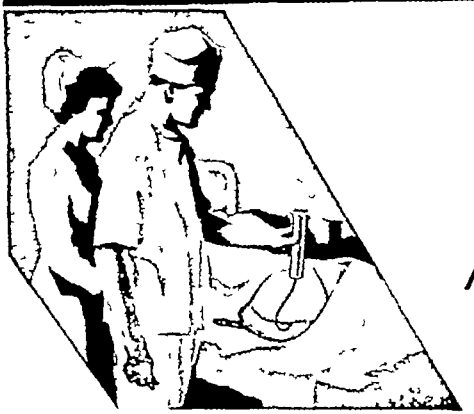
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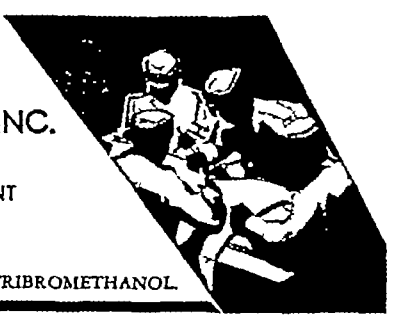
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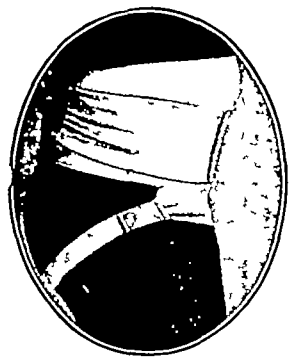
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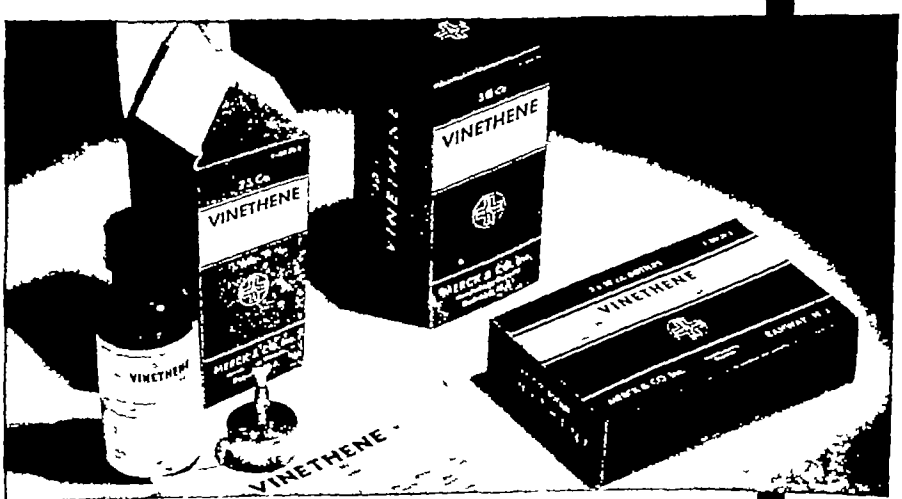
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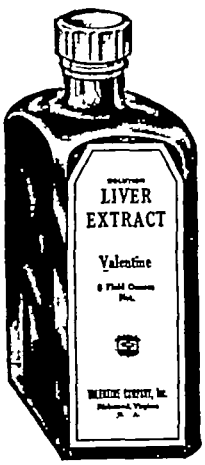
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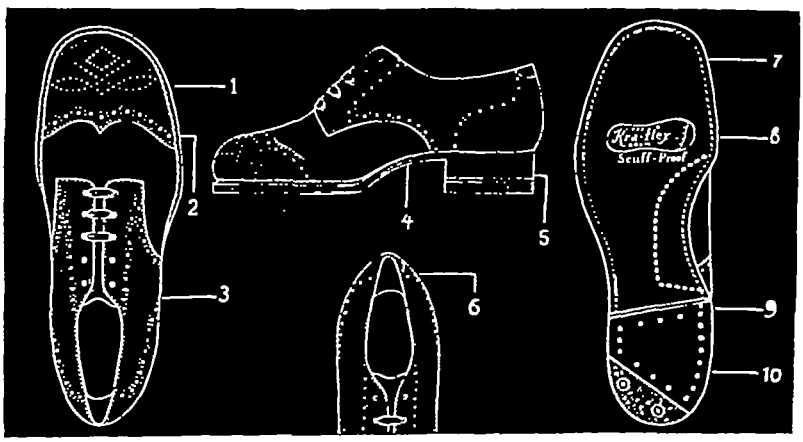
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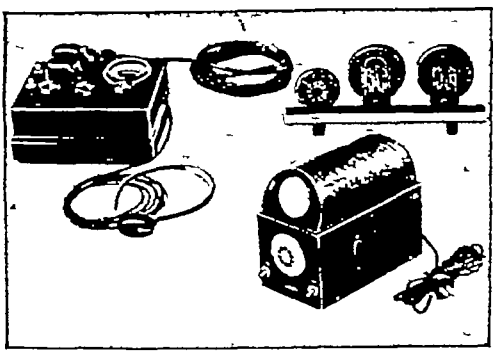
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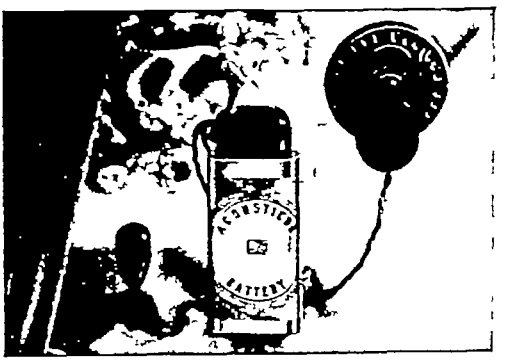
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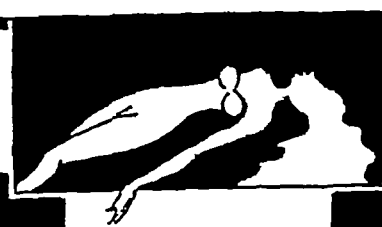
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Vol 38 JANUARY 1, 1938 No 1

POLIOMYELITIS

The Present Status of our Knowledge

JOHN FITCH LANDON, M D, *New York City*

Despite the prodigious amount of intensive work expended by laboratory workers, epidemiologists, and clinicians in studying poliomyelitis during the past thirty years, much if not most of our knowledge of this disease still remains extremely hazy and speculative Many of the fundamental facts essential to our understanding of any communicable disease, such as etiology, incubation period, mode of transmission, method of entrance of the causative organism into the body, prevention, and specific treatment are either entirely unknown or only partially understood Compare, for instance, the extraordinarily complete knowledge in our possession concerning diphtheria with our woefully inadequate comprehension of the problem of poliomyelitis Much of the data in the latter disease is so conflicting as to leave one annoyed and dazed

It is perhaps trite to state that the more obscure our knowledge of any disease, the more fascinating it becomes and this probably accounts in large measure for the widespread interest in the problem of poliomyelitis

The purpose of this paper is to present a synopsis of the recent experimental and clinical studies and to summarize our present knowledge of the disease

Etiology

Although it has not yet been definitely proven, so far as the human subject is concerned, all of the experimental evidence has for many years pointed to a filterable virus as the causative agent of poliomyelitis, despite the fact that Rosenow[1] still insists that a pleomorphic streptococcus is responsible Tremendous advances in the study of viruses in general have been recently made Thus it has been possible, by the employment of collodion membranes of varying degrees of permeability,[2] to estimate the size of the various viruses, that of poliomyelitis being found to be extremely small, approximately 100th of a millimicron in diameter or 100th of the diameter of a staphylococcus or one millionth of its mass[3] Further, it has been demonstrated that once a virus has undergone union with its prey cell no amount of antiserum can attack it[4] This experimental evidence possibly explains the recently demonstrated apparent inefficacy of serum in the treatment of human cases, since once clinical manifestations of the disease have become apparent, it may be too late for any form of serum therapy This point will be discussed later

Mode of Invasion

The concept as to how the virus gains entrance into the body has been radically changed due to recent experimental work For many years it was believed that the disease was generalized and systemic, that the whole body shared more or less in the infection, the central nervous system being invaded by way of the meninges and the spinal fluid However, the work of Fairbrother and Hurst[5] and later Jungeblut and Spring[6] has of-

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tirely possible that under certain conditions in the human being both the nasal and the gastrointestinal routes may play a part

Significance of Neutralizing Antibodies

Another interesting problem which has recently received intensive study is the significance of neutralizing antibodies in the blood of convalescents and so-called "normal" individuals For many years it has been known that in a large percentage of adults who give no history of the disease or known exposure to it, neutralizing substances may be found in the blood Since the proportion of immune sera increases with age it has been reasoned by analogy with diphtheria[14 15] that most individuals have been rendered immune from the disease by contact with a dose of the virus so small as to produce an unrecognized attack of the disease and yet sufficient to afford protection—the so-called theory of subclinical immunization This important immunological concept has been built up entirely on the assumption that the amount of neutralizing substance present in the blood can be accepted as an accurate indication of the resistance of the individual to the disease This postulate is now under severe fire Thus, it has been shown[16] in a fairly large series (183) of patients convalescent from the disease that nearly forty per cent showed no antibody in the blood Equally surprising is the suggestive evidence presented by Harmon and Harkins[16] that the disease may develop in the presence of neutralizing antibodies The significance of this work is apparent If the presence of neutralizing antibody in the blood cannot be accepted as proof of the individual's resistance to the disease then the long adhered to theory of immunization by subinfective doses of the virus must be seriously questioned In short, the presence of neutralizing antibodies in the blood may represent only humoral immunity and *not* tissue immunity and may therefore be unreliable as an index of active resistance on the part of the central nervous system to the disease The *specificity* of these antibodies has also been questioned, Jungeblut and others[17] having shown that various widely diverse substances such as diphtheritic and antistreptococcic antitoxins, antivenoms, human placentas, and even the sera from pregnant mares also contain specific virus-neutralizing antibodies

Students who reject the theory that contact with the virus alone is essential to antibody stimulation have advanced various suggestions to account for resistance such as constitutional factors, growth, the so-called maturation theory, endocrine influences, and blood grouping (Jungeblut and Smith[18] demonstrated that individuals with group B blood are found markedly resistant to poliomyelitis)

In short, our entire concept of the significance of the presence or absence of antibodies in the human blood may have to be revised, and, concomitantly perhaps, also, a revision of the previously accepted epidemiological theories

Turning to the practical aspects of the disease, let us first consider the newer explanation of the symptomatology based upon the previously reviewed theory of axonal transmission of the virus by the olfactory tract The earlier and now practically discarded systemic theory of the disease was postulated on the entrance of the virus into the blood by the lymph and thence into the central nervous system by penetration of the meningochoroid barrier, the earliest symptoms being usually referable either to the gastrointestinal tract (vomiting or diarrhea) the upper respiratory tract (coryza and bronchitis) or marked sweating, hyperesthesia, tremor, headache, drowsiness, tachycardia, apprehension, and fever According to the more recent neurological concept as proposed by Faber[19] and others these symptoms can all be explained on the basis of the invasion by the virus of the sensory and vegetative centers of the diencephalon, which it reaches via the olfactory tract With further progression of the virus to the posterior horn cells of the cord, there ensues the train of signs formerly attributed largely to meningeal irritation —stiff and painful neck and spine, exaggerated deep reflexes Kernig's sign, and local pain and tenderness of the muscles A few hours later with involvement of the anterior horn cells

fered almost conclusive proof that the virus is transmitted directly along the axones of the nerve cells and neither systemically or by way of the perineural lymphatics as previously suggested by Burrows[7] Virus injected into the cerebral cortex of rhesus monkeys has been traced to the thalamus, medulla, and cord by way of the nerve tracts In 1933 Faber and Gebhardt and coworkers[8,9] instilled virus into the nasal passages of monkeys and found that it reached the olfactory bulb on the fourth day, the hypothalamus on the fifth, thalamus and midbrain on the sixth, and the spinal cord presumably via the spinothalamic tract on the seventh day It was demonstrated that when the olfactory nerves were severed no monkey developed the disease after nasal instillation whereas all of the control animals were infected and succumbed Observers have repeatedly pointed out that the olfactory mucosa with its twenty-odd amyelinic nerve fibers passing up through the cribiform pate present an ideal field for attack by the virus It has been suggested that many individuals harbor the virus in their nasal passages without succumbing to the disease until trauma, such as tonsillectomy[10] or excessive muscular exertion lowers the resistance of the host sufficiently to allow penetration of the virus into the central nervous system The hitherto totally inexplicable occurrence of single cases in very isolated communities might be explained on the basis of such a theory

Although the experimental evidence for olfactory entrance of the virus appears overwhelming, it should not be overlooked that the evidence is still experimental and that what may hold true for monkeys does not necessarily apply to the human being This important lesson was learned from the employment of human convalescent serum which completely protects the animal in experiments with *in vivo* neutralization tests but is apparently of very slight, if any, benefit to man In this connection the work of Lawrence W Smith[11] of Willard Parker Hospital in 1931 should be mentioned He states

Examination of fifty-six olfactory bulbs microscopically has shown a surprisingly small amount of pathological change There has frequently been edema and congestion, harbingers of more extensive damage, but in less than a fourth of them, do the characteristic cellular infiltrative changes, as seen in the ganglia and nerve roots, appear Either any inflammatory reaction in these organs is extremely short-lived, unlike the lesions of poliomyelitis elsewhere in the central nervous system, or the virus passes along these structures without leaving its identifying signature The third possibility which strikes us as more logical, in view of the essential differences in the nature of the pathological lesions, is that the olfactory bulb in human beings is not necessarily as frequent a pathway for the virus as is commonly held, and the nerve roots elsewhere are equally important portals of entry, possibly indirectly by way of the blood stream to their ganglia This might help explain the relative infrequency of cerebral and cerebellar involvement. From our studies the pathways of distribution of the virus do not seem to be so simply explained in human cases as they do in experimental animal inoculation, and we are inclined to feel that not only direct extension by way of the nasopharynx and other nerve roots, but also the gastro-intestinal tract and blood stream must be considered as very significant factors

Very recently also investigators at the Rockefeller Institute[12] have added considerable experimental corroboration of these views

Furthermore, the general changes which occur throughout the body especially in the gastrointestinal tract and the generalized lymphatic hyperplasia must be explained by the advocates of the theory that poliomyelitis is a disease solely of the central nervous system The explanation advanced that the changes observed outside the nervous system are secondary and nonspecific and such as may occur in any febrile conditions, seems a bit weak

Again, virus has been recovered from the spleen by perfusion, the suggested explanation being that the virus "spills over" at the neural synapses, and gains entrance into extraneural system tissue

Thus while the case for olfactory transmission of the virus seems proven experimentally, there are still doubting Thomases such as Toomey[13] who, for the reasons previously cited, believe that the gastrointestinal tract is the portal of entry As a matter of fact, it seems en-

tirely possible that under certain conditions in the human being both the nasal and the gastrointestinal routes may play a part

Significance of Neutralizing Antibodies

Another interesting problem which has recently received intensive study is the significance of neutralizing antibodies in the blood of convalescents and so-called "normal' individuals For many years it has been known that in a large percentage of adults who give no history of the disease or known exposure to it, neutralizing substances may be found in the blood Since the proportion of immune sera increases with age it has been reasoned by analogy with diphtheria[14 15] that most individuals have been rendered immune from the disease by contact with a dose of the virus so small as to produce an unrecognized attack of the disease and yet sufficient to afford protection—the so-called theory of subclinical immunization This important immunological concept has been built up entirely on the assumption that the amount of neutralizing substance present in the blood can be accepted as an accurate indication of the resistance of the individual to the disease This postulate is now under severe fire Thus, it has been shown[16] in a fairly large series (183) of patients convalescent from the disease that nearly forty per cent showed no antibody in the blood Equally surprising is the suggestive evidence presented by Harmon and Harkins[16] that the disease may develop in the presence of neutralizing antibodies The significance of this work is apparent If the presence of neutralizing antibody in the blood cannot be accepted as proof of the individual's resistance to the disease then the long adhered to theory of immunization by subinfective doses of the virus must be seriously questioned In short, the presence of neutralizing antibodies in the blood may represent only humoral immunity and *not* tissue immunity and may therefore be unreliable as an index of active resistance on the part of the central nervous system to the disease The *specificity* of these antibodies has also been questioned, Jungeblut and others[17] having shown that various widely diverse substances such as diphtheritic and antistreptococcic antitoxins, antivenoms, human placentas, and even the sera from pregnant mares also contain specific virus-neutralizing antibodies

Students who reject the theory that contact with the virus alone is essential to antibody stimulation have advanced various suggestions to account for resistance such as constitutional factors, growth, the so-called maturation theory, endocrine influences, and blood grouping (Jungeblut and Smith[18] demonstrated that individuals with group B blood are found markedly resistant to poliomyelitis)

In short, our entire concept of the significance of the presence or absence of antibodies in the human blood may have to be revised, and, concomitantly perhaps, also, a revision of the previously accepted epidemiological theories

Turning to the practical aspects of the disease, let us first consider the newer explanation of the symptomatology based upon the previously reviewed theory of axonal transmission of the virus by the olfactory tract. The earlier and now practically discarded systemic theory of the disease was postulated on the entrance of the virus into the blood by the lymph and thence into the central nervous system by penetration of the meningochoroid barrier, the earliest symptoms being usually referable either to the gastrointestinal tract (vomiting or diarrhea), the upper respiratory tract (coryza and bronchitis) or marked sweating, hyperesthesia, tremor headache, drowsiness tachycardia apprehension and fever According to the more recent neurological concept as proposed by Faber[19] and others these symptoms can all be explained on the basis of the invasion by the virus of the sensory and vegetative centers of the diencephalon, which it reaches via the olfactory tract With further progression of the virus to the posterior horn cells of the cord, there ensues the train of signs formerly attributed largely to meningeal irritation —stiff and painful neck and spine, exaggerated deep reflexes, Kernig's sign, and local pain and tenderness of the muscles A few hours later with involvement of the anterior horn cells

there may appear the first evidence of weakness of the muscles, followed by the loss of tendon reflexes and flaccid paralysis The virus may die out at any point along the course producing either so-called abortive or nonparalytic (preparalytic) poliomyelitis In my opinion—perhaps because the mind is slow to abolish a long-accepted concept—this newer explanation does not as satisfactorily explain the progression of symptoms as that based on the older systemic theory, but, if axonal transmission via the olfactory nerves is accepted, then it is necessary to admit the probability of the newer theory being correct

It might be well to mention here that although a moderate increase in the cells of the spinal fluid is an almost constant finding in the acute stage of the disease, yet authentic cases may occur with a very slight increase and indeed, with no pleocytosis The converse is also true that a number of other conditions outside of the central nervous system—e g , enterocolitis, pharyngitis, tonsillitis, pneumonia, etc which may present for a time a clinical picture suggestive of poliomyelitis—may show a considerable increase in the spinal fluid cell count [20 21]

Prophylaxis

From the point of view of the practicing physician and the laity, the problem of prophylaxis and treatment has been of paramount importance for many years In 1916, during the New York City epidemic, the local Board of Health[22] received all manner of suggestions as to prophylaxis and treatment ranging from bags containing camphor to be hung around the neck to a serum made from the blood of frogs and intraspinal injections of fresh human saliva Today our attempts to discover specific prophylactic and therapeutic aids are fortunately on a more rational basis, but from a practical point of view, it must be admitted that the goal seems nearly as distant as it did twenty years ago

As for specific prophylaxis three methods have been recently advocated, the employment of immune blood, or of vaccines, and the intranasal instillation of viricidal substances

The intramuscular injection of whole blood was rather intensively practiced following the New York City epidemic of 1931 Stokes and his associates[23] in Philadelphia injected a fairly large group of children and concluded that their results justified further trial However, no definite proof of its efficacy has been advanced and for the simple reason that, due to the extremely low incidence of the disease—not more than one in 500 to 1,000 even in the worst epidemics—a prodigious number of individuals would have to be injected before anything like an adequate demonstration of its worth could be made

The argument advanced above may be employed in attempting to prove the clinical efficacy of vaccines However, the important question concerns not only the value of the agent but its safety Brodie and Park[24] developed a vaccine by injecting monkeys with poliomyelitis virus, emulsifying the cords, and inactivating the virus with formaldehyde Over nine thousand children have received this vaccine and it is claimed that after two doses six out of seven developed antibodies which persisted for eight months In view of the recent work questioning the infallability of the presence of humoral antibodies as an index of protection, the efficacy of this vaccine must remain *sub judice,* especially since a number of cases so treated have subsequently developed the disease even though at too great a length of time after inoculation to implicate the vaccine The present consensus of opinion is that, while the vaccine is safe, much more clinical data must be assembled before any definite statement as to its worth can be made It should be stated here, however, that there is a fairly general agreement that a completely inactivated virus fails to produce sufficient antigenic response to make it a potent immunizing agent

For this reason Kolmer[25] prepared a vaccine of infected emulsified cord in which the virus is devitalized but not completely killed by the use of sodium rincineolate Over 10,000 children throughout the country have received this vaccine Kolmer himself reports ten cases developing the disease several days after receiving two doses but none after receiving the third dose It is in-

teresting that paralysis developed in each instance in the limb where the vaccine was introduced, suggesting the possibility that the insufficiently inactivated virus gained entrance to the nervous system directly along the nerve of the injected part. However, the fact that paralysis did develop so soon after the injection of the vaccine would appear to be sufficient proof that this method is unsafe and adequate reason for its discontinuance.

The demonstration that certain chemicals, notably those of alum and picric acid and zinc sulfate, instilled intranasally in monkeys block the passage of virus so introduced has suggested its possible clinical application to human beings exposed to the disease Of course this work is postulated on the assumption that the olfactory route is the main if not the sole way by which the virus gains entrance into the body Not sufficient data has accumulated to warrant any definite statement concerning its efficacy, but of all the suggested methods of prophylaxis this would seem to hold out the highest hope

The enthusiastic claims for human convalescent serum in the treatment of poliomyelitis were undoubtedly based on the rather remarkable demonstrations of its ability to protect monkeys against the experimental disease when injected intracerebrally Within the last five or six years, however, painstaking statistical analyses of several fairly large series of cases with controls have failed to make out a case for the serum A number of able clinicians, especially in the West, are nevertheless convinced that its employment is of distinct benefit and suggest that the failure to achieve more dramatic results may be due to a number of factors, such as insufficient dosage, too low a content of antibodies, administration too late in the disease, etc. Nearly all students are in agreement on two points, first that the serum is worthless after paralysis has set in and secondly, that it should not be administered intraspinally because of the tendency to aggravate the already existing signs and symptoms of meningeal irritation The possibility that its administration by the intravenous route may do harm should receive consideration The intravenous employment of *any* substance is attended with some danger, however slight In the 1931 New York City[29] epidemic, general reactions were observed in over eighteen per cent of the cases to whom serum was administered by that route

Summing up the case for convalescent serum therapy therefore, the most that can be said for it is that some observers still believe that it remains the most logical means of "specific" therapy which we possess and that in their opinion further trial employing larger dosage seems justified However it should be borne in mind that the present consensus of opinion appears to be definitely unfavorable and the burden of proof of its value now rests on the shoulders of its advocates

Immune sera prepared from inoculating animals, especially horses, were employed in the 1931 New York epidemic[29] Death followed intraspinal injections in a number of cases and many severe reactions resulted from its administration intravenously so that its use has been discontinued

General Management

The general management of the ordinary "spinal" type of cases remains essentially what it was twenty years ago Rest which includes relief of pain, early immobilization of the paralyzed part (or parts) and, above all, encouragement, remain the fundamentals of therapy

So far as the more unusual types of the disease are concerned, namely, the "bulbar" and intercostal or diaphragmatic paralysis, not inconsiderable advances in our knowledge of how to handle them have been made in the past few years In the bulbar cases with involvement of the ninth and tenth cranial nerves where there is difficulty in swallowing with large amounts of mucoid material accumulating in the back of the throat, the essentials of treatment are (1) postural drainage—lowering the head of the bed to allow the secretions to flow out—(2) avoidance of all food or fluid by mouth during the first forty-eight hours, the patient's nutrition being maintained either by rectal feedings or intravenous infusions, and (3) almost constant aspiration of the accumulated secretions

of the throat by means of the Sorensen pump Use of the respirator is absolutely contraindicated in the bulbar type since it is practically impossible for the patient to synchronize his breathing with that of the machine and there is constant danger that the material will be drawn into the lung from the throat

The respirator should be reserved for cases having respiratory paralysis from either diaphragmatic or intercostal involvement or both There is apparently a widespread belief that this apparatus is uniformly lifesaving Analysis of the results of cases so treated,[30] however, do not bear out this impression For example, in the 1931 New York City epidemic, the mortality in a group of eighty-eight respirator-treated cases was 60 2 per cent but even more significant was the finding that, at the end of eighteen months, of the patients discharged from the hospital able to breathe spontaneously and apparently cured, 45 7 per cent had died from respiratory infections, chiefly pneumonia Extremely suggestive also of possible damage to the pulmonary structures is the marked alveolar emphysema and atelectasis found at postmortem The combined clinical and pathological findings thus suggest that the respirator may predispose the pulmonary apparatus to subsequent infection or collapse Its use is limited to a small group of cases where in some instances, it may be a life prolonging if not a life preserving measure

Conclusion

It is evident that much of the recent work on poliomyelitis has been destructive rather than constructive in nature—perhaps a healthy sign At any rate at the present time, we must face the fact that the prospects of solution of the many puzzling problems of this mysterious disease in the immediate future are not bright Until such a time as the epidemiology is thoroughly understood and until a simple method of determining the susceptibility to the disease has been found and definite specific prophylactic and therapeutic means for combating the disease have been discovered, it would seem that the lay public is entitled to share with us the realization of our profound ignorance of most of the essential facts of the disease The premature publication of half truths has for years kept the public in a state bordering on hysteria and has thrown a tremendous and increasing onus on the practicing physician

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NEGLECTED HEALTH FACTORS IN PUBLIC SCHOOLS

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The past few years have witnessed an accelerating interest in preventive medicine Progress in this field has been stimulated by organized medicine as well as by a number of lay groups However, our accumulated knowledge of preventive health principles and procedures is still far in advance of our actual practice of them

The most fertile and promising field for further progress in this direction undoubtedly lies in more intensive work with children If we could but mobilize all our preventive health forces for the development of a robust, sound child population, fortified with wholesome physical habits and mental attitudes, the future would find many of our present day distressing problems in large measure or wholly solved Certainly this would apply to such pressing subjects as juvenile delinquency and crime, maladjustments, many psychoses as well as preventable acute and numerous chronic physical disabilities

The public school system with its millions of pupils under intelligent supervision during the large part of each day offers an unusual opportunity to put into practice on a large scale the principles and methods of preventive medicine Already considerable has been accomplished Pre-school vaccination against small-pox, immunization against diphtheria, control of the reportable, communicable diseases have become an integral part of the school regime

In recent years serious endeavors have been made to improve the periodic physical examination for the detection and correction of remedial defects The formation and extension of special classes for handicapped children, the cardiacs, the undernourished, mentally retarded, the physically crippled have helped to alleviate the afflictions of many children and in some instances to prevent further deterioration Complete restoration of health is sometimes attained

In New York City the Child Guidance Bureau has recently been established for the study and treatment of the child who is maladjusted, whether it be emotionally, socially or intellectually This marks a very important advance in the long-neglected field of preventive mental health There, also, the introduction of the activity program, a stimulating and most wholesome method of progressive education, will undoubtedly prove helpful

There are, however, in the public schools of New York City with which this study is for the most part concerned, a number of conditions, methods, and customs which are definitely harmful to the child's health and which require complete revision The effects of these conditions upon the child's health are seldom seen by the public health worker or the educator to whom are entrusted the direction of the school health program They are seen very frequently by the pediatrist in his daily work and contacts with children and parents I shall introduce the discussion of these neglected health factors by citing a few cases

A boy of ten was brought to me because of abdominal pain and vomiting These symptoms came on after lunch and on his way back to school for the afternoon session The child lived eight blocks from school The short lunch period, fifty minutes, allowed him no time to eat an adequate meal He rushed home, gulped his food, and raced back to beat the lateness gong On the way he would often vomit the half-chewed food The symptoms did not occur on school holidays Physical examination was negative

Within the past month, I saw a girl

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of twelve years, twenty pounds underweight When I inquired about her feeding schedule, her mother assured me that it was impossible for the child to snatch more than a "bite" at noon as the school lunch period was entirely too short

The following case illustrates how an outworn, unwholesome attitude toward the school attendance records often proves seriously harmful to the child's health A girl of eleven was seen at home with all the classical symptoms and signs of a lobar pneumonia A week previously the child had had a severe "cold" but had insisted on attending school even in inclement weather in order that her class should maintain its much coveted 100% attendance record The teacher had so overstressed the importance of this that the child could not be persuaded by her parents to remain at home She attended school to uphold the class honor until a severe chill proclaimed the onset of a disease which kept her home for six weeks

In another case frequent gastrointestinal disturbances occurred because of the filthy, unsanitary conditions of the school lavatory A girl of thirteen from a household of decent standards, refused to attend to her natural needs for bowel evacuation This produced attacks of severe abdominal discomfort and constipation

An adolescent girl of fourteen attending high school was brought to me because of persistent tired feeling and loss of appetite On taking a school history I learned that she seldom had any time for outdoor fresh air and exercise because of the tremendous amount of homework. Each one of her five departmental teachers assigned an hour or two of work almost every day The child rarely got to bed at night before 11 o'clock I weighed her pack of books which she carried to and from school and found they weighed fourteen pounds

Lack of cooperation on the part of some school supervisors and their lack of insight in mental hygiene problems are illustrated by the following case During the early part of last year I was very frequently summoned by an overanxious mother to see her son of eleven The usual complaints were indefinite pains in the throat and head At no time was there any elevation of temperature. At each visit physical examination was entirely negative I suspected that the boy was feigning illness in order to remain away from school He eventually admitted this At school, however, he always attained the highest marks His I Q test was 150 The obvious deduction was that the work in the classroom was too simple for him, that he was bored and that he should be placed in a higher grade I explained this to the mother and we took the matter up with the principal of the school The latter disagreed with the findings and recommendation, was very resentful of any suggestion from the pediatrist, and the boy continued to have his symptoms. This year, however, there was a reorganization of classes in that school and it was found convenient to have my patient skip a class to one which has proven to be far more stimulating I am now rarely summoned to the home and when on occasion the boy is really sick, we can hardly keep him away from school

These cases are typical of many that I have observed in the private practice of pediatrics and during the course of institutional work with children Some of the important factors responsible for these unhealthy conditions in the New York City Public School system are the short lunch period, the overemphasis on attendance records, the unsanitary conditions, excessive homework, overcrowded classes, and the insufficient knowledge and practice of the mental hygiene approach to children's problems on the part of many teachers and supervisors In addition to the case histories of school children, the facts to be presented here regarding these subjects have been obtained from personal visits to a number of schools, from talks with parents and teachers, and as a member of several school health committees.

The Lunch Period

The recess allotted for lunch in the elementary school is fifty minutes The child is usually dismissed at 12M and is marked late if he returns to the class room after ten minutes to one He is expected to be on time in the yard not

later than a quarter to one This leaves at most forty-five minutes to leave the school building, to travel home and back to school, to eat lunch, to wash up and attend to necessary wants, and in walking to guard against street accidents by watching the traffic carefully and the traffic signals The schools are situated from one to eight blocks from the homes

In many instances the task is an impossible one There is no time for an adequate lunch. Much of the food is omitted or gulped The nervous strain attending this hurry frequently causes a lack of appetite and fatigue

The short lunch period allows no time for relaxation after the meal, so essential after the morning's work Seham, whose work on fatigue in the child is well-known, says of the luncheon period "Every child should be required to remain at the table for thirty minutes Before returning to school he should spend fifteen minutes in complete relaxation The rest, coupled with the walk home from school, will help to neutralize the morning's fatigue"

In 1925, when I first became interested in this subject, I sent a questionnaire to the Boards of Education of the ten largest cities in the United States ranking next in population to New York and obtained the following data regarding the lunch period

Chicago	1 to 1¼ hours
Boston	1¼ hours
Philadelphia	1¼ hours
Pittsburgh	1 to 1¼ hours
St. Louis	1 hour 10 mins
Baltimore	1¼ hours
San Francisco	1 hour
Detroit	1¼ to 1½ hours
Cleveland	1½ hours
Los Angeles	1 hour

New York has the shortest lunch period of any large city

In 1930 the New York County Medical Society through a subcommittee on the Length of School Lunches of the Committee on the Health of School Children made a survey of this subject Ninety questionnaires were sent to representative child welfare organizations, individual leaders in various universities interested in child hygiene, and pediatrists familiar with school health conditions in New York City

Fifty-three replies were received Only two favored the present schedule, fourteen favored one hour, nineteen favored 1¼ hours, and eighteen favored 1½ hours In its report published in 1931, the committee suggested that the fifty minute luncheon period should be changed to 1¼ hours

The Attendance Problem

Regular attendance at school should be encouraged but when this is overstressed, often becomes subversive to good health In some schools the attendance is made the subject of keen competition between the classes and a large placard marked "100%" is displayed on the door of the classroom that has no child absent during the designated period Prizes and banners are awarded for the best attendance record

If a pupil becomes ill and remains at home, his particular class may lose its pre-eminence The child with a keen sense of loyalty or perhaps of fear is apt to disregard or conceal early symptoms which may later prove to be serious He comes to school to uphold the class record only to intensify his own symptoms and to spread the infection among his classmates

It has long been the practice to send a monthly report to each school giving a comparative rating on the basis of attendance Some principals finding their school low in the list and desirous of making a good record are apt to put pressure upon the children directly or through the classroom teacher This sometimes leads to punishment for absences even in the case of illness

In 1935 a survey of the Committee on Child Health and School Attendance of the United Parents Association found that "in some schools all absences were punishable alike whether due to illness, truancy or other causes Punishments of children who had been absent because of illness included the withholding of the commendation card even in the case of the child of high academic achievement, marking the child zero for those classes from which he had been absent for a given day, in crowded classrooms sending the child who had been absent to the back of the room to share a seat rather than permitting him to return to the in-

dividual seat to which he had previously been assigned, or threatening the child with various dire penalties if he should fail to attend school regularly"

I am fully aware that neither the Board of Education nor the Superintendent of Schools in New York City wants sick children in the classroom nor do they want punishments meted out for legitimate absences But as long as keen competition for attendance records between pupils, between classes and between schools is fostered by the school authorities, it is difficult to eliminate the undue pressure upon the child

The attendance record can be kept up best by making the school work attractive and stimulating to the child Where this is done, as it is in some classrooms, there is no attendance problem

An underlying contributory factor in stimulating the drive for the high attendance record has probably been our system of state financial aid Under this plan the amount of money granted by the State of New York to its various cities for educational purposes depends upon the number of children in actual attendance A deduction is made for every day that a child is absent In New York such deductions for absences have cost the city as much as $270,000 in one winter month The actual expenditure for operating the schools remains the same whether children are absent or not It would seem more reasonable that state aid should be granted on the basis of the number of teachers and supervisory staff employed in the educational system Such a plan has been employed in Philadelphia and Pittsburgh

Sanitary Conditions

Sanitary conditions in many of the schools are a distinct menace to the child's health I have known a large number of children who find it impossible, because of the filth and stench to use the lavatories and frequently suffer unnecessary discomfort and pains I have visited a number of such school lavatories and found them entirely unfit for use—dirty, inadequately flushed, surcharged with an ammoniacal odor and without toilet tissue According to a recent survey by the Health Committee of the United Parents Association in only fourteen schools of fifty-one visited did the lavatories conform to modern standards Nineteen still had the old-fashioned outside toilets, some without even a connecting shed to the main part of the building Seats are of the "old square wooden type painted a dingy gray"

There is no adequate equipment for washing the hands No soap or towels are provided Some schools have no wash basins It seems incredible that such an elemental principle of health and decency as washing the hands should be entirely neglected in the largest educational system in the country While children are taught the importance of cleanliness and personal hygiene in the classroom, no efforts have been made to provide them with the first essentials to carry out these teachings

The school lavatories are frequently without supervision and unprotected from intruders No matrons or attendants are assigned to these important posts The entire set-up has a most unsavory, unhygienic atmosphere

In some instances the condition of the lavatories is undoubtedly due to the "contract system" of custodial service under which the custodian receives a lump sum to keep the school in order The fewer assistants he employs for this purpose the larger his personal income Although theoretically the custodian is responsible to the principal, it is amazing to learn what little influence the principal really has From my conversations with a number of principals, I am forced to the conclusion that the principals are more afraid of the custodians than the custodians are of them For the protection of the school child's health the contract system should be abolished

Excessive Homework

While efforts have been made in recent years to reduce the amount of homework in the lower grades of the elementary schools, nothing has been done about this matter in the upper grades and in the high schools

Four and five hours of work after a full day at school is undermining the health of thousands of our adolescent children At this period especially they

require relaxation, fresh air, and healthful outdoor exercise Instead we find children already tired from their school work embarking on another long period of mental exertion at home, often in crowded quarters under artificial light and retiring at 11 or 12 P M A great many suffer from chronic fatigue, anemia, loss of appetite, scoliosis, and eye strain

On the whole, the job of the school child in the upper grades and high school is one that no adult would tolerate It is about time we drew up a bill of rights for the school child How about a maximum hour law?

Mental Hygiene and the Overcrowded Classroom

For the prevention of mental disorders and juvenile delinquency there is no more important subject today than that of mental hygiene The school child, in the classroom one-third of his waking hours is tremendously influenced by the teacher in his mental and emotional reactions I have observed the metamorphosis of the nervous, irritable, unhappy child into a normal joyous personality by the change of a teacher I have seen tics and enuresis disappear in a like manner

Many teachers untrained in aspects of mental hygiene do not realize to what extent their actions and words affect the personality of the child One descriptive epithet, unwittingly uttered, often stirs up feelings of inferiority in the child which may have a lasting effect on his future behavior

All too often the teacher untrained in mental hygiene fails to recognize in the shy "goody-goody" of the class the asocial child who, withdrawing into a world of his own may be an incipient dementia precox She may not realize that the obviously "troublesome" child to whom she is giving all of her attention may be much the healthier of the two

Teachers must be trained to consider the health of the school child not only from the physical but the mental hygiene angle Mental hygiene courses for every teacher should be made compulsory

The overcrowded classroom makes it difficult for even the trained teacher to create and maintain a wholesome and healthful atmosphere in the classroom It is impossible to expect one teacher to give intelligent instruction and guidance to forty to fifty (at times even more) children There is no time for any individual attention There are in New York City at the present time almost six thousand classes with registers between forty and fifty-five children No class should have more than thirty-five children

Conclusions

The program outlined here for the protection of the school child's health in New York City is not a utopian one It is based on health principles which are elemental, so obvious as to be axiomatic It includes the following recommendations

1 Increase of the school lunch period from the present fifty minutes to 1¼ hours

2 Competition for one hundred per cent attendance records to be abolished

3 Revision of the State aid law so that funds be granted on the basis of the number of teachers and supervisory staff employed instead of attendance

4 Modern clean toilets under proper supervision by attendant and matron

5 Soap, towels, and wash basins

6 Abolition of the "contract system" of custodial service Sufficient help to insure cleanliness of the entire school building

7 Excessive homework for all classes in elementary schools and high schools to be curtailed

8 Thorough mental hygiene courses for all teachers to be made compulsory

9 Development of the mental hygiene approach

10 Maximum number of pupils in any class to be thirty-five

The practical application of these suggestions would entail the expenditure of considerable effort and additional funds It is essential however, that they be carried out The returns in healthier and happier children will undoubtedly justify our endeavors

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SURGICAL TREATMENT OF STRABISMUS

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Almost a century has passed since Dieffenbach, in 1839, performed the first tenotomy for strabismus, and in this interval numerous volumes have appeared covering all phases of the subject While it is true that much has been learned from these contributions, uncertainty still dwells in the minds of many on the surgical treatment of squint In this discussion an effort will be made to point out some of the reasons for this uncertainty and to direct your attention to some established facts, with the hope that this may prove helpful in handling these cases

Before proceeding with the actual operative treatment of squint it is appropriate to review the preoperative requirements No case should be considered from a surgical point of view until a certain minimum of information is at hand, and such a work-up should include the follow ng

1 Refraction under complete cycloplegia
2 Visual acuity, presence or absence of fusion and of diplopia
3 Measurement of the amount of deviation
   (a) With and without correction of refractive error
   (b) With and without cycloplegia
   (c) For distance and for near
   (d) In the six cardinal directions of gaze
4 A study of the movements of the eyes by the comitance test
5 A study of the near point of convergence

Since the *selection of the proper type of operative procedure* is the most important step in the surgical treatment of strabismus, we must use every available means to safeguard against an improper choice Our greatest aid in reaching a proper decision consists in an intelligent analysis of the preoperative findings Let us now consider some of the practical points to be gleaned from such a study

Error of refraction The accommodative origin of many squints is so thoroughly understood that little need be said about the importance of knowing what effect the use of lenses has upon the deviation I do not consider a deviation that is removable by lenses a surgical problem Occasionally one may encounter circumstances sufficiently extenuating to justify operation, but let us not be misguided by every patient's desire to have straight eyes without glasses. Cases of convergent strabismus with high hyperopia should be treated most conservatively In many such cases the correction of the refractive error diminishes but does not completely abolish the deviation The persistence in the use of the full correction over a period of years will often have a surprising effect upon this type of squint If one is forced to operate, special care should be exercised to avoid too great a weakening of the power of convergence, otherwise, in a very short period, a disfiguring exotropia results In these cases it is my aim to slightly undercorrect the residual squint and to accomplish this largely by a strengthening operation supplemented, if necessary, by a minimal (two mm) recession

Visual acuity, Fusion, and Diplopia Information on the *visual acuity* is important because any amblyopia ex anopsia should be corrected, if possible, by occlusion prior to operation In a convergent strabismus the presence of a high degree of amblyopia with eccentric fixation is a contraindication to a generous recession It is well-known that an eye devoid of the power of central fixation has a much greater tendency to diverge subsequently This natural tendency is greatly enhanced if the converging power is destroyed by too liberal a recession Conversely, when dealing with an amblyopic diverging eye, every attempt should be made to increase the ability to converge by a generous shortening of the internal rectus supplemented, if need be, by a recession of the external rectus The *presence or absence of fusion* does not influence the selection of the type of operation but gives us valuable information on the result we

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have reason to expect It is always desirable to know preoperatively whether or not there is a diplopia, for if one is forced to operate in the presence of a double vision every effort must be made to increase the field of binocular single vision No general rules can be laid down in this condition but it is well to remember that a slight diplopia in the lower fields is often more annoying than a larger one confined to upward gaze Postoperative diplopia, the bête noir of ocular muscle surgeons, usually follows an overcorrection produced by a crippling recession or a complete tenotomy

Measurement of the amount of deviation Many methods are in use to determine the degree of squint, some of which are crude and inaccurate and should be used only when the more refined tests cannot be employed In my opinion, the screen test, as advocated by Duane, and seconded by White, is the method of choice White has recently brought forward the advantages of this test and has so clearly shown the reasons for its preference that it is sufficient for me to say that I am in complete accord with his views and urge its adoption Many objections have been raised to this test but, I believe, with a little patience and a moderate amount of experience, any one can become adept at measuring deviations by this method Complete information on the amount of deviation present under varying conditions is essential I know of no other way of accurately acquiring this information than by the use of the screen test

A deviation that is materially lessened by the correction of the refractive error, or by the use of complete cycloplegia, is largely accommodative in origin Any operative choice should bear this in mind and aim only at removing the nonaccommodative element For example, if in an esotropia, such a residual squint is more pronounced at the far range one would naturally incline towards a shortening of the external rectus, while if the residual deviation is present only at close range a recession of the internal rectus would be indicated Most ophthalmic surgeons agree in the rationale of such an operative selection yet comparatively few avail themselves of the opportunity of accurately acquiring this information preoperatively, by the use of the screen test It is generally recognized that a deviation most pronounced on distant fixation denotes an anomaly of divergence while one that is greatest at near range is primarily the result of a convergence anomaly, however very few surgeons make use of this knowledge in selecting their operative procedures Estimation of the amount of the deviation in the six cardinal directions of gaze gives us information on the concomitancy of the squint Many so-called concomitant deviations are of paralytic nature and only by measuring them in the different directions of gaze can this fact be brought out Duane, White, and others have stressed the importance of eliminating a vertical deviation, if a permanent correction of the lateral imbalance is to be obtained The coexistence of such a vertical deviation can best be brought out by measuring the amount of deviation present in the six cardinal directions of gaze It is not sufficient simply to note the presence of a small amount of vertical deviation but its causative factor must be determined by its behavior in the different directions of gaze In most cases of combined vertical and lateral squint both components have to be removed, yet there are a few in which a small vertical deviation can be ignored, if the operation is purely cosmetic Before operating upon a vertical deviation one must be positive which muscle is affected and should bear in mind that a double hypertropia is not an uncommon finding It is of the utmost importance to remember that the surgical handling of any vertical imbalance must be individual, however, the following general rules are helpful

1 Paresis of the superior Rectus with fixation by the paretic eye usually calls for a tenotomy of the inferior oblique of the opposite eye When fixation is maintained by the sound eye a shortening of the affected muscle gives the best result This is particularly true when there is a definite limitation of motility in its field of action

2 In Paresis of the inferior Rectus a shortening of the affected muscle is the operation of choice.

3 Paresis of the superior Oblique is usually an indication for a recession of the contralateral inferior rectus, although in some of these cases, a secondary spasm of

the inferior oblique of the affected eye is sufficient to warrant a tenectomy of this muscle An advancement of the affected muscle has also produced good results (Wheeler)

4 Paresis of the inferior Oblique can best be handled by an advancement of the affected muscle as described by Wheeler In selected instances a recession of the contralateral superior rectus may be the operation of choice

Another type of paralytic squint we frequently encounter is the secondary divergent strabismus that follows a crippling of the power of convergence In this type of case, where the divergence has become sufficiently marked to be a cosmetic blemish, a simple reattachment of the internal rectus is not sufficient Judging from my experience, these cases require a resection as well as a reattachment of the internal rectus, and in some instances it is even necessary to supplement this with a moderate recession of the antagonistic external rectus

The comitance test affords corroborative evidence on primary restriction or on secondary overaction in the different directions of gaze It is simply performed by selecting a card in front of the patient's nose in such a way that, in following the test object through the six diagnostic positions of gaze, he has to fix first with one eye then with the other This test is particularly useful in cases with a combined vertical and lateral squint, in bringing out the affected vertical muscle It thus aids materially in selection of the operative procedure necessary to remove the defect The *estimation of the convergence near point* is of service in helping us select the operation of choice in both convergent and divergent strabismus. An esotropia manifesting a marked spasmodic inshoot, on attempting to converge, certainly calls for a generous recession of the internal rectus When no such spasmodic inshoot exists, much greater caution must be used in receding the internal rectus An exotropia exhibiting no power of convergence requires more shortening of the internal rectus than does one with a good relative near point of convergence An exotropia with a normal near point of convergence is primarily due to a divergence excess, consequently the principal operative interference should be a recession of the external rectus Experience has shown however that unless some shortening of the internal rectus is also done an undercorrection results

Time of operation The author's views on the proper time for operation have already been set forth Therefore it is necessary only to reiterate that no arbitrary age limit should be set, and that operation should be performed when indicated regardless of the age It is my firm conviction that the vast majority of the deviations should be removed prior to the school age My reasons for advocating early operation are

1 A good functional result is more apt to be secured

2 Secondary muscular changes are less frequent in cases of short duration

3 Early removal of the cosmetic blemish is important from a psychological standpoint

4 Postoperative diplopia, if present, is more readily overcome in the young

Many objections are raised to early operation and chief among them is the necessity for the use of general anesthesia This objection to my mind is largely theoretical, for if one carefully analyzes his case preoperatively, he can usually determine beforehand the amount and character of the operative interference needed for its correction Of course he should be prepared to vary this plan, if unusual muscular conditions are found at operation, which possibility should always be borne in mind Operating under a local anesthetic has certain disadvantages that are not usually considered *First,* let me remind you that when only local instillations are used it is difficult to secure a satisfactory shortening because of the accompanying discomfort The patient is tense, and often holds his breath, with a resultant increase in bleeding, all of which add to the difficulties of the operation Based upon such experiences, it is now my policy to use either a general anesthetic or a cone injection when a liberal shortening is desired *Secondly,* when orbital injections are employed, the extraocular muscles are partially or completely paralyzed, therefore, it is no longer possible to judge accurately the effect of any given procedure It seems to me that in the aver-

age case a general anesthetic should be employed

Operative technic A great deal of needless discussion has been held over the virtues and values of certain operative technics There are many methods of shortening or strengthening a muscle, any one of which will be entirely satisfactory if properly performed Select the procedure with which you feel most competent and perfect your technic in that particular method Each method has some advantages and some disadvantages over the others My personal preference for shortening or strengthening a muscle is the *resection* advocated by Reese It seems to me that this method embodies most of the advantages and fewer of the disadvantages than do some of the other technics It is easy to perform, and if one is liberal in the amount of muscle removed, just as effective as an advancement Furthermore, should a thickening occur at the site of attachment, it is several millimeters removed from the limbus and hence much less unsightly Judging from my experience, properly inserted sutures give way so infrequently, one need consider this possibility only as the rarest of complications If this be true a resection is to be desired over a tucking Infection is another rare complication largely attributable to improper closure of the conjunctiva.

When a lengthening operation is to be chosen, my personal choice is the *recession* The uncertain results that followed uncontrolled tenotomy have been largely responsible for the widespread adoption of some form of scleral anchorage I formerly felt that tenotomy of the external rectus was a harmless procedure This was a mistake, which I now readily admit, for I have seen an annoying paresis follow a complete tenotomy of this muscle Recession is a great improvement over tenotomy but let us not be too liberal in the amount we recede an attachment Too enthusiastic approval of this valuable operative procedure will also lead to disastrous results Many convergent squints of fairly high degree can be rendered cosmetically straight by a generous recession but are left with an inability to converge This in turn is often the forerunner of a secondary divergent strabismus Furthermore, too much recession of the external rectus is liable to be followed by a limitation of outward motility which, if not distressing to the patient, is very noticeable to his friends In the foregoing analysis, emphasis has been placed upon some of the conditions in which a liberal recession is contraindicated

There are many methods for receding a muscle satisfactorily, most of which have inconsequential differences The technic I have employed for the past few years has worked very well and is as follows

After a vertical incision in the conjunctiva at the point of insertion of the muscle, an opening is made in Tenon's capsule and the muscle is exposed The conjunctiva is dissected well back The lateral attachments are cut along the upper and lower borders of the muscle. The shank of a strabismus hook is passed under the muscle in order to spread out the tendon A suture is passed through the tendon near the center, close to the insertion, and worked in and out in a vertical direction through the upper half of the tendon, emerging near the upper edge. Another one is placed similarly through the lower half The tendon is then severed as closely as possible to its attachment. With a pair of calipers, previously set at the amount of recession desired, a faint scratch is made on the surface of the sclera, parallel to the original insertion This impression marks the point at which our new attachment is to be made While fixation is maintained on the lower end of the stump, the lower suture is passed through the episcleral tissues at this point, in line with the lower border of the original insertion The upper border of the stump is then grasped and the upper suture is passed in line with the upper border These sutures are then tied This simple technic gives a wide attachment that can be thoroughly inspected before closure of the conjunctiva This is done separately with interrupted sutures

The suture material used in all muscle work is 0000 ten-day chromic catgut on atraumatic needles It has proven entirely satisfactory both for the resection and recession operations The conjunctiva is closed with the same material A most important point in all muscle operations is accurate and tight closure of the conjunctiva This materially reduces the chances of infection, and prevents the annoying granulomata so frequently encountered when this precaution is not observed It has seemed sufficient to bandage only the

operated eye The operated eye is kept under a dressing for approximatly a week It is usually changed every forty-eight hours Glasses are to be worn as soon as the dressing is discontinued, if the refractive error warrants a correction Atropinization of both eyes is desirable in cases of high hyperopia immediately after operation and is continued until the glasses can be worn It is not, however, a routine procedure for all cases

Summary

The successful surgical treatment of strabismus depends chiefly upon a careful preoperative analysis, which should include all information that will aid in the selection of the proper type of operation Among the most important preoperative steps are an accurate measurement of the amount of deviation present in the six cardinal directions of gaze, and, information on the near point of convergence Operate when indicated regardless of the age Slight variations in surgical technic are inconsequential and too much emphasis has been placed upon them Tight closure of the conjunctiva promotes prompt healing and lessens the chance of postoperative infection The technic for the recession operation, herein described, has proved most satisfactory

30 W 59 St

Discussion

Dr John F Gipner, *Rochester*—After hearing Dr Dunnington's paper, I find that I am in complete accord with everything he has said The reason for this is very simple We in Rochester, like most ophthalmologists in this country, have learned much of what we know about ocular muscle anomalies and their correction from the group of New York ophthalmologists who constitute what may be called, "The Duane School" Dr Dunnington and Dr White are outstanding members of this group That there should be any major disagreement between teachers and students is naturally not likely

Dr Dunnington has ably outlined the physical or mechanical, and the physiological aspects of the surgical treatment of strabismus He has emphasized the importance of correct diagnosis as the essential preliminary to the surgical correction of strabismus The estimation of what one should do must be clearly in mind before operating, and should only be altered, if at operation, one finds an unexpected condition of hypertrophy, atrophy or absence of the muscles involved

If you believe, as I do, that our ideal in the care and treatment of strabismus is the production of a functional as well as a cosmetic cure of the squint, then of necessity you must accept the responsibility of working diligently and skillfully with the young cross-eyed child If surgery is indicated, our corrections should certainly be completed before school age Dr Dunnington has listed the reasons why this is important The only possible exceptions to this course might be in those cases of true alternating strabismus as defined by Peter and in cases of congenital amblyopia which are not benefited by forcing the central vision in the squinting eye by total occlusion, or occlusion as nearly total as is feasible

My present opinion of alternating strabismus cases is this, that many of them will acquire binocular vision and often fusion if proper and intensive orthoptic training follows early corrective surgery, and that this group of cases can be reduced in number in proportion to the intensity of effort employed in reeducating these children When we fail to obtain binocular vision in these patients, I believe it is because the habit of alternate fixation has become firmly fixed in the child, whom we have not been privileged to see early enough, or, if the child has been seen early, that the orthoptic exercises have not been intensively practiced by the child after the operation The cause of lax exercising by the child is usually the apathy of the mother or the doctor

Dr Dunnington did not give us his opinion of orthoptics, although he did say that the presence or absence of fusion does not influence the selection of the type of operation I personally regard orthoptic training as a very valuable adjunct to the surgical treatment of strabismus, both prior to and after the operation I find it often as important as the proper handling of the physical and physiological phases of the problem For this reason I would add that some cases of strabismus require a careful preoperative psychological preparation for eye muscle surgery This psychological preparation may be as important as the thorough preliminary study of the mechanics and physiology of the strabismus which Dr Dunnington has outlined and stressed

Orthoptic training helps those cases which are slow to develop binocular vision and fusion, and saves many operative corrections from relapsing into strabismus again, by developing the will and desire to have binocular vision I feel very strongly that this desire for binocular vision is psychological and that it must be developed in many strabismic children We are apt to say that it is something that the squinting child either has or has not. Certainly many children have it to such a degree that realignment of the eyes alone produces binocular vision, just as in accommodative squint, glasses alone often enable the child to obtain binocular vision. But I am sure that there are strabismic children where the psychologic phase of the squint is most important.

The frequency of combined vertical and lateral deviations is also important. Of sixty strabismus operations done in the Strong Memorial Hospital during the school year from July 1934 to July 1935, operative correction of a vertical imbalance was necessary in one-third of the cases This high percentage can be partly explained by the fact that some of these cases had been saved up from the previous term to see Dr White who lectured here on strabismus in the summer of that school year Nevertheless, one cannot expect a correction of the lateral strabismus without paying proper attention to the vertical element, if it is present

I was impressed with the simplicity of the technic Dr Dunnington uses in the recession operation. For several years we have been using triple O catgut with atraumatic needles attached. We have found this method very satisfactory although the needles are often soft and become easily dulled We have used the threaded ends of the catgut, which are cut off after tying the recession knots, to close the conjunctiva by a running stitch It has been a great relief to avoid the fuss of removing non-absorbable sutures after muscle operations, not only in children, but also in adults The necessity of a short secondary anesthetic to remove sutures is completely eliminated.

Dr Dunnington's warning not to weaken the converging power excessively if the near point of convergence is poor cannot be too strongly emphasized Reoperations to correct secondary divergence are not only embarrassing but should be very largely unnecessary

DR FRANK M SULZMAN, *Troy*—The very excellent and carefully prepared paper that Dr Dunnington has given us leaves little to discuss as the points so well-covered are based on sound surgical judgment and experience.

It may be of interest to the junior members of this section to speak of some of the earlier papers on this subject presented to this section and also its similar section at the A.M A meetings when I first attended

Muscle surgery occupied an important part on the program and after an attendance of many years in which I can recall the keenness and intense spirit that was displayed in these early discussions on this subject as to the relative merits of the different procedures then advocated. Two distinct groups were usually present—everything depended on some special method and those that opposed these views Why they operated would provide an interesting review today in the light of our present knowledge on muscle work. Some of the senior members of this section will likely recall patients who gave them a history of twenty-thirty operations on their eyes

Today two or three is all that is required in a large majority of cases I have found these cases with a history of multiple muscle operations noted above extremely difficult to refract and obtain reasonable comfort afterward due to the complete change of the muscle balance of their eyes

Dr Dunnington very well emphasizes five points in preoperative examination that all would be wise to follow I must confess personally up to the present I do not always examine in the six cardinal points he mentioned He well states the operative procedure should be one you are familiar with To operate one case by tucking, another by resection, etc. I do not believe wise for any surgeon to follow To follow a few well understood surgical procedures as he states is wise and tends to yield better results

It was my good fortune to see the late Dr Reese many times at the Infirmary while he was developing and perfecting the Reese resection operation Many of us recall his enthusiasm and I had opportunity to see him do this operation many times I early became a firm believer in its value and for years it was my choice in strabismus cases Time and experience teaches us all I saw it had limitations in some cases and then used a resection by placing the sutures on a tenotomized muscle tightening these as occasion demanded This left more thickening than was desirable while the results obtained were good In the recession operation

we have a method that combines the correction of this objection and one that used with judgment finds a useful place among our operative procedures

In the selection of our operative cases the alternating divergent patients have been most trying and difficult because of the inability to fuse even after careful training and refraction The resulting diplopia in this type has always been annoying to me

Personally I prefer local anesthesia as I still follow the method Dr Reese always used—sitting the patient up, having him fix for distance and near Any error still present will determine further surgical procedure I have found that covering both eyes for the first twenty-four hours is valuable I believe we should have in mind that operation is not to improve vision, which should be definitely stated to the patient or if a child to its parents If this point is emphasized much misunderstanding will be prevented

With the lay propaganda now being spread in the schools and colleges regarding improvement of vision by orthoptic training, a distinct preoperative understanding of what we seek to accomplish by operation is a wise and timely precaution

IMPORTANT OTOLARYNGOLOGICAL MEETING

The Eastern Section meeting of the American Laryngological, Rhinological, and Otological Society will be held on January 7 at the Bellevue Stratford Hotel in Philadelphia, convening at 9 A M , Dr Samuel J Kopetzky, of New York, presiding The program

1 Remarks by the President.

2 "The Inner Ear from an Experimental and Clinical Standpoint" Walter Hughson, M D , Philadelphia, Pa (by invitation) Discussion by Harold Grant Tobey, M D , Boston, Mass , and William Hewson, M D , Philadelphia, Pa (by invitation)

3 "Petrous Apex Suppuration—When and How to Operate. Report of Cases" Robert L Moorhead, M D , Brooklyn, N Y Discussion by I Freisner, M D , New York, N Y and George M Coates, M D , Philadelphia, Pa.

4 "Problems in Diagnosis and Treatment of Hyperplastic Sinusitis and Allergy" E Ross Faulkner, M D , New York, N Y Discussion by J Alexander Clarke, Jr , M D , Philadelphia, Pa , (by invitation) and Dr Karl M Houser, Philadelphia, Pa

5 "Chronic Nasal Sinusitis and Refined Carbohydrate Selection" Edwin P Seaver, Jr. M D , New Bedford, Mass Discussion by D C Jarvis, M D , Barre, Vt.

6 Luncheon and Short Business Session

7 "Treatment of Tuberculosis of the Trachea and Bronchi" John D Kernan, M D , New York, N Y Discussion by Harris P Mosher M D , Boston, Mass

8 "Deep Infections of the Neck." Henry B Orton, M D , Newark, N J Discussion by Harris P Mosher, M D , Boston, Mass

9 "Pharyngo-Maxillary Infection Report of Cases" John R. Simpson, M D , Pittsburgh Pa Discussion by Oscar V Batson, M D Philadelphia, Pa , (by invitation) and Augus L Beck, M D , New Rochelle, N Y (by invitation)

10 "Meningitis of Otitic Origin Case Reports" Oram R. Kline, M D , Camden, N J Discussion by Walter Roberts, M D , Philadelphia, Pa , and Horace J Williams, M D , Philadelphia, Pa.

11 "Studies to Evaluate the Placement of the Preventive Solutions for Poliomyelitis" M C Myerson, M D , New York, N Y

AMERICAN BOARD OF INTERNAL MEDICINE

The American Board of Internal Medicine will hold its next written examination on February 14, 1938 in various centers of the United States and Canada

The examination will consist of two sessions of three hours each with the morning session held at 9 00 A M and the afternoon session held at 2 00 P M

The candidates who are successful in this written examination will be eligible to take the practical examination which will be held in San Francisco the Friday and Saturday prior to the opening of the Annual Session of the American Medical Association in June

The final date for filing applications for this written examination is January 15, 1938 and all applications should be in the office of the chairman before that date

For further particulars and application blanks please address Dr Walter L Bierring, Chairman, American Board of Internal Medicine, Suite 1210, 406 Sixth Avenue, Des Moines, Iowa

RUPTURE OF THE URINARY BLADDER

Secondary to a Urethral Stricture

M R KEEN, M D, *Huntington* and A I GOLDSCHLAGER, M D, *Islip*

From a study of the literature, rupture of the urinary bladder secondary to a urethral stricture appears to be comparatively infrequent Commencing with Wehrle[1] in 1896, only nine adequately described cases have been reported To this number the following interesting case is deemed worthy of addition Its unusual feature lies in the fact that an extraperitoneal rupture occurred with secondary intraperitoneal involvement

Case Report

J C, aged sixty-three, had been complaining of difficulty in urinating for several months About twenty years ago he had had a gonorrheal infection with an uneventful course His wife had a four plus Wassermann, when examined about a year previously He was addicted to alcohol About a week before admission to the hospital the patient had seen his family physician complaining of difficulty in urination At that time a dense degree of stricture of the bulbous urethra was diagnosed He was advised to return for urethral dilatation but failed to do so

On the day of admission (February 10, 1936) to the Southside Hospital, Bay Shore, L I, he was found at home in a semicomatose condition He had been attempting to treat himself and had been apparently unable to get outside help It was impossible to determine the length of acute illness He was irrational and looked septic

Physical examination revealed a white adult male, about sixty years of age, emaciated and toxic The head and neck were essentially negative. The thorax showed increased amplitude of respiration There was flatness on the right side The infraclavicular area presented coarse bronchovesicular breathing Many fine and coarse rales were heard throughout both lungs The patient coughed continually The heart was not enlarged, the rate was rapid but there were no murmurs Pulse was barely perceptible, and about ninety per minute The abdomen was distended The lower abdomen from symphysis to umbilicus was rigid, indurated, and tender to touch The urethra presented a dense impassible stricture at the bulbomembranous junction Scrotal contents were normal to palpation Rectal examination revealed a small soft prostate with a superimposed area of doughy resistance The knee jerks were sluggish and the extremities very cold The temperature on admission was 96 2° F

The impression was one of sepsis following extravasation of urine, bronchopneumonia, and exposure

The bladder was immediately drained by means of a trocar and the patient prepared for operation by means of saline and glucose both intravenously and hypodermically Operation was performed the following morning

Operation (Feb 11) Under gas and oxygen anesthesia, a four-inch incision was made from the pubic area to the umbilicus in the midline. The recti muscles were separated, necrotic fat and pus were encountered directly over the bladder The peritoneum was thickened and adherent to the bladder dome The bladder was incised and about a pint of urine aspirated A No 26 mushroom catheter was inserted Palpation of the bladder cavity revealed no other point of rupture The recti muscles were found to be necrotic Further exploration of their sheaths revealed necrotic rents along both lateral margins opening into the peritoneal cavity on both sides

The peritoneum was incised and drained and eight ounces of pus and urine were removed The wound was closed in layers with drainage tubes inserted intraperitoneally and extraperitoneally

The postoperative diagnosis was rupture of the bladder, extraperitoneal with intraperitoneal extension

Blood count on Feb 11 was Hemoglobin seventy-five per cent RBC 3,600,000, leukocytes 12,300, small lymphs twenty-two per cent, and polymorphonuclear neutrophiles seventy-eight per cent.

Blood Chemistry on Feb 12 was Creatinine 2.3 mgs per 100 c.c, urea nitrogen twenty-five mgs per 100 c.c.

Progress Notes

Feb 12 Patient is in a very weak condition The infusions of glucose and saline have stimulated the patient sufficiently within the past two days so that he is showing some temperature reaction in contrast to his admission temperature of 96° F However, the increase in his body temperature has also served to increase the amount

of absorption both from his peritoneal cavity and abdominal wound The patient is becoming more and more septic The cardiac rate is extremely rapid He is greatly dyspneic and is failing rapidly from shock The urinary output is considerable

Feb 13 Temperature is mounting each hour The pulse is of poor quality Respirations have become more dyspneic and labored Patient does not react to questioning and his exitus is only a matter of a few hours However, intensive treatment with glucose intravenously and saline by clysis is being continued The heart is being supported by digitalis medication His pneumonia is rapidly getting worse There is marked bronchial breathing throughout the right side, but no large areas of consolidation It is questionable as to which is causing more sepsis, the pneumonia or the abdominal extravasation of urine

Feb 14 Patient died this morning Terminal temperature 106 2° F *Diagnosis* was acute bronchopneumonia, rupture of bladder following urethral stricture, extravasation of urine, and peritonitis

Postmortem (Examination of wound extra- and intraperitoneally) Permission was granted for exploration of the abdominal wound only The abdominal wound showed signs of only slight organization On opening the sutures and exposing the abdominal wall, a mass of foul, necrotic material and pus exuded The bladder was ruptured anteriorly and adherent to the abdominal wall Urine found in the bladder was fairly clear The peritoneal cavity was explored on the right side and a small amount of fairly clear fluid was found On the left side an organized cul-de-sac was present extending over the roof of the bladder containing some free seropurulent fluid The walls of this sac were composed of great omentum The course of extravasation apparently was as follows Suprapubically and through sheaths of the recti muscle and then laterally into the peritoneal cavity, an attempt on the part of the greater omentum to wall this off was ineffectual

The lungs were not explored

Discussion

The term "spontaneous" rupture is *per sé* deceptive, implying as it does a lack of motivating force Stone[2] in his excellent treatise defines such a rupture as "an evacuation into a closed cavity of which only two are accessible, namely the pre-vesical space and the abdominal cavity The term "spontaneous" should be applied to those cases resulting from pathological changes in the wall of the bladder or obstructive lesions of the bladder or urethra, irrespective of the presence or absence of pathological changes in the bladder" Sisk and Wear[3] look upon spontaneous rupture as occurring without external stimulation Others[4-6] find it difficult to conceive of perforation without force While such a force may appear trivial or unnoticed, careful scrutiny always produces evidence of some stress or strain The inherent strain arising from fluid under pressure (distended bladder) may be considered a true hydraulic force Similarly an increase of intra-abdominal pressure can be precipitated by sudden lifting, rising, defecation or parturition Such cases have been reported[7 8] A lesion of the bladder wall (neurogenic, congenital, inflammatory or neoplastic) is obviously a silent contributing factor in the mechanism of bladder rupture To these factors, a loss of sensorium because of alcoholism rounds out the picture An obstruction to urinary outflow is assumed It is felt that the term "spontaneous" rupture of the bladder should apply to an infiltrating malignant or infective process, which of itself would create a channel to the extra- or intraperitoneal spaces

Table I presents a survey of cases reported in the literature of bladder rupture following urethral stricture

Whether the rupture occurs extra- or intraperitoneally, is obviously dependent on the site of the bladder tear Partial lacerations of the bladder wall are infrequent The tear usually occurs through all layers Gesinger[5] has suggested that an intraperitoneal rupture may be due *first* to the arrangement of the muscle fibers of the posterior surface of the bladder, and *second* to the fact that the only covering is the peritoneum Bone and muscle protect the bladder elsewhere Besley[4] has shown that a rupture takes place at the weakest point in the bladder but that this point is not always anatomically the same Experiments in distending the bladder[4 9] (Besley, Staubenrauch) reveal no constant relative order in which the coats tear Campbell's[10] review of a series of fifty-five cases of bladder rupture from numerous causes found that most tears occur in or near the dome of

the bladder These are usually long or multiple rents of either a T, Y, or U type offering extra- and intraperitoneal egress In an exhaustive clinical study, Bartels[11] however concludes that the tears most frequently are in following order

1 Anterior wall (left or right)
2 Posterior, superior angle
3 Posterior, inferior angle
4 Junction of neck of bladder and body (rare)

ally by way of perforation close to the umbilicus No case could be found in the literature in which such a mechanism was proven at autopsy Our own case illustrates an extraperitoneal tear of the bladder wall extending laterally into the peritoneal cavity

Signs and symptoms have been adequately discussed by others Early in the course there is a strong desire to void with inability to do so With the actual

TABLE I

Author	Date	Age	Type of rupture	Details	Operation	Result
Wehrle[1]	1896	37	Intraperitoneal	Urethral stricture. Diagnosis not made. Autopsy revealed tear in bladder mucosa and muscle (1 5 cm.) situated at posterior surface in fundus of the bladder	None	Death
Besley[4]	1907	49	Intraperitoneal	Rupture occurred following fall in street. Tear (large) ragged in fundus, reaching on left side to rectum. Alcoholism	4 hrs. after admission	Death
Coff (quoted by Baumer)[16]	1913	?	Extraperitoneal	Rupture occurred following physical exertion No delay in diagnosis	Yes	Recovery
Dupouey (quoted by Baumer)[16]	1913	?	Intraperitoneal	Insane patient Stricture known for some time Following effort to void the patient lost consciousness and died six hrs. later *Autopsy*- laceration five cm. in length found at posterior wall of the bladder Histological examination revealed hypertrophy of wall, no degeneration seen	None	Death
Michel (quoted by Baumer)[16]	1913	?	No details given			
Lehmann[17]	1922	39	Intraperitoneal	Severe pain in abdomen. Urinary retention, diarrhea, fecal vomiting, two days. Rupture found at superior, posterior angle	Laporotomy Cystotomy 7 days later	Death
Williams[14]	1927	48	Extraperitoneal	Slow rupture of bladder Site in bladder wall near right pubic bone. Bladder wall thin and friable. Nature cured this man by permitting formation of multiple scrotal fistulae through which the urine drained	Plastic	Recovery
Snk & Wear[3]	1929	37	Extraperitoneal	Suprapubic mass watched for three days. Anterior bladder wall necrotic and urine seeping through multiple small openings	72 hrs. after admission	Recovery
Sonfer[13]	1936	51	Intraperitoneal	Patient delayed operation Operated thirty-two hrs. after retention. Urethral scrotal fistula (traumatic) present	11 hrs. after rupture	Recovery
Lazarus and Rosenthal[6]	1936	48	Extraperitoneal	Suprapubic dullness, scrotal enlargement. Bladder wall thick. Tear occurred anteriorly Eight days after operation, multiple abscesses of right kidney developed and were successfully treated by decapsulation	24 hrs. after rupture	Recovery
Keen & Goldschlager (Present case)	1937	63	Extra- and intraperitoneal	Derelict — bronchopneumonia, alcoholism, lues, exposure. In shock on admission. Immediate trocar drainage of bladder with improvement of patient. Cystotomy and drainage. Tear located anteriorly, occurred at least three days prior to admission	12 hrs. after admission	Death

A urethral stricture first produces hypertrophy of the bladder musculature, later leading to atrophy If an associated infection is present, the tensile strength of the musculature is further weakened Coexistent primary changes in the bladder may accelerate the incidence of bladder perforation

Bogart[12] in an extensive article concludes that the posterior superior portion of the bladder is the most vulnerable point of rupture because the muscle support is weakest there Harrison[13] discusses the possibility of an extraperitoneal rupture extending intraperitoneal tear the patient may experience a sensation of tearing or something giving way in the lower abdomen Occasionally he may refer this sensation to the heart Pain may be constant and precipitate collapse On the other hand, sudden relief of symptoms such as urgency and abdominal pain may be the first indication of actual bladder perforation

With extraperitoneal involvement there is also lower abdominal tenderness and rigidity A mass may be palpable through the rectum or vagina if the tear is intraperitoneal With extravasation of urine into the tissue there is toxic absorption

Signs of sepsis are evident (chill, high pulse, irregular temperature) If the rupture is very slow, scrotal sinus formation may take place Such a case is reported by Williams[14] in a forty-eight year old male who presented multiple scrotal fistulae originating in the anterior bladder all close to the right pubic bone

With intraperitoneal involvement there are the signs of peritonitis and free fluid in the abdomen An infrequent but important sign is the presence of a bluish tinge about the umbilicus (Petersens) This may occur as early as six hours after rupture

All authors agree as to the difficulty of early diagnosis Cases have been reported at autopsy If possible a careful history plus the signs and symptoms mentioned above may help

If a catheter can be passed, a cystogram with the use of an innocuous filling medium (Hippuran, etc) is of great aid No harm can result from the procedure as immediate surgical drainage invariably follows In early cases, intravenous pyelography may help at times Late cases exhibit renal inhibition and make the procedure valueless

Filling the bladder with a measured amount of fluid and measuring the return is an unreliable procedure

The injection of air into the bladder[15] with x-ray visualization of a subdiaphragmatic localization (intraperitoneal) or the dissemination of air through the fascial planes (extraperitoneal) should prove valuable We have had no experience with same The possible danger of air-borne bacteria to subdiaphragmatic spaces must be considered

In this series of ten cases of bladder rupture associated with urethral stricture, the mortality for intraperitoneal rupture was eighty-four per cent Only one case recovered following drainage

The extraperitoneal ruptures (4) all recovered, three following surgical drainage, the other through multiple scrotal sinuses The latter were excised successfully following cystotomy and urethral dilatation

Our case of extraperitoneal rupture with intraperitoneal extension died

Surgical drainage, prompt and adequate, is the only treatment Actual suturing of tears should be performed only when practical Intraperitoneal tears require prompt drainage although the only recovered case submitted to operation eleven hours after diagnosis Extraperitoneal tears can go without relief as long as seventy-two hours, with recovery

Conclusion

Ten cases of bladder rupture secondary to urethral stricture have been reviewed These are evenly divided into extra- and intraperitoneal groups

A case of spontaneous, extraperitoneal rupture of the urinary bladder is reported with further intraperitoneal involvement This was complicated by bronchopneumonia occurring in a patient living alone There was a history of a gonorrheal stricture, lues, and alcoholism The kidneys responded immediately to bladder drainage and intravenous fluid therapy Uremia was not a factor in causing death The patient lived more than seventy-two hours after extravasation of urine before treatment could be administered (as judged by operative findings)

The course of the extravasation in this case was unusual The bladder tear occurred at the anterior portion (extraperitoneally), the necrotic process extending into the recti muscles anteriorly At operation the exploring hand could be passed from the site of the rupture along the lateral surfaces of the bladder on either side and thence intraperitoneally

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ROLE OF FOOD ALLERGY IN DISEASES OF THE SKIN

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The disorders which we call allergic are most varied in their manifestations, but are included in that category because they seem to be based on the same or similar fundamental processes The more their mechanism is elucidated the more similar seem the processes concerned in all cases The nature of the reactions and especially the course which they follow are influenced greatly by the nature of the allergenic substances It is useful and customary to divide these substances into three groups

1 Proteins such as occur in foods, pollens, and epidermal substances These are practically nontoxic for unsensitized animals

2 The bacterial proteins which differ somewhat from other proteins in the type of allergic response which they elicit These bacterial proteins are more or less toxic for normal animals

3 Nonprotein substances which are incomplete antigens and probably sensitize only after combination with the body proteins of the individual sensitized

The differences between the reactions caused by these three types of antigens may not be fundamental, but are at present of practical importance

The type of antigen does not, however, determine the type of clinical response Asthma may in one individual be due to a food or epidermal protein, in another individual to a bacterial protein, and in a third to a nonprotein substance such as aspirin The same is true of urticaria and of the inflammatory lesions of the skin which we call eczema or dermatitis Conversely, egg may cause asthma in one individual, urticaria in another, and eczema in a third

The variation in symptoms which different individuals present after reaction to the same antigen is generally explained on the hypothesis that different tissues are sensitized It is known that in contact dermatitis certain areas of skin are more highly sensitized than others These are usually areas which have been most exposed to the allergen It seems plausible, therefore, to suppose that hay-fever is caused by sensitization of the nasal mucosa, asthma by sensitization of the bronchi, and dermatitis by sensitization of the skin

May I remind you of familiar experimental findings that seem illustrative of the phenomena we observe clinically?

Guinea pigs injected with appropriate doses of certain food proteins can be sensitized so that a second injection after an interval of ten or more days causes anaphylactic shock The serum of animals so actively sensitized contains precipitins specific for the protein used and when injected into a second pig, passively sensitizes it so that it in turn will react in an anaphylactic manner The smooth muscle of the uterus or intestine removed from an actively or passively sensitized guinea pig reacts violently on exposure to the antigen indicating that antibodies are present in certain tissues as well as in the serum Injection of sublethal doses of antigen into a sensitized guinea pig desensitizes the animal for a period so that neither it nor its excised organs react anaphylactically

These phenomena are more easily demonstrated with some foods such as egg-white than with others, but the reaction of the guinea pig to all nontoxic foreign proteins seems to follow much the same laws

However, in each species of animal the phenomena of sensitization differ The reactions of the human present many similarities to and many differences from those of the guinea pig Let us examine them

As an example, take a young child in whom the eating of egg causes vomiting and diarrhea or eczema or urticaria The studies of Schloss and his coworkers[1] have shown that foreign protein may be absorbed unaltered from the intestine so that eating a protein may be equivalent to the injection of minute amounts Eating egg produces the symptoms referred to Introduc-

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tion of dilute egg protein into the skin of such a sensitized infant usually causes a prompt local wheal indicating that the skin tissue is sensitized In some cases injection of the protein has caused shock and even death, and eating may cause severe collapse The child's serum can often be shown to contain antibodies because its injection into the skin of a normal person usually passively sensitizes the injected area A wheal will appear if this area is later tested with egg and sometimes if the normal person eats egg When the child grows older he can usually eat egg without symptoms and may give a negative skin test. Such apparent desensitization may be accomplished (though more easily with other foods) by feeding amounts too small to cause any reaction and gradually increasing them All this seems quite analogous to what happens in a sensitized guinea pig

On the other hand there are differences between the phenomena of allergy in man and anaphylaxis in the guinea pig Precipitins cannot be demonstrated in the serum of allergic humans Most efforts to passively sensitize guinea pigs with human serum have failed although the evidence is somewhat equivocal Moreover it is often difficult to determine how humans become sensitized While some individuals develop their first symptoms long enough after first eating a food to permit the assumption that they have been sensitized by previous exposure, others seem to react on first exposure Some infants for example seem to be born sensitized and some older persons react to a food the first time they are aware that they have eaten it Must we regard this as a freak of inheritance or is there some rational explanation? The mother may not be sensitized to the protein to which her infant reacts, Bell and Eriksson[2] could not find the antibodies of the mother's serum in the serum of her infant It seems unlikely therefore that these infants are passively sensitized On the other hand, Ratner[3] and his coworkers have shown that foreign proteins can pass the placenta It seems then a reasonable hypothesis that these congenital allergics have been actively sensitized by food eaten by the mother

At least the assumption that human allergies follow the general laws of experimental anaphylaxis helps us to understand many of the phenomena we observe in our patients

Food Allergy

One may make certain generalizations in regard to food allergy which it is useful to remember

1 There is a hereditary tendency to become sensitized The family history will usually show that relatives have suffered from food allergy or some other form of protein sensitization The hereditary influence seems not to extend to the sensitization of any particular tissue or to any individual protein, but merely to increase the tendency of certain strains of humans to become sensitized to proteins It is doubtful whether the same heredity increases their tendency to become sensitized to bacterial proteins or to nonprotein antigens such as poison ivy

2 Allergy to any given food usually appears soon after that food is first eaten allergy to egg, milk, wheat, and other common foods in the first year and allergy to shellfish and unusual foods in adolescence. There are apparent exceptions to this, but they are few

3 Most patients gradually become desensitized The child who in infancy cannot tolerate milk, can often take it without symptoms in later childhood However, certain highly sensitized individuals remain intolerant throughout life This occurs more frequently in those who show shock symptoms and in those sensitized to certain antigens, especially fish, shellfish, and egg

4 After a patient seems desensitized his reactivity to the old antigen may recur when he becomes sensitized to a new antigen As an example, a patient sensitive to milk in infancy and nonsensitive to milk in later childhood, again became sensitive to milk during an attack of ringworm dermatitis Such "anamnestic" reactions may explain the apparent initiation of some food allergies long after the food was first taken

5 Patients show a sequence in sensitization to different antigens After being sensitized to one food they tend to become sensitized to new foods and then to proteins that they inhale, such as silk, pollens, molds, and other dust constituents

6 They show also a sequence in sensitization of different tissues Infants with eczema usually have gastrointestinal symptoms and are likely later to show other allergic symptoms such as asthma, hay fever, migraine or shock.

7 In the same patient, different tissues may react to different foods A patient may have eczema from milk and asthma or urticaria from egg, although others develop

eczema, urticaria, and asthma all from the same food.

8 Foods cause reactions in the skin after absorption from the intestinal tract. To cause the skin to react, it is necessary to rub the allergen into a scratch or inject it intradermally, the response is an immediate urticarial wheal, rarely a delayed erythema, and not a dermatitis Foods rarely penetrate the unbroken skin They practically never cause positive patch tests These phenomena are probably due to the fact that the active portion of most foods is a water soluble protein to which the horny layer of skin is impermeable, but which can penetrate the mucous membranes under certain conditions

There are a few exceptions to these rules which should be noted Foods occasionally seem to cause reaction by contact with the thin skin of infants as evidenced by circumoral dermatitis Exceptionally food seems to cause a contact dermatitis in adults as in the cases of bakers' dermatitis and in other conditions where foods are rubbed into skin abrasions

The above rules apply not at all to the oily constituents of food, as the oil of orange peel or cinnamon oil These, like other oil soluble partial antigens, cause typical contact dermatitis and give positive patch tests

Dermatoses Caused by Food Allergy

A number of dermatoses have been attributed to food allergy

1 Urticaria The most common type is acute urticaria which usually begins in adolescence. The attacks usually last from six to twenty-four hours, but may be prolonged for a week or more. They usually follow eating of some unusual food. Those most commonly causing urticaria of this type are fish, shellfish, strawberries, and nuts We have noted cases from mustard, celery and other foods, but they are less common To the second type of urticaria belong the acute attacks which accompany eczema or asthma These begin usually in infancy and are caused more often by more common foods such as egg, milk, codfish or tomato The evidence that these urticarias are due to food is quite convincing as the outbreaks appear quickly and almost invariably after eating the same food and quickly subside on its withdrawal The sequence of events is so obvious that the patients usually make their own diagnosis

Urticaria is of course a symptom of many conditions, some of which seem quite unrelated to allergy Chronic urticaria is not often due to food, although one occasionally finds that food is one of the causes of a quick succession of outbreaks or that certain foods appear to make the urticaria worse. As a rule, however, in chronic urticaria one should think of bacterial sensitization first and of food as almost the last possibility [4]

Papular urticaria which frequently occurs in seasonal attacks in young children presents a peculiarly difficult problem Although the history often suggests allergy and the patients may give positive skin tests it has been impossible to show that foods or other antigens affect the eruption. Walzer[5] has published an excellent study of this problem

2 Angioneurotic edema This seems to be merely a special form of urticaria and the two types of lesions frequently occur simultaneously from the same cause Cases of pure angioneurotic edema where there is recurrent swelling of the eyes or lips are rarely due to food. Generalized edema due to sensitization to food has been observed in rare instances

3 Eczema Allergic eczema almost always begins in infancy and usually in the first year of life It is extremely common and the clinical picture of an exuding, itching eruption beginning on the cheeks and extending to other parts of the body until it may become universal is only too familiar In many it disappears spontaneously in later childhood In a limited number it recurs during early adolescence with a somewhat different, but equally characteristic appearance The areas then most markedly involved are the face, neck, elbow flexures, and popliteal spaces In acute exacerbations it may be vesicular and weeping, but is more often dry and lichenified and papular These adolescent cases are often classified under the unfortunate designation of disseminated neurodermatitis, a term which obscures the fact that they are actually late developments of the same disease called allergic eczema in infancy

Practically all of the allergic eczemas in infants are due to sensitization to food as may be shown by their disappearance on rigidly restricted diets and the exacerbations which occur when the particular food or foods to which the infant is sensitized are eaten Proof of this has been frequently presented [6] The foods most frequently responsible for infantile eczema are egg, milk, wheat, orange, tomato, chocolate, spinach oat, potato, and cod The often accused fats and starches seem to have nothing to do with these eczemas, and sensi-

tizations to contact substances play practically no role When we say that infantile eczema is almost invariably due to food we obviously do not mean that a diaper rash is due to food or that seborrhea of the scalp or intertrigos of the groins and axillae are due to food These eruptions could hardly be mistaken for infantile eczema

Allergic eczema in the adolescent stage has probably the same basic etiology Practically all such patients were sensitive to foods in infancy A few recover completely on elimination from their diet of one or more foods and many have exacerbations after eating certain foods The majority, however, cannot be cured merely by restrictions in diet, and with some, diet seems to play no role This has led to wide differences of opinion as to their etiology It can be shown that many have become sensitive to other proteins, as silk, wool, dander, and pollen As such antigens are inhaled with dust it is difficult to protect patients from them Consequently the relationship of such sensitizations to their eczema is more difficult to establish than is the case with foods In many of these patients psychic stimuli also seem to excite the eruption It is evident too that important changes have taken place in skins which have been the site of a chronic inflammation for years and which are heavily infected with staphylococci These and possibly other factors make the practical management of these cases exceedingly difficult Their existence does not, however, invalidate the evidence that the disease is due primarily to allergy to proteins ingested or inhaled

4 Other forms of dermatitis Urbach[7] has described a case of weeping dermatitis of the extremities which seemed to differ from the usual type of allergic eczema and which he believed due to food sensitization It is quite possible that food sensitization may cause eczemas which do not conform to the usual clinical picture However, in dermatitis of the hands or feet, in fact in all cases which do not present the clinical characteristics of allergic eczema, one will do well to look for causes other than food

5 Aphthae Many patients attribute outbreaks of aphthae to the eating of special foods, particularly chocolate and nuts

6 Herpes Herpes simplex in some individuals occurs repeatedly after eating foods to which they are sensitized Herpes and aphthae can hardly be considered allergic reactions, but it is possible that such a reaction predisposes the patient to attacks by a virus which he harbors

7 Acne-form eruption White[8] has described eruptions on the face simulating acne due to sensitization to foods At the Vanderbilt Clinic, Kesten has observed similar pustular eruptions of the face due to milk and chocolate

8 Pruritus ani or pruritus vulvae Andreson[9] and also Rowe[10] and Drueck[11] have described cases of pruritus ani or pruritus vulvae attributed to sensitization to foods

9 Purpura and erythema multiforme There have been occasional reports of purpura or erythema multiforme or both occurring as reactions to specific foods Galloway[12] described such a case in 1903 and Engman,[13] Fordyce,[14] Hazen,[15] and others[16] have reported them since In most cases the lesions accompanied a severe gastrointestinal reaction There seems no doubt that such lesions can be caused by food, but the great majority are probably caused by allergy to bacteria or to drugs

10 Contact dermatitis from foods As has been shown above there are certain cases of occupational dermatitis in bakers which seem due to contact of the skin with wheat My associate, Kesten, has studied one such patient who is sensitive to wheat protein on skin test In this case either inhalation of wheat flour or rubbing of flour on the skin caused dermatitis of the hands and forearms The hands were, however, much excoriated and it is quite possible that the protein gained access only through such breaks in the skin Another possibility which was not excluded is that the eruption was not due to wheat protein, but to bleaching substances added to the flour which Mayer believes responsible for many cases of bakers' dermatitis We have also observed two cases of dermatitis of the hands in dietitians where the handling of food caused a dermatitis if the hands were abraded, but not if the skin was intact

One sees in infants transient outbreaks of circumoral dermatitis which definitely follow the eating of certain foods, especially tomatoes or spinach Urbach studied a patient in whom he could evoke an acute dermatitis by wiping the eyelids with eggwhite These are probably instances where a protein (possibly having special solubility) penetrated unusually thin skin and produced a reaction by contact In the infants referred to the eruptions resembled contact dermatitis and not eczema

Diagnosis of Food Allergy

As in most allergic diseases, the history is probably the most important aid in the diagnosis of food allergy In the allergic eczemas, the clinical appearance is also of great help

Skin tests are sometimes of real value,

but they have fallen into disrepute probably because so many have expected that by merely making skin tests, one could make an etiological diagnosis I have found many patients traveling about with a long list of foods which they dared not eat because positive skin tests had been reported, but in whom the eating of these foods seemed to produce no symptoms whatever More baffling are the cases which give a negative skin test, but are clinically definitely sensitive to given foods It is to be remembered, for example, that in acute urticarias of adults which are perhaps the most clear-cut examples of skin eruptions due to food allergy, it is rather unusual to find positive skin tests

Elimination diets are the most conclusive means of detecting food allergy, but are difficult to use and interpret It is useless to attempt them unless the patient regards his disease as a major problem and is willing to submit to considerable inconvenience and privation In allergic eczema the improvement following withdrawal of the responsible food is usually slow and one can rarely draw conclusions until after an abstinence of two weeks The most striking evidence is obtained by a recurrence of eczema after an allergen "thrust" The method is as follows

With a controlled environment the patient is placed on successive elimination diets until one is found on which pruritus ceases and the patient's eczema disappears Then goodly amounts of a common food are added at three to eight day intervals and the effect noted The one causing a recurrence of eczema is again eliminated and the patient's eczema again clears

This method has been extremely successful in the treatment of infantile eczema and urticaria and has demonstrated that sensitivity to common foods is a contributing cause of many cases of adolescent and adult allergic eczema The difficulties with the method are many and obvious, but nevertheless it seems the only reliable means at our disposal for the detecting of food allergy In severe cases the time and patience demanded by these tests is often well-rewarded [17]

In carrying out diet tests there are practical points which are helpful First of all tell the patient what to eat, then what not to eat For this the assistance of a dietitian is almost a necessity When common foods such as egg, milk or wheat are excluded the patient should be given lists of prepared foods that contain even small amounts of the substance he is trying to avoid The cooking of food rarely alters it sufficiently to prevent the patient's reaction (although it may occasionally be adequate) It is important to recognize the patient's preferences and to give as far as possible foods that are palatable A marked dislike for food is sometimes a clue in detecting sensitization When milk is excluded, especially from the diet of infants it is necessary to give some substitute The soy bean preparations, Sobee or the more palatable and better balanced Mullsoy are extremely helpful

Treatment of Food Allergy

In spite of the pages devoted to the local therapy of skin diseases due to food allergy, particularly allergic eczema, the only logical procedure is to determine the substances to which the patient is sensitive If patients are found sensitive to unimportant foods it is quite satisfactory simply to exclude these foods from their diet

When, however, as is more frequently the case, they are found allergic to egg, milk or wheat which enter into the composition of almost every meal and of so many common articles of food, permanent exclusion of the food from the diet is utterly impractical The oral method desensitization is useful in such cases It is simply an imitation of the method by which the majority of infants become spontaneously desensitized To succeed, however, in any scheme of desensitization it is essential first to rigidly exclude the food in question from the diet during the period of treatment which is usually prolonged over months If this is done, desensitization to common foods can usually be satisfactorily accomplished by feeding the substance daily in measured amounts beginning with mere traces The desensitization to egg seems peculiarly difficult and we have been successful in only a few cases The methods of oral desensitization have been described by my associates[18] and need not be detailed here

Summary

Cutaneous lesions resulting from sensitization to foods are part of the syndrome of allergy to nontoxic proteins They are often accompanied by cutaneous reactions to proteins other than food and by reactions in tissues other than the skin

The most important manifestation is allergic eczema In infancy, this is usually due solely to food allergy In adolescence, food allergy is often an important factor

Acute urticaria is often caused by allergy to food In chronic urticaria, foods are rarely an important factor

There is evidence that allergy to food causes other types of skin lesions, but our knowledge as to these is fragmentary

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RAW MILK CAUSED 42 EPIDEMICS IN 1936

More than one-half of the 123,000,000 people in the United States are still consuming potentially dangerous raw, or unpasteurized, market milk even though the public health importance of milk pasteurization has long been established, Dr James A Tobey, New York scientist and health expert, told the annual convention of the International Association of Milk Dealers in Dallas, Texas, in October

Only about forty-seven per cent of the fluid milk produced in this country is pasteurized, it was declared by Dr Tobey, until recently Director of Health Service of The Borden Company The risk of epidemics due to contaminated raw milks of low grades is still very great he asserted

"In 1936 there were 42 epidemics of milk-borne diseases in the United States, involving 1547 cases of preventable diseases, and 28 unnecessary deaths, as reported by the United States Public Health Service," he said

"In every instance these unfortunate outbreaks of typhoid fever, septic sore throat, scarlet fever, and other communicable diseases were caused by infected raw milk of low grades The only gratifying feature about these epidemics is the fact that the number is less than the country's average for the past ten years, indicating a gradual improvement in the small town and rural milk supplies in which most of these outbreaks occur"

THE DOCTOR SHAKES DICE WITH DESTINY

A village doctor in the winter-bound mountains of Wales was aroused from midnight slumber by pounding at his door Miles away, the messenger said, a mother was in agony and it looked as though both she and her baby would die

The doctor fought his way through the snow drifts and the sleet for hours to get there by daybreak, relates Malcolm Bingay in *Hygeia* He delivered the child and saved the mother No thought of financial reward from that destitute family! Just a knight in the armor of his profession living up to the oath of Hippocrates

That was more than seventy years ago but that simple physician to the poor lived to know his reward of that night's struggle

When the guns were barking on the Western Front and the fate of the Empire was at stake, he saw it saved by the heroic decisions and the dynamic energy of that forlorn babe he saved to the world that morning

The child was David Lloyd-George.

ECHINOCOCCOSIS OF THE PELVIS

Report of a Case Involving the Right Broad Ligament

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Echinococcosis involves the pelvic structures relatively infrequently, whereas the liver, kidneys, and lungs are the most common sites of infection in the order named Echinococcosis occurs everywhere, but is especially found in certain parts of Central Europe and Iceland The adult tapeworm occurs usually in the upper half of the small intestine of the dog It can also occur in cats, wolves, and jackals The larval stage occurs in a large number of domesticated as well as wild animals—dogs, sheep, swine, and cattle in particular Man is an accidental host.

The pelvic organs are sometimes involved in the infection It is generally believed that in such cases the source of infection is from the rectum through its lymphatic channels It is also thought that a direct extension, as from the liver, may occur Primary pelvic hydatids in the female have their origin in the connective tissue immediately beneath the Pouch of Douglas From this point they spread to the broad ligaments and may come in contact with the uterus, ovaries, and tubes It is believed that the parenchyma is only rarely, if ever, the seat of the disease However, primary involvement of the uterus, Fallopian tube and ovary have been reported Primary retrovesical echinococcus cysts have also been reported

In the case I am reporting it could not be accurately determined whether the infection involved the pelvis through the rectal route or as a direct extension from an infected liver It is interesting to note that a cholecystectomy for chronic cholecystitis was performed only a few months earlier by another operator and no cysts noted at the time This appears to indicate a primary pelvic involvement

Case Report

E V, single, age forty-four, Italian-born, was treated for tapeworm in Italy at the age of eighteen Although unable to determine the type of tapeworm, she states that after a prolonged treatment a head was passed and recovery rapidly ensued Her present illness dates back some three or four years, when she began to suffer from backache and constipation This was shortly followed by gastric disturbances at more or less regular intervals In the past year pain in the right upper quadrant and epigastrium also accompanied her other complaints She also suffered from vague joint



Fig 1

pains and a feeling of fullness in the epigastrium In May 1935, a cholecystectomy and appendectomy were performed by another surgeon The pathological report was "chronic cholecystitis and appendicitis" No relief followed this operation She entered another hospital on July 21, 1936 and was discharged on August 4 with a diagnosis of "cyst or carcinoma of the ovary and cirrhosis of the liver with probable parasitic infection," with instructions to return later for a laparotomy She was admitted to the gynecological service of St. Vincent's Hospital on August 20, 1936

Examination revealed a well-developed woman Heart and lungs were negative. Small hard mass was felt in right upper quadrant apparently attached to the liver On vaginal examination a large soft mass, somewhat movable, filled the entire pelvis

Blood pressure 80/110 There was no elevation of temperature at any time.

Laboratory findings Essentially negative, except for eosinophilia of twenty-eight per cent G U and G I and X-rays negative, except for "redundancy and dilitation of sigmoid ascending transverse and descending colon visualizes with a barium enema"

Operation A large cystic tumor was found, apparently involving the entire right broad ligament, ovary, and uterus In order to remove the mass intact it was necessary to remove the uterus as well Fig 1 will give the reader a detailed picture of the gross pathology Another large cystic mass, firmly imbedded in the liver, was also disclosed In view of the extensive pelvic pathology it was considered prudent not to attempt the removal of the liver mass at this time

Pathological report "Specimen consists of a small uterus, the right tube and ovary and an interligamentous cyst measuring 4½x2½x2½" The cyst has displaced and compressed the ovary which is separated from the cyst by a distinct capsule On opening this cyst it is found to be filled with numerous daughter cysts which are distended with a cloudy fluid"

Microscopic "Sections show well preserved echinococcus cysts Outside the main cyst, there is a layer of ovarian tissue lined on the inner side by a deposit of chitinous granules, between which and the ovarian tissue is a line of subacute pyogenic inflammation with some foreign body reaction Microscopic examination of the cyst fluid shows numerous well preserved scoleces with numerous hooklets and some suckers" —Alexander Fraser, M D , Pathologist

The diagnosis was echinococcus cyst The patient made an uneventful recovery, but left the hospital on her own responsibility without submitting to further operation for the removal of the liver pathology The most interesting feature in this case is the fact that no demonstrable lesion indicative of echinococcosis was noted during the operation for cholecystitis a few months earlier, which leads one to suspect that perhaps the pelvis was primarily involved

130 W 11 St

MUCH CRY AND LITTLE WOOL

Does the showering of public funds on welfare agencies of all sorts really benefit the public health as much as the recipients of the shower would have us believe? The editor of the *Journal* of the Tennessee Medical Association thinks not He recalls that in the year 1936 welfare agencies of government, state and national, spent the largest sum of money that was ever spent in the history of the world in a similar period of time for relief and welfare.

It is logical to ask the question, "Did this enormous expenditure accomplish welfare?" Of course, the agencies responsible will show pictures and cite figures to prove that it did

The most reliable answer, he believes, is found in the gross mortality figures for the year 1936 A bulletin issued by the Bureau of the Census under date of June 7, 1937, shows that the registration area of the United States experienced the highest mortality in 1936 that has been experienced in seven years

"These figures indicate that the expenditure of money by welfare agencies appropriated out of the pockets of taxpayers does not always buy the welfare it was intended to buy The welfare agencies doubtless will demand still more money to be spent under their direction to buy welfare *It has not worked*"

TEN COMMANDMENTS FOR THE DOCTOR'S WIFE

She must *not* know the meaning of the word "jealous"

She must never gossip

She must run a cafeteria serving meals at all hours for her husband

She must be—like Caesar's wife—above reproach

She must have self reliance and self control

She must be able to think quickly and sanely in emergencies

She must be a diplomat, see all, hear all, say a lot, yet say nothing

She must learn to bear stoically and without complaint, disappointments in her personal plans

She must be a good mother and father because doctors are often too busy to discipline their own children

She must be a good "doctor" because doctors never take time to doctor themselves —*Northumberland County Medical Society Notes*

NEPHRITIC HYPERTENSION

Treatment with a Diuretic Agent Obtained from the Animal Kidney

BENJAMIN JABLONS, M D , *New York City*

Kidney extracts of various types have been used for a great number of years for the treatment of nephropathies and their complications These have been administered as whole kidney, in the form of kidney pulp or dried kidney powder, or in the form of pressed juice obtained both from fresh as well as autolysed kidney tissues [1] Watery extracts and saline extracts[2 5] have likewise been employed, mostly from fresh kidney Extracts made with boiling water have also been tried [13] Renal vein blood and its derivatives and kidney perfusates[5 6] represent another approach to this problem Attempts have likewise been made to extract by means of various solvents, substances from the kidney tissue, which exercised a potent effect on various physiologic functions, chiefly that relating to diuresis [10] Attention, however, was centered mostly on the effect of these substances on the blood pressure, both normal and increased, of laboratory animals and human beings

It has become increasingly apparent that this is not a method by which specific substances can be isolated There are so many bodies of a depressor nature present in animal tissue that it is difficult to separate them by this means and to attribute any specific character to them Some of these bodies have been identified chemically They belong, generally, into four large groups One is the choline group, *second* is the histamine group, *third* is the adenosine group, and *fourth* is the guanidin group These groups represent substances which are degradation products of nucleoprotein and therefore easily developed in all animal tissue [18]

In addition the multifarious functions associated with the animal kidney and its capacity to excrete hormonic secretions from other glands make it difficult to isolate a specific kidney substance unmixed with other associated hormones Attempts to separate these materials by exposure to high temperature such as that used in boiling aqueous extracts only served to destroy ferments as well as other potent hormonic principles The substances which would be retained by this method belong in the biogenic amine group This group is represented essentially by the four categories

We have found, however, that by protein precipitation utilizing alcohol which has been acidulated and by subsequent fractionation with increasing concentrations of alcohol and neutralization of excessive acidity by ammonium salt, we have been able to obtain a substance which, by chemical and biologic tests, fails to give a reaction for choline, histamine, adenosine, and guanidin [16-18] This substance, freed of lipoids, is apparently identical with the "nephrohormone" isolated by Tokumitsu[4] in Japan, from renal vein blood which has a physiologic effect similar to our substance, which we have named Tubulin Tubulin, similar to the substance isolated by Tokumitsu, has a very definite effect on the mobilization of chlorides in the blood stream and their excretion through the urine It also has an effect on cholesterol and other electrolytes which will be reported in a future communication

The literature contains numerous reports of conflicting results Extracts made by a method similar in some regards to that used in the isolation of insulin have failed to give consistent results An extract prepared by Wagner[12] under Dr Frederick M Allen's directions yielded a substance which gave variable clinical results We have felt that since attention has been paid to elimination of choline and histamine by meticulous observation of the directions of the method which is outlined below, results have been much more consistent In other countries apparently similar experiences have been recorded Gomez, in France, recently pointed out[23] that the reason for the contradictory results he

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 26, 1937

obtained was to be sought in the fact that the product prepared is usually not very well-defined and is relatively unstable since so many things such as temperature, pH, etc, exercise a deleterious effect Another reason is the fact that usually this extract as he prepared it contained toxic substances developing in the injured kidney or shortly after removal from the body, which yielded occasionally hypertensive substances

One factor which must be guarded against is the presence of products derived from autolysis of kidney tissue developing in the period of time elapsing between death of the animal and the extract preparation That this is not unimportant can be gleaned from comparison of the curves made in tests for the presence of histamine in extracts made from hog or beef kidneys which have been prepared immediatey after removal from the carcass and extracts made from kidneys which have been allowed to remain at room temperature for periods varying from three or more hours The time elapsing between the removal of the kidney from freshly-killed animals and its contact with the solution which prevents continued enzyme activity, determines the amount of choline and histamine present Our extract freshly prepared contained no choline or histamine We have been able to demonstrate that choline exercises a definite antidiuretic effect It is therefore evident that extracts which are not free from choline instead of being of value may either be indifferent or may even tend to aggravate a condition which already is considerably advanced

We have succeeded in preparing from the animal kidney an extract which is free, in a large measure, from many of these objections An acid alcoholic extract prepared from kidneys used immediately after removal from the body, or frozen to prevent any autolytic changes is free from toxic bodies in the dosage used and consistently hypotensive

This substance has been obtained by the following method of preparation

To a kilo of freshly removed hog kidney, which has been finely hashed, is added approximately eight liters of ninety-five per cent alcohol acidulated by the addition of concentrated sulphuric acid to a pH of about 3 0 (approximately 1/10 of 1%) The mixture is shaken and allowed to stand at room temperature overnight. It is then filtered through gauze and filter paper This filtrate is then passed through a filter containing ammonium carbonate, which serves to neutralize the sulphuric acid, and by the formation of ammonium sulphate helps precipitate any protein or proteose substances that have escaped precipitation by the existing alcohol concentration of eighty-six per cent. This clear filtrate is then reduced in vacuum to a volume to 700–800 c c at a temperature ranging from 10 to 24° C At this point, an insoluble residue separates out which is filtered off The remaining clear filtrate is placed in a refrigerator overnight and the lipoid substances settle out and are filtered the following day in the cold The clear filtrate, separated from the lipoids by refrigeration is then evaporated in vacuum to dryness at a temperature which is not allowed to go above 24° C This is then taken up in distilled water If this solution yields a precipitate with an excess of alcohol it is again taken up in nine volumes of ninety-five per cent alcohol and the precipitate separated as mentioned previously by filtration or centrifugation The supernatant fluid is evaporated down to dryness again, washed with acetone or ethyl ether, and the dry residue dissolved in distilled water so that one c.c is equivalent to fifty gm of original kidney tissue When properly prepared this extract has a pH 3 5–4 0, is clear amber yellow, and has a characteristic strong pungent odor It does not precipitate with sulphosalicylic acid, and is negative with the Biuret test

We attempted standardization at first by determining the amount of extract which would neutralize a given amount of adrenalin This was determined by injecting varying amounts of kidney extract with a fixed amount of adrenalin and noting whether the degree of rise in blood pressure was equivalent to the drop which either preceded or followed this rise However extracts which are not pure and which contain choline or histamine, are equally capable of producing this type of effect, particularly in dogs or cats In rabbits the histamine is supposed to produce a rise in blood pressure because rabbits are relatively insusceptible to histamine on account of their large content of histaminase This is not always true, as we have found, so we have discarded the rabbit as a test animal We have found, however, that kidney extract will neutralize the blanching properties

of adrenalin injected intradermally and have occasionally used this as a method of standardization At one time we considered the mobilization of chlorides as a method of standardization, but some extracts produce a definite drop in the chlorides of the plasma as well as of the whole blood Some recent work would seem to indicate that this drop in chloride is only present because of its association with sodium and that it is probably the sodium ion which is definitely affected. Considerably more work would have to be carried out to prove this point We have not attempted to prove the effect of kidney extract on the excretion of carbonates or the bicarbonate content of the blood, excepting that we have found increases in the alkali reserve of the blood plasma in human beings who had been treated with kidney extract

The injection of this material when properly prepared, free of histamine and choline, is relatively atoxic It has been injected intravenously in nine c c doses into a two kilogram cat and produced a slowing of the heart rate with a slight but definite increase in the P R interval but showed no toxic effects on the heart. In patients the amplitude of the Q R S wave was increased after its use Kidney extract injected into patients as well as animals, produces a very definite drop in the blood pressure, a fleeting but definite drop in plasma chlorides, excepting in patients or animals who have been given considerable amounts of salt previous to administration of the extract In those cases it would seem as if the result of the extract is in the nature of a mobilization since the blood contains an increased amount of chlorides which gradually drops, as compared with the chloride level existing previous to the injection of the extract

Studies of its diuretic effect have been made with this agent In animals and in some patients we have occasionally observed an effect on diuresis which is manifest in the first four or five hours after its administration In the great majority of patients, however, it does not act in this fashion This diuretic effect becomes evident sometimes within twenty-four hours and sometimes not for two or three days after its administration In Case 26 (Table I), the peak of the effect was reached one week after its administration was begun and represented an increase of 800% compared with what it had originally been

In Case 8 the diuretic effect was cumulative and did not manifest itself until forty-eight hours after its administration and increased slowly until three days later it had increased to approximately 200 per cent This effect remained until two weeks later, when it had increased 300 per cent, twenty-two days later it had increased 350 per cent, and twenty-four days later it had increased to 620 per cent, and on the twenty-fifth day after administration was begun had reached the astounding total of 770 per cent of the original amount It was found necessary at that time to attempt measures which would control both water and sodium chloride loss Intravenous administration of ten to twenty per cent sodium chloride solutions and eschatin were given, and on the day on which the excessive output was recorded salt excreted was 63½ grams

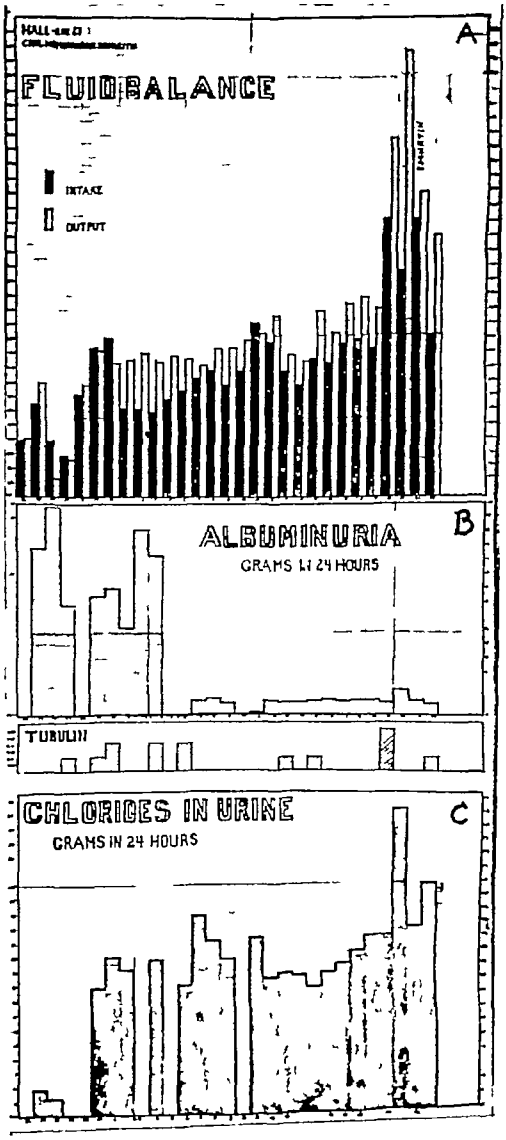
Used in conditions not definitely associated with kidney pathology but where oliguria was present because of some other cause, this agent has shown a diuretic effect In these individuals, the diuresis which followed lasted in some cases only a period of twelve hours whereas in other individuals it extended over a period of five days Because of the effect which we have noted on the salt excretion as well as the development of a syndrome which will be described in detail elsewhere we have found it necessary to administer fairly large quantities of salt, even to patients in whom the condition of the kidneys was such as to contraindicate its use in these amounts

A remarkable effect of the use of this material has been with patients in whom as a result of this material, the syndrome developed We have noticed that we could administer amounts of sodium chloride which would normally have been followed by the development of extensive edematous processes, without any such water retention taking place

In the case of D Y, suffering from chronic hemorrhagic nephritis, sixty-eight grams of salt was given over a period of one week, without this patient developing any edema, in addition to

which even a test of the P S P excretion given with 1000 c c of fluid failed to produce any pretibial edema S M I, who has been taking no treatment for the past nine months, with the exception of two injections given at monthly intervals in the last two months, is consuming approximately eight to ten gm of salt daily, without manifesting any edema

CHART I—Effect of Kidney Extract (Tubulin) on (A) Diuresis (intake and output) (B) Albuminuria total output (gm) in twenty-four hours (C) Chlorides, as sodium chloride (gm) in twenty-four hours With maximum diuresis, chloride output was 63 8 gm Use of Eschatin (10 c c) had only temporary effect on water and sodium chloride excretion



The diuretic effect of this material is particularly evident in Case 26, which can be seen from Table I, also from Charts I-II An important consideration in connection with the treatment of cases that have lost considerable amounts of salt, is the use of glucose intravenously It has been difficult to escape the impression that the effect of glucose administered intravenously in patients in whom the sodium chloride concentration has been markedly depleted either because of abstention from salt containing substances, because of repeated and copious vomiting, or because of the diuresis set up by the kidney extract, is fraught with considerable danger

In one of the earliest cases treated, (Case 17) the plasma chloride level reached the low figure of 388 mgm per 100 c c although he still excreted one gm of salt a day or less A sister of this patient, similarly treated, also showed a considerable drop of 140 mgm per 100 c c in the plasma chloride calculated as sodium chloride in a curve studied for three hours after the administration of kidney extract Her blood plasma chloride fell to 400 mgm per 100 c c from the normal 550–600 and her salt output in the urine suggested that the tissue depots were sadly depleted She also made a sudden exitus from cardiac arrest, which occurred about one-half hour following the administration of glucose intravenously We have observed this phenomenon in four cases, particularly where a uremic state existed

It has been shown by Sherill that death can be brought about in animals who with even low blood chloride levels can be made to excrete salt through the administration of substances which force diuresis, and we have seen that the diuretic effect of kidney extract manifests itself several days after its administration During the past year we have made it a routine practice to administer a minimum of four to eight gm of salt daily during the administration of the kidney extract We have noticed that where salt deprivation symptoms occur that even the administration of fifteen gm of salt daily for three days does not entirely relieve the symptoms The re-

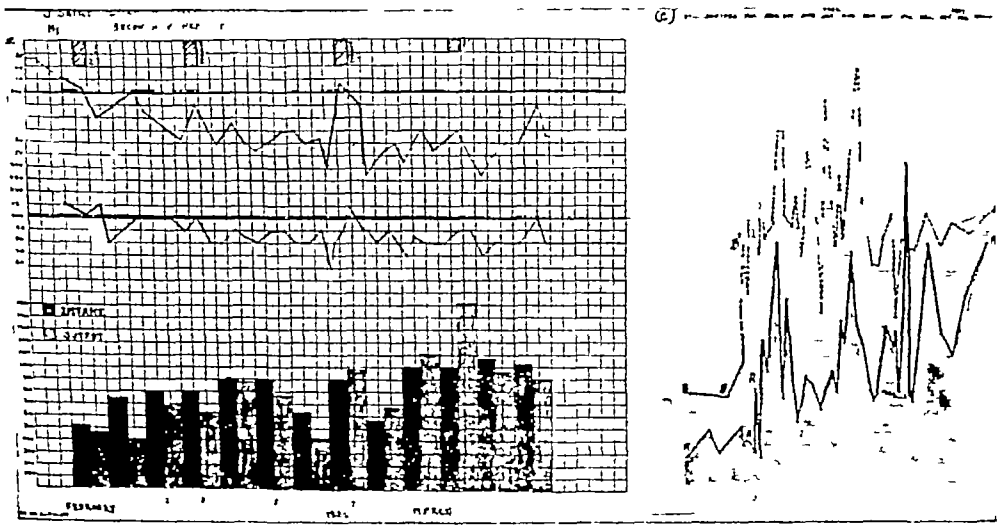
TABLE I—KIDNEY EXTRACT IN THE TREATMENT OF NEPHRITIC HYPERTENSION

Patient	Before treatment	During treatment	After treatment	Result
1	188/120*200/118	167/110	190/120(2 mos.)	Unimproved
2	180/95*190/88	166/79(3 mos.)		Improved
3	210/140	148/96(1-4 mos.) 137/89(2-8 mos.)	180/110(1 mo.n t.) 132/70(1 mo later)	*Improved
4	205/105	195/90(I period) 200/92(II period)	186/80(2 mo later) 235/115(2 yrs. later)	Unimproved
5	129/67*178/80	169/84(5 mos)	132/74(5 mos. later) 169/115(6 mos. later)	Unimproved
6	180/108	166/108(2 mos)	184/98(2 wks later)	Unimproved
7	280/170	220/110(3 mos)	190/80(3 mos. later)	Improved
8	228/148	208/141(3 wks)		Unimproved
9	220/140	182/110(2 mos.)	172/90	Improved
10	150/120*170/120	190/130* 120/90(1 mo)	112/72(6 wks later)	Improved
11	160/104	126/73(3 wks.)	94/55(1 wk. later)	Improved
12	190/134*240/180	180/132 210/146(2 weeks)	162/140 225/150(10 ds later)	Unimproved
13	220/110	190/110(2 wks)	250/150(1 mo later)	Unimproved
14	185/94*210/120	148/82(1-3 wks) 165/96(K.E 9 mos.)	172/97(1 yr later) 164/102(K.E 4 mo)	*Improved
15	210/140*246/148	178/110(1-2 mos.) 176/120	238/140(2 mos. later)	*Improved (2 attacks)
16	208/114	190/102(10 days)	190/98(1 wk. later)	Unimproved
17	240/180	180/110(18 days)	220/140	Unimproved
18	188/98	174/75(I period) 148/76(II period)	182/80(5 mos. later) 130/88(2 mos. later)	Improved
19	180/80	152/70	130/72(8 mos later) 142/84(17 mos. later)	Improved
20	230/130	170/96(6 mos) 153/95(18 mos.)	167/108(3 mos later) 142/86(1 mo later)	Improved
21	168/90	152/79(7½ mos)	120/60(6 mos. later) 160/88(12 mos later)	Improved
22	185/80	154/70(1 mo)	152/70(3 mos later) 145/66(25 mos later)	Improved
23	180/83	162/80(2 mos)	150/74(3 mos. later)	Improved
24	224/138	178/116(5 mos.)	160/112(2 mos. later)	Improved
25	194/116*210/145	210/140* 150/132(3 wks.)	160/120(4 mos. later)	*Improved
26	158/98	126/76(3 wks)	110/60(1–60 mos. later)	Improved

* Treatment discontinued. Relapse with fatal termination.

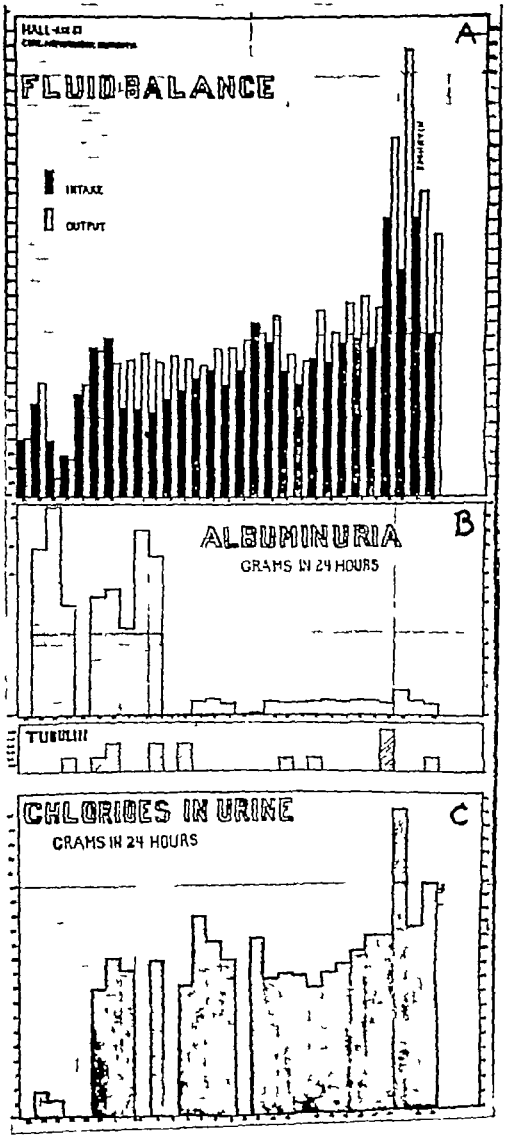
CHART II—Effect of kidney extract (Tubulin) on Intake and Output over thirteen day period as well as on Blood pressure (210/110) before beginning of treatment. During this period, seven c.c. of extract was given as indicated in (A)

(C) Effect of salt and water excretion (aa) One to three gm sodium chloride per day from November 1935 to February 1936, period of interrupted treatment. (a'a') Sodium chloride excretion from March 1936 to March 1937—three to sixteen gm. per day (bb) Urinary output averaged 500 c.c per day during period of interrupted treatment. (b'b') 1000 to 2200 c.c. during period of active treatment.



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tensive encephalopathic episodes previous to treatment, one has been free of them for the past eight months after one year of treatment with kidney extract. One case has been under treatment for four years and the blood pressure has fluctuated around 200 to 190 mm Hg, sometimes reaching levels as low as 170 mm systolic and 90 to 110 mm diastolic When treatment is withheld for several months, her systolic pressure goes up to 240 mm and her diastolic to 140 mm One patient under treatment for the past year, who was under continued stress, has reported that since he has been getting these treatments he has felt able to work without the previous fatigue, and his headaches have not troubled him excepting occasionally when he has not been careful with regard to taking the appropriate amount of salt

Effect on Nausea and Vomiting

The effect of this extract on nausea and vomiting which precedes acute uremic attacks, or which constantly accompanies chronic uremia, has been very striking in eight of the cases listed in Table I as well as in the case of W J, reported in connection with the effect of this extract on uremic coma Two cases of nephrosis in adolescents, which are not included in Table I, showed a similar effect. In these eleven cases, nausea, anorexia, and the vomiting present in seven of this group, yielded in a period of from six hours to two days As will be noted in a more detailed description in the cases reported under uremic coma, a noticeable desire for food is manifested, patients expressing themselves as voraciously hungry This was particularly noticeable in Case 8, who reacted to the injection of the extract by developing an appetite which could not be satiated even with a diet of 300 grams of carbohydrate, 125 grams of protein, and 75 grams of fat Vomiting was controlled in all of this group but one (Case 12) The effect on headache was particularly noticeable in cases 8 and 14, and 17 It should be noted, however, that the depletion of the salt reserves of the body is frequently associated with the development of an intractable headache This type of headache, in our experience, fails to respond to any medication, other than the administration of sodium chloride The striking relief from this headache which may be manifest within fifteen minutes to a half hour after the ingestion of five gm of sodium chloride first called our attention to the close relationship existing between this kidney diuretic agent and sodium chloride metabolism It might be well to emphasize here that where excessive depletion has taken place, as mentioned above, it would require many times this amount of sodium chloride to bring about relief

Effect on Hypertensive Retinopathy

One of the most troublesome complications of nephritic hypertension is the retinopathy formerly classified under the term of albuminuric retinitis Previous to the work Page and Heuer the impression was current that this type of change in the retina of the eye was incurable In their report on the treatment of malignant hypertension by section of the anterior nerve roots, they describe a case in whom the eyeground changes had cleared up nine months after operation The report of these three cases is of interest since these changes followed the use of kidney extract. (Cases 3, 15 and 24)

Case 3 was a man, aged fifty-three, manufacturer, suffering from nephritic hypertension for many years, who suddenly found his vision impaired so that he was unable to see clearly or to read letters smaller than the large newspaper headlines Ophthalmoscopic examination showed extensive exudates and hemorrhages in both eyegrounds After four weeks treatment with kidney extract, patient noticed that he was able to read fine newspaper print Ophthalmoscopic examination made about that time showed extensive absorption of the exudates and hemorrhages The ophthalmologist who examined him recently, after four months of treatment reports that the fundus shows less changes today than he observed one year ago

Case 15 is reported in detail under the group treated for uremic coma. When he was definitely out of coma he complained of impairment of vision The ophthalmoscopic examination of the eyegrounds made January 23 showed numerous exudates (cotton-ball type), no recent hemorrhages, blood vessels showed moderately advanced arteriosclerosis, both optic discs blurred. Examination of February 22 showed exudates in

sults up to the present time have been such as to suggest that the treatment with extract must be supplemented by diet and salt to obtain optimum results

Effect on Hypertension

In Table I are summarized twenty-six patients suffering from nephritis in association with hypertension, in whom treatment was instituted Treatment varied from a period of ten days to two weeks in some, to a year or more in others Cases who showed clinical improvement (17) as well as a definite drop in systolic and diastolic pressure are included amongst the cases which are listed as improved Of these seventeen cases, three subsequently discontinued treatment for one reason or another and although they showed clinical and some laboratory improvement sufficient to place them in the category of the improved, while under treatment, have been reported to have died One of these cases is described in detail in the group of uremic coma, controlled by kidney extract He had two attacks of uremia, both associated with marked hypertension, and both yielded to kidney extract treatment The third episode, without kidney extract, resulted fatally The second patient remained well for over a period of fifteen months, following institution of kidney extract treatment and then discontinued it because he felt so well We have not been able to contact this patient to find out his present status The third patient developed a sudden attack of pulmonary edema after being maintained in fairly good health eighteen months after a threatened uremia, although her nitrogen figures in the blood had remained stationary for over four months previous to this sudden attack which terminated her life inside of a half hour

If these cases were to be included in the unimproved group it would leave fourteen out of twenty-six who have shown improvement under this treatment (53 8%) If, however, the three are included it would represent 65 3 per cent Even of those who are listed as unimproved, four showed a temporary improvement Table I shows the effect of treatments, the time treatment was administered and subsequent persistence of the lowered blood pressure or its rise after a period of time indicated in parenthesis The remarkable effect on the diastolic pressure shown in some cases, such as in cases 3 and 7, has not been paralleled in all of the cases listed The majority of these patients who responded to kidney extract showed a much more definite effect on the systolic than on the diastolic pressure

Thus Cases 20, 24, and 25 show a drop of seventy-seven, sixty-four, and fifty mm of mercury, respectively in the systolic pressures, and forty-four, twenty-six, and twenty-five mm Hg, respectively, in the diastolic pressures In Case 15 there was a drop of seventy mm Hg, systolic, and thirty-eight mm Hg, diastolic

In many of these patients there was an immediate drop following the injection of kidney extract, when pressures were taken in fifteen minutes to one or two hours after injection This drop varied from eight to fifty-two mm Hg in some cases, in the systolic, and from two to twenty-eight mm Hg in the diastolic We have usually considered a drop of thirty mm Hg as coming within the range of spontaneous fluctuation

In ambulatory cases, periods required vary from one week to three months to get an appreciable effect In one case it took five months of continuous treatment before the systolic pressure was brought down below the high level of 200 mm Discontinuance of treatment in some cases was followed by continued maintenance of the low level for approximately five months In some cases the pressure went up two months later In Case 3 discontinuance of the treatment for one month, after four months treatment, was followed by an increase of the blood pressure, of approximately forty mm over the previous systolic level and twenty mm over the previous diastolic level, but after eight months subsequent treatment remained low for three months The essential hypertension patients responded either with a comparable drop in the systolic as well as the diastolic blood pressures or they did not respond at all In ten cases of essential hypertension treated, one died whereas the nine who survived—results were good in five, symptomatic relief was present in two, and in two cases which developed hyper-

stantly in mind in the use of this new therapeutic agent The effect on blood chlorides has been reported elsewhere and will not be discussed in the present paper [24]

Case 14, is one of the most striking results which we have observed and illustrates the value of this extract in temporarily prolonging life In her case the study of her urea clearance would have lead us to withhold the treatment because of the futility of attempting to maintain kidney function with a kidney whose function had been so extensively destroyed However, her survival for seventeen months following kidney extract, with creatinine figures that range from three to five during this period and with urea nitrogen figures which fluctuate between forty-three and sixty mgm per cent and a urea clearance fluctuating between 44 and 87 percent, as well as the clinical improvement and the ability to carry on which this patient has manifested, would lead us to believe that this extract therapy should not be withheld even in seemingly hopeless cases

Effect of Kidney Extract on Uremic Coma

The effect of the extract on patients seen either in fully developed or in impending uremic coma is best realized from a detailed report of the following five cases treated

Case 17 was treated with Dr I W Kahn of New York City Age about forty-eight, married, manufacturer of dresses Gives a history of having had hypertension over a long period of time In the past few months his condition has become markedly aggravated He became edematous and developed convulsions occasionally Condition was diagnosed as nephritic hypertension His blood pressure was 240/180, and was in a stuporous condition being roused with difficulty Had edema of the face and extremities His blood chemistry previous to treatment showed urea 136 creatinine 4 6, and plasma chloride 506 He was given three c c of kidney extract following a venesection in which 200 c c of blood was removed and fifty c c of fifty percent glucose injected The glucose and extract treatments were continued at intervals of from two days to a week, following which the patient improved considerably so much so that he was able to recognize his relatives and took part in a discussion of plans for the future, regarding his business, etc. The edema around his eyes and the pretibial edema disappeared and his blood pressure dropped to 180/110 He began to void considerable quantities of urine He was kept on a very low protein, high carbohydrate, salt free diet He was receiving two hot packs in a period of twenty-four hours, one during the day and one in the evening A change of nurses resulted in his being given a cold pack one evening, following which oliguria developed again, edema reappeared, and the patient died with symptoms of uremic convulsions, in spite of the fact that he was given fairly large doses of extract and five percent glucose intravenously (Table II) We did not appreciate the fact that this patient, kept on a salt free diet, developed a hypochloremia with resulting symptoms This effect on his blood and urine chemistry can be seen from Table II While it is true that the urea and creatinine figures rose after the first week, we failed to find in the last eight days preceding death the marked rise in creatinine which usually precedes death from uremic coma It is possible of course to have uremia with even lower urea concentrations in the blood

Case 26, forty-seven years of age, born in Sweden was a superintendent of buildings Family history and past history was negative except for an attack of grip in 1922 following which he developed diabetes Weight was 300 lbs and as a result of dietetic restriction his weight came down to 185 lbs Diabetes controlled by diet He felt well up to two months ago

Two months ago he felt poorly and took a few drinks of whiskey The following morning he was unable to move, felt extremely tired, and suffered from severe pain in the back on both sides This pain continued for a week, getting worse all the time He felt so tired that he was unable to stand He lost his appetite and his wife reported that he had been unable to eat for a week, and was vomiting all the time He felt stuporous, had a marked headache, and his vision seemed blurred He noticed that for three days before he came to the office on December 16 1931 he was passing a very scant amount of urine He attributed this however to the persistent nausea and vomiting which interfered with his eating or drinking anything

Office examination showed a tall man weighing 218 lbs with a marked pallor Face, eyes hands and legs greatly swollen Marked dyspnea Pulse weak but regular Blood pressure 158/98 Marked uremic odor

fundi diminishing, few scattered exudative spots, hemorrhagic areas being absorbed, eyegrounds improved, slight optic atrophy present

The third patient is Case 24, whose clinical history appears in detail under the case histories of uremic coma Shortly after the second admission to St Claire's Hospital, he complained of marked blurring of vision which continued and progressed to the point where he was unable to see clearly surrounding objects or recognize his medical attendant, excepting through the sound of the voice

May 12, 1936 Ophthalmoscopic examination without cycloplegia reveals many fresh and old retinal hemorrhagic areas, very tortuous vessels, areas of retinal atrophy, the result of old hemorrhages, numerous fine and moderately large vitreous opacities, large areas of exudate seen in both fundi, especially in right macular region Externally there is a large amount of chemosis and the edematous conjunctiva are very white Hemorrhages and exudates account for diminished vision Chemosis due to same conditions which have caused edema of face *Opinion* Advanced (severe) nephritis

August 22 Pupils not dilated with medication Round and equal React well to light stimulation, direct and consensual React well on accommodation for distance and near Refracting surfaces clear Retina shows tremendous areas of exudation with large numbers of small hemorrhages of various stages of absorption and age. There are no very recent large hemorrhagic areas The patient states that during the past two weeks there has been a remarkable improvement in his vision The areas of what appeared to be normal retina have a much better color than when last seen

November 20 Vision O D improved from light perception on previous examination to 20/20 with a plus 1 plus 50 axis 90 Improved on left eye from 20/20 to plus 9 plus 50 axis 90 This indicates a tremendous improvement from examination made in July The vision at the present time with a small correction is 20/20 in the right eye and 20/30 in the left This is not due to a refraction error but due entirely to the improvement in the retinal condition There are no new exudates in the retina and those noted at the last examination appear somewhat smaller *a definitely unusual observation* The hemorrhages which were noted at the time of the examination in the hospital have entirely resorbed and there are no hemorrhages noted at the present examination

Effect on Plasma Chlorides and Plasma Proteins

In Cases 3 and 16 there has occurred an increase in plasma protein, explaining in a large measure the disappearance of the edema and its continued absence even after large amounts of salt and water were administered In Case 3 the plasma protein percentage had progressively diminished so that over a period of three years it had gone down far below the edema level, reaching an average figure as low as 3 34 per cent One year after treatment with kidney extract, had attained a level of 6 64 per cent This was not accomplished in a period of three years previous to the administration of the kidney extract, despite the ingestion of considerable amounts of protein—125 to 150 gm per day In Case 16, although protein had not gone down to below the edema level, it showed an increase of over one gram per 100 c c after only ten days of extract treatment Albuminuria is a very variable phenomena in nephritis and it is unsafe to draw any conclusions regarding fluctuations in the daily amount excreted In several patients treated notably Cases 3, 7, 15, 17, and particularly 8, changes occurred in the amount of albumin excreted, following kidney extract administration which seemed to be definitely connected with its use Particularly in Case 8, as can be seen from Chart I the albuminuria dropped from a high level of 14 6 gm per day to less than one gm The suggestion that this drop in albuminuria might represent the development of an acute exacerbation is negatived by the fact that the red blood cell count in the urine is reported as having disappeared even while the albumin excretion was at its height It would be difficult to conceive of an acute exacerbation of an inflammatory process in the kidney without the accompanying presence of an increased number of red blood cells Even the pus corpuscles per HPF which were originally ten to twelve are reported absent while the albumin excreted is still at a level of ten grams per day The most unusual phenomena in this case, however, is the tremendous increase in the amount of salt excreted As can be seen in Chart I, the salt excretion which fluctuated between 5 and 4 6 gm previous to the administration of kidney extract increased to over five times this amount, reaching a figure as high as 63 88 gm in twenty-four hours In a period of three weeks this patient eliminated close to 500 gm of chloride estimated as sodium chloride The effect on the system of such a tremendous loss of sodium and chloride is to be kept con-

emanating from his breath Urine examination showed very heavy sugar content, with albumen two plus and numerous red blood cells No acetone present. His blood chemistry showed a blood sugar of 670 mg percent and a urea of 214 mg percent. No acetone in the blood. He was advised hospitalization but insisted on being treated at home 150 c.c of blood was removed in the office and he was given twenty c c of fifty percent glucose intravenously and forty units of insulin, because it was thought that the condition might be due to his diabetes, despite the absence of acetone He was sent home and put on a diet of two liters of milk daily, and 120 units of insulin, told to keep his room warm He was given a hot pack and high colonic irrigation The results of the blood chemistry examination and the microscopic findings in the urine immediately pointed to the nephritic element as being the main source of his difficulties, but despite this it was decided to concentrate on antidiabetic treatment The following day 175 c c of blood was withdrawn after which the blood pressure came down to 130/70 His blood chemistry on that day showed a blood sugar of 565, urea of 208, and a creatinine of 8 1 The urine still showed heavy sugar, acetone O, albumin two plus, and some RBC and many leukocytes He was given fifteen gr sodium citrate daily, the hot packs and the high colonic irrigations were continued but his general condition remained the same He still felt nauseated all the time and it was difficult to get him to take his milk or fluids The following day his blood chemistry showed a blood sugar of 540, although he was getting 120 units of insulin daily His urea was 306 and his creatinine was 8 3, blood acetone was negative. Urine showed heavy sugar and two plus albumin Intake for the twenty-four hours was 1680 c.c and output was 660 c c His edema still persisted, although following the hot packs and the profuse perspiration it had subsided somewhat He was nauseated and vomited occasionally Headache was constant Refused food. He was in a deep stupor, being aroused with difficulty There was no improvement after three days Insulin and glucose intravenously, repeated venesection and other methods failed to control the vomiting and stupor It was then decided to wait no longer but to administer the kidney extract Accordingly, on December 19, at noon, Dr Rose injected five c.c Six hours later the nurse reported that his condition appeared slightly improved, that he was more conscious of his surroundings, and apparently no longer nauseated, as one hour later the patient complained of hunger His blood pressure dropped following the injection of extract to 126/76 The follow-

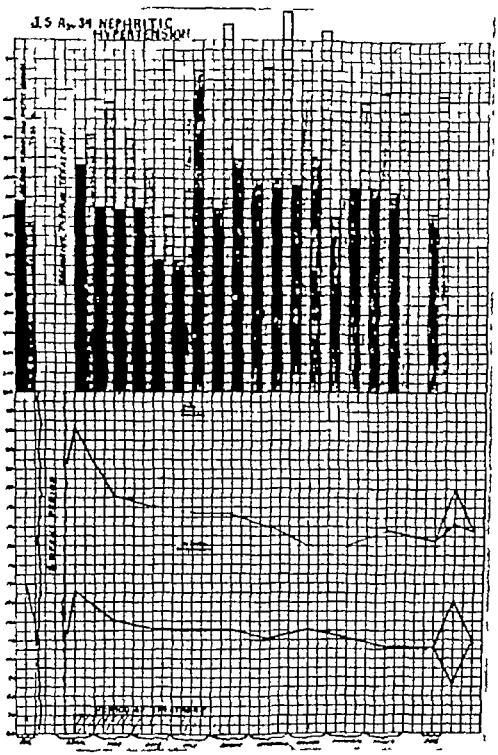


CHART III—Average intake and output over one year period During July, anuria of seventeen hours developed with attack of convulsions and coma of uremic origin. Spinal fluid contained seventy-three mg Urea N Administration of kidney extract (Tubulin) two c c. in fifty c.c normal saline intravenously produced diuresis three hours after injection, consciousness restored six hours after administration

TABLE II—CASE 17

	Blood					Urine				
Date	Sugar	NaCl mg %	Urea	Uric Acid	Creatinine	Vol.	Sp. Gr	NaCl	Alb	
1/25/31	119	586	136	5 1	4 6	Casual	spec.	Many	red cells	
28		584	66	4 9	4 6	Few WBC Heavy tr		No	casts	
						1000			4	5
29							1 016	7	1	0
30			74			1000	1 015	8	1	3
31	84	496	104			1000	1 017	9	0	9
2/1						801	1 014	15	0	9
3	129	508	114	8 4	3 7	1500	1 011	3	1	0
4	116	492	82	8 4	4 4	1350	1 010	1 8	1	5
5						1070	1 008	9	2	0
6						1700	1 011	1 86	3	4
7						1500	1 018	1 89	1	8
8						1300	1 008	83	1	8
9						1200		1 4	1	5
10		388	158	8 0	6 0	840		84	2	0
11		452	186	9 4	4 4	900	1 009	1 2	2	3
12			184	9 8	6 5	240	1 012	28	2	3

ing day he was given two c.c. of kidney extract and the change in his blood and urine chemistry is evident from Table III (See also Table IV)

CASE 15, age thirty-one, tile worker, was admitted to Jewish Memorial Hospital January 10, 1932, and discharged March 1 *Chief complaint* severe headaches, dimness of vision, drowsiness, and vomiting *Past history* measles and diphtheria. *Present history* for past two years patient has been treated for nephritic condition Since July 31, patient had been partially incapacitated with edema of ankles and entire face On January 7 patient commenced to have spells of headaches, dimness of vision, vomiting, and stuporousness On date of admission had several convulsions and had become mentally unbalanced. Strong acetone and urinous odor to breath.

Physical examination puffiness of eyes, blurred vision, marked carotid pulsations, rales at both bases, heart enlarged to left and right, sounds of poor quality and there is systolic blow transmitted over entire chest, blood pressure 210/130, legs edematous, weight 115 lbs Blood chemistry showed on January 14, urea 98, creatinine 2 1, sugar 96, plasma chlorides 632, carbon dioxide combining power 47 1 percent.

His symptoms continued and patient became more stuporous and finally lapsed into coma Repeated phlebotomy failed to show any change in his condition nor did intravenous glucose help It was then decided to use kidney extract. He was given two c c. on the fourteenth, repeated on the fifteenth, and then again on the seventeenth and eighteenth Within six hours after the first administration the patient became rational and conscious Edema subsided and his urea which was ninety-two on January fourteenth had dropped to sixty on the sixteenth Creatinine of 2 1 had gone down to 1 8 and his carbon dioxide combining power had gone up to 55 7 percent From January 14 to January 24, the patient was treated with kidney extract which produced a definite effect on the concentration of urea in the blood, but its effect on the blood pressure was somewhat inconsistent. We therefore, decided to administer a freshly prepared extract instead of the one being used at this time which was eight months old One-sixth of the amount previously used was given at daily intervals with immediate effect on the blood pressure Systolic pressure dropped to 200, and two and a half hours later it had reached its lowest level, being 100 mm of mercury less than before the fresh extract was used Discontinuing the extract for several days was immediately followed by elevation of blood pressure It again dropped as soon as treatment was resumed Coincident with the rise in blood pressure, was a rise in the nitrogen retention in the blood The patient continued to improve and was discharged two months later

He was readmitted April 23, one month after discharge, from the emergency ward of the hospital, in convulsions Face edematous, tongue coated, pulse rapid and bounding, heart sounds extremely forceful but regular, lungs clear, B P 238/140 Patient gave history of not having taken kidney extract for seventeen days prior *Diagnosis* malignant hypertension and uremia. *Treatment* Hot packs, (2) limitation of fluids, (3) phlebotomy, (4) injection of one c c of kidney extract and insulin units ten, (5) two quarts milk daily and 100 gms of liver or meat. Within a short time patient showed marked improvement, convulsions ceased, edema disappeared blood pressure came down from 238/140 on April 23, to 185/115 on May 2, to 176/120 on May 5 Patient continued treatment at the office for two months and did very well but discontinued treatment because of painful reactions Six months later was admitted to

TABLE III—BLOOD AND URINE CHEMISTRY (CASE 26)

	Blood				Urine		
Date	Sugar	Ac.	Urea	Creat.	Sugar	Ac.	Alb
Dec. 15 1931	670	0	214				
16	585	0	208	8 1			
18	540	0	306	8 3			
22	268	0	254	4 9	H	0	+
26	520	0	142	2 3	F	0	+
28					TR.	0	++
29	247	0	84	1 7	F	0	++
Jan. 3	217	0	56	1 7	M	0	+
12	64	0	43	1 6	TR.	0	
23	93	0	36	1 4			

On January 23 his blood pressure was 110/60 and his blood chemistry normal
H—Heavy M—Medium F—Faint TR.—Trace

TABLE IV—EFFECT OF K. E. ON WATER BALANCE (CASE 26)

	Intake (c.c.)	Output (c.c.)	Weight (lbs.)
Dec. 16 1931	600	330	218
17	1460	330	
18	1200	500	
19	1680	660	
20	2100	1920	
21	2160	3030	
22	4800	3650	
23	3800	3750	
24	2200	2000	
25	2100	2100	
26	4500	4400	176
28	2800	2650	174
29	2600	2400	172
30	2500	2450	174

Morrisania Hospital with similar picture as above, but kidney extract treatment was not used and patient died as a result, in a typical uremic coma

CASE 20, age thirty-three, male, elevator operator, was admitted to St. Claire's Hospital with diagnosis of acute parenchymatous nephritis Patient gave history of having used alcoholic drinks to excess, but does not recall any previous illness other than a Neisserian infection when young No sore throat, scarlet fever or any abnormal habits Present illness began in January 1936 when he developed edema of the legs, together with edema of the eyes and face which was more marked in the morning on arising Was advised rest and given suitable diet, following which he improved considerably February eighth he again developed swelling of his legs and face and was advised hospitalization Was treated at St Claire's Hospital for eleven days and improved under Karell diet and fluid restriction Blood pressure was not greatly elevated at that time, 140/70 on admission and 120/60 after five days Urine on admission showed albumin 2+, specific gravity 1 012, 10-16 R B C per HBF, and finely granular and coarsely granular casts Two months later developed edema of extremities and of face, blood pressure was found elevated, 230/118, suffering from severe headaches and is nauseated Was unable to eat because of nausea Was readmitted to St. Claire's Hospital where he was put under K E treatment Weight previous to admission was 163 and three days after extract was given his weight had gone down to 157 His weight fluctuated during four weeks of hospital stay, reaching as low as 151 lbs His blood pressure taken on admission was 222/136 and came down to 210/116 after 2 5 c c of K.E His blood pressure four weeks later was 172/120 During this time he complained that the vision in the right eye was poor, but his headaches and edema had disappeared Blood urea was 28 5 mgs per 100 c c

He was discharged from the hospital, considerably improved although his vision still troubled him occasionally Walking about during a particularly cold day, although it was in the late spring—he began to develop considerable edema of feet, ankles and legs and pain in the lumbar region with a recurrence of his symptoms His headaches increased in severity, blood pressure was 180/138 He gained eight pounds in one week

He was readmitted on May 24 Weight was 157 lbs and he was placed on the Karell diet with restricted fluids. Under this management his edema, which had affected his face, subsided in part and he felt somewhat more comfortable He still continued somewhat drowsy and listless One week later his face became swollen and on June 3, eleven days after being on Karell diet, he began complaining of headache and vomited his food. His output that day was 180 c c. less than his intake He was again put on kidney extract and his output the following day was 660 c.c. greater than his intake His general condition improved greatly He continued comfortable until one week later when he again developed slight puffiness about the eyes and headache and shortness of breath. The following day edema increased and he was given five grams of salt. He said he felt better with edema of face subsiding He got 1 5 c c K.E on June 13 and two days later developed marked edema of eyes and face despite continued dosage with K.E, with increasing pain in cardiac region and marked edema around the eyes, edema and headaches increasing Blood chemistry on June 13 showed N P N 54 5, Urea N 30 9, Creatinine 1 92, Uric acid 4 49, Plasma Chlorides 567, Cholesterol 178 The following day, with edema increasing his fluid intake was sharply restricted to 400 c.c. and his output fell to 600 c c On July 15 he woke up complaining of pain in cardiac region, with severe headache The following morning he could not be aroused He was in a cold sweat, restless and vomited constantly He was very stuporous and restless at times Had convulsion lasting four minutes Voided thirty c c that night Following day following a venesection he received 300 c c of ten percent saline July 16 spinal fluid-Urea N 73 2, Chlorides 676 2, Sugar 46 Was put in a hot pack and given morphine Convulsions occurred at intervals of ¾ hours Patient was irrational but exceedingly restless and convulsions continued *He was catheterized seventeen hours after last voiding and no urine was obtained* His temperature was 102°, pulse 80, respiration 30 At 7 10 pulse was 120, respiration twenty-six and a spinal tap was done about twenty-one c.c being withdrawn At 9 30 blood pressure was 212/70, had a convulsion at 10 A M, after which blood pressure was 276/130 200 c c of ten percent NaCL given slowly intravenously Same day, at 3 P M eleven gms NaCL in sixty c c distilled water given There was a tremendous increase in edema of eyelids, face, and neck noticed, intravenous was stopped

Patient was comatose, with twitchings and occasional convulsion. During this period systolic blood pressure could not be determined because manometer was not calibrated above 290 Since hypertonic saline and other measures had no effect, it was decided to try *intravenous* administration of kidney extract.

Two c.c of K.E in fifty c c of normal saline was given at 8 15 P M, July 16 This was given intravenously because it was believed that the failure of the previously administered K E was due to absence of absorption because of the extensive edema Patient began to breath stertorously and perspire profusely immediately thereafter Blood pressure dropped to 190/90

Four hours later (12 30 P M) nine oz of urine was obtained by catheter from the bladder Patient semi-comatose and struggling fiercely Edema still present to a marked degree

Six hours after intravenous administration of K.E patient was rational and conscious The following A M patient flooded the bed His blood pressure at 8 30 A M was 180/110 Mental condition markedly improved Taking fluids by mouth T 100°, voided eight oz Given two c.c. K.E in fifty c c. saline the following day On the eighteenth output was 18½ oz Blood pressure 204/124 On July 19 output was thirty-four oz Urinary output increased daily as can be seen from Fig 2, and edema disappeared from face, ankles and scrotum, in about one week 7000 c c withdrawn from abdomen by paracentesis Effect on blood pressure can likewise be seen in Chart II On July 24 output was forty oz Vision is improved, can make out objects indistinctly, and at times recognizes people August 27 up and about for past ten days Marked improvement in vision Marked persistent reduction in blood pressure Slight or no edema of face and extremities Discharged August 28, has taken no treatment for four months Is working regularly as elevator operator, reads annunciator dial and feels well for past nine months Kidney extract once monthly for past five months Appetite good Occasional headache relieved by salt

W J, female, colored age thirty-five was admitted August 5, 1936 to Wickersham Hospital N Y City (Abstract furnished by Dr J Abajian) *Chief complaints* Marked dyspnea and orthopnea Precordial pain, dizzy spells, diminishing vision, twitching, marked weakness, and urinous odor to breath

Past history Essentially negative. No history of acute renal episode or lues Present illness dates back one year ago, when she had a gradual evolution of this present symptomatology, beginning with high blood pressure and dizzy spells Hospitalized six months ago with similar picture to that of her present status She was also at that time semi-stuporous Hospitalized in Italian Medical Center During past few days the twitching and a generalized body itching have been increasing, vomiting consistently

Physical Examination Well-nourished colored female, lying in bed, very restless and twitching, and in a semi-stuporous state, also with a definite visual disturbance Inspection reveals many scratch areas due to intense itching, little to moderate abdominal distension, marked rapid pulsation, marked rapid pulsation of the great vessels of the neck, with much precordial heaving Eyes—pupils in mid-dilation—react to light, and accommodation, equal pupils Fundi reveal some slight arteriovenous compression, pulsation of the vessels, small scattered areas of discrete hemorrhages Definite uremic odor to breath Blood pressure 240/140 Chest reveals markedly enlarged heart to the left anterior axillary line Definite loud systolic blows heard over the whole precordium but loudest over the base Lungs free except for congestive rales of both bases Abdomen reveals moderate distension Liver two fingers below costal margin slightly tender, some suggestion of fluid in abdominal cavity Extremities are negative, slight trace of ankle edema with some sacral edema

Initial laboratory work reveals urine with a fixed specific gravity of 1 010, with 2+ albumin, few granular casts, ten to fifteen R.B C per H P F, volume 800 c c daily output, unlimited intake Blood reveals sugar 100, NPN 210, Creatinine 8 6, Plasma Protein 6 0

Diagnosis Malignant phase of essential hypertension in uremic coma with marked acidosis and probable salt deficit due to persistent vomiting

Treatment was begun with 2000 c.c saline with ten per cent glucose intravenously per day Rapidly and fully digitalized with massive doses However, after five days was apparently not improved, urinary output diminishing sometimes down to 700 c c per day Hypertonic fifty per cent glucose 100 c c per day together with 1-200 c c. of ten per cent sodium chloride intravenously, given next two days with still no apparent change in course At this point K.E. was added to above therapy, one c c intravenously and one c c. subcutaneously daily

After second day there was a definitely noticeable improvement in vision, marked degree of greater orientation Patient began to ask for food However, the convulsive twitching persisted and spinal tap was done, which revealed no increase in pressure At this point the blood pressure was 205/120 The following day there was a still greater orientation with an increase in urinary output up to 900 c c However, on the sixth day after institution of tubulin therapy following the use of 300 c c of ten per cent salt with 100 c c of fifty per cent glucose, patient developed what apparently looked like an acute coronary accident and marked precordial pain, pulse going to pieces both in volume and rate, a marked drop in blood pressure and patient appeared apparently in a state of severe shock, followed by development of pulmonary edema Patient expired within twelve hours

Comment

The clinical use of an agent derived from animal kidney is herewith presented, and its effect on hypertension complicating nephritis reported The fact that this substance is isolated from kidneys shortly after death before autolytic processes can occur and separated by methods which involve very little chemical or thermal injury to the tissue would justify the presumption that this is not a degradation product of nucleo-protein but rather a substance secreted normally by the kidney Its unusual effect on some of the normal physiologic functions of the kidney lend further weight to the presumption The striking clinical changes following its use particularly where kidney function has been partially or completely arrested make this agent an important addition to the therapeutic measures available for the treatment of nephropathies and their complications

Summary

A water soluble extract obtained by acid alcohol extraction of mammalian kidney, freed of proteins, peptones and lipoids, contains a diuretic agent which has been used in the treatment of nephritis and hypertension Cases treated have shown a definite drop in blood pressure in fifty per cent, with definite improvement in the general condition It has markedly increased diuresis and the salt output, with coincident disappearance of edema. In chronic uremia, it has relieved the uncontrollable nausea and vomiting, headache, and dyspnea Three cases of hypertensive retinopathy have regained their sight, exudates in the retina having been absorbed

It has lowered the chlorides of the blood and increased the plasma protein content and diminished albuminuria in several cases It has prolonged life in patients in whom the urea clearance was definitely below five per cent Five patients have been brought out of uremic coma by means of this agent, two of whom are still alive, one five year and the other five months

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Discussion

DR. FREDERICK M ALLEN, *New York City*—I was invited to discuss in order to give some of the background of the work, which originated from a different subject I worked for a number of years with experimental diabetes, which could be produced in animals by removal of suitable portions of the pancreas, furthermore,

dietary overstrain was a powerful contributing factor, also diabetes could be brought on by the circulatory disturbance and inflammation excited by temporary clamping of the blood vessels also, as is well-known, portions of pancreas transposed under the skin have been useful for various studies Therefore, as soon as it became possible after the World War, to take up the kidney problem, it was natural for me to try to apply these same methods, and with the aid of about a dozen young American and European doctors an extensive coordinated research was undertaken at Morristown The first summary of results was given in a paper before the American Society for Experimental Pathology in 1922, and was followed by a series of papers during the ensuing eleven years, although important parts of the work were finally left uncompleted and unpublished because of financial collapse Certain of the results of the above-mentioned diabetic methods, as adapted to the kidney, may be mentioned as follows

Partial nephrectomy At the time of our work, the observations of Bradford and other very early writers were practically discredited, and according to the later authors the partial removal of kidney tissue produced essentially two results, up to a certain point it left the animal practically normal, when carried beyond this point it caused rather acute fatality Our work proved that suitable partial nephrectomy can reproduce the most important features of chronic nephritis The animals live for months, showing all the typical urine blood and function changes Since so much of the picture of chronic nephritis represents kidney deficiency, it is logical that this deficiency should be imitated by partial nephrectomy Dr Robert Mark one of the Morristown group, has since continued this line of research in a series of papers in Europe, and has even reported the development of typical retinal lesions as the result of partial nephrectomy in dogs Our results have since been amply corroborated by a series of American writers, very few of whom make any mention of the Morristown work

Diet Our findings with high salt and high protein diets in partially nephrectomized animals have been only partly reproduced by later workers The injurious effect of dietary overstrain can be more readily demonstrated in animals which have been predisposed by partial removal or damage of the kidneys, than in the normal organism and much remains to be done along this line

Explantation of kidney Obviously other organs than the pancreas can be conveniently placed under the skin. The kidney, for example, is thus easily available for chemical tests and the removal of bits for microscopic study We proved that the kidney continues to function efficiently when located under the skin After several years of such work, the explantation of the spleen was described in the paper of Loesch Witts, and Zimmerman (1924) In 1925 I described briefly the explantation of the kidney, which was more extensively illustrated in Loesch's papers in 1927 and 1933 Nevertheless, Rhoads in 1931 published an alleged discovery of this method, and Van Slyke, Paige and collaborators in 1934 continued to refer to "the Rhoads method" of explantation of the kidney

Vascular Obstruction Making use of kidneys transplanted under the skin also of the auscultatory method of blood pressure readings in dogs which I published in 1925, Loesch demonstrated the production of various degrees of sclerosis in the kidneys together with chronic hypertension, by means of repeated clamping of the kidney vessels for ten to thirty minutes This method corresponds to the Volhard-Fahr hypothesis of intermittent vascular spasms in the etiology of this clinical condition Pedersen obtained hypertension by stasis of the renal veins his publication being in the same year (1927) as Loesch's first paper After Loesch's final papers (1933), Goldblatt and collaborators in 1934 announced the production of hypertension by a permanent clamp applied to the renal artery, and in the *A M A Journal* and elsewhere this has been represented as the first discovery of a method for experimental chronic hypertension

The mere closure or narrowing of the main arteries or veins of the kidneys is evidently not responsible for hypertension, because it does not result from total nephrectomy and is only slight or transitory after partial nephrectomy Apparently the kidney substance is concerned in some way Evidently the connection is not nervous, because denervation of the kidneys does not cause hypertension and also according to recent work does not reduce it A chemical or hormonal factor must at least be thought of and it seems inherently plausible that such large and important organs as the kidneys should have some internal secretion

Again following a diabetic procedure namely the Toronto insulin method I proposed to Richard Wagner the making of an acid-alcohol extract of kidneys minced

After second day there was a definitely noticeable improvement in vision, marked degree of greater orientation Patient began to ask for food. However, the convulsive twitching persisted and spinal tap was done, which revealed no increase in pressure At this point the blood pressure was 205/120 The following day there was a still greater orientation with an increase in urinary output up to 900 c c However, on the sixth day after institution of tubulin therapy following the use of 300 c c of ten per cent salt with 100 c c of fifty per cent glucose, patient developed what apparently looked like an acute coronary accident and marked precordial pain, pulse going to pieces both in volume and rate, a marked drop in blood pressure and patient appeared apparently in a state of severe shock, followed by development of pulmonary edema Patient expired within twelve hours

Comment

The clinical use of an agent derived from animal kidney is herewith presented, and its effect on hypertension complicating nephritis reported The fact that this substance is isolated from kidneys shortly after death before autolytic processes can occur and separated by methods which involve very little chemical or thermal injury to the tissue would justify the presumption that this is not a degradation product of nucleo-protein but rather a substance secreted normally by the kidney Its unusual effect on some of the normal physiologic functions of the kidney lend further weight to the presumption The striking clinical changes following its use particularly where kidney function has been partially or completely arrested make this agent an important addition to the therapeutic measures available for the treatment of nephropathies and their complications

Summary

A water soluble extract obtained by acid alcohol extraction of mammalian kidney, freed of proteins, peptones and lipoids, contains a diuretic agent which has been used in the treatment of nephritis and hypertension Cases treated have shown a definite drop in blood pressure in fifty per cent, with definite improvement in the general condition It has markedly increased diuresis and the salt output, with coincident disappearance of edema. In chronic uremia, it has relieved the uncontrollable nausea and vomiting, headache, and dyspnea Three cases of hypertensive retinopathy have regained their sight, exudates in the retina having been absorbed

It has lowered the chlorides of the blood and increased the plasma protein content and diminished albuminuria in several cases It has prolonged life in patients in whom the urea clearance was definitely below five per cent Five patients have been brought out of uremic coma by means of this agent, two of whom are still alive, one five year and the other five months

140 W 58 St

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Discussion

DR. FREDERICK M ALLEN, *New York City*—I was invited to discuss in order to give some of the background of the work, which originated from a different subject. I worked for a number of years with experimental diabetes, which could be produced in animals by removal of suitable portions of the pancreas, furthermore,

dietary overstrain was a powerful contributing factor, also diabetes could be brought on by the circulatory disturbance and inflammation excited by temporary clamping of the blood vessels also, as is well-known, portions of pancreas transposed under the skin have been useful for various studies Therefore, as soon as it became possible after the World War, to take up the kidney problem, it was natural for me to try to apply these same methods, and with the aid of about a dozen young American and European doctors an extensive coordinated research was undertaken at Morristown The first summary of results was given in a paper before the American Society for Experimental Pathology in 1922, and was followed by a series of papers during the ensuing eleven years, although important parts of the work were finally left uncompleted and unpublished because of financial collapse Certain of the results of the above-mentioned diabetic methods, as adapted to the kidney, may be mentioned as follows

Partial nephrectomy At the time of our work, the observations of Bradford and other very early writers were practically discredited, and according to the later authors the partial removal of kidney tissue produced essentially two results, up to a certain point it left the animal practically normal, when carried beyond this point it caused rather acute fatality Our work proved that suitable partial nephrectomy can reproduce the most important features of chronic nephritis The animals live for months, showing all the typical urine, blood, and function changes Since so much of the picture of chronic nephritis represents kidney deficiency, it is logical that this deficiency should be imitated by partial nephrectomy Dr Robert Mark one of the Morristown group, has since continued this line of research in a series of papers in Europe, and has even reported the development of typical retinal lesions as the result of partial nephrectomy in dogs Our results have since been amply corroborated by a series of American writers, very few of whom make any mention of the Morristown work

Diet Our findings with high salt and high protein diets in partially nephrectomized animals have been only partly reproduced by later workers The injurious effect of dietary overstrain can be more readily demonstrated in animals which have been predisposed by partial removal or damage of the kidneys, than in the normal organism, and much remains to be done along this line

Explantation of kidney Obviously other organs than the pancreas can be conveniently placed under the skin The kidney, for example, is thus easily available for chemical tests and the removal of bits for microscopic study We proved that the kidney continues to function efficiently when located under the skin After several years of such work, the explantation of the spleen was described in the paper of Loesch Witts, and Zimmerman (1924) In 1925 I described briefly the explantation of the kidney, which was more extensively illustrated in Loesch's papers in 1927 and 1933 Nevertheless, Rhoads in 1931 published an alleged discovery of this method, and Van Slyke, Paige and collaborators in 1934 continued to refer to 'the Rhoads method" of explantation of the kidney

Vascular Obstruction Making use of kidneys transplanted under the skin, also of the auscultatory method of blood pressure readings in dogs which I published in 1925, Loesch demonstrated the production of various degrees of sclerosis in the kidneys together with chronic hypertension, by means of repeated clamping of the kidney vessels for ten to thirty minutes This method corresponds to the Volhard-Fahr hypothesis of intermittent vascular spasms in the etiology of this clinical condition Pedersen obtained hypertension by stasis of the renal veins his publication being in the same year (1927) as Loesch's first paper After Loesch's final papers (1933), Goldblatt and collaborators in 1934 announced the production of hypertension by a permanent clamp applied to the renal artery, and in the *A M A Journal* and elsewhere this has been represented as the first discovery of a method for experimental chronic hypertension

The mere closure or narrowing of the main arteries or veins of the kidneys is evidently not responsible for hypertension, because it does not result from total nephrectomy and is only slight or transitory after partial nephrectomy Apparently the kidney substance is concerned in some way Evidently the connection is not nervous, because denervation of the kidneys does not cause hypertension and also, according to recent work does not reduce it A chemical or hormonal factor must at least be thought of and it seems inherently plausible that such large and important organs as the kidneys should have some internal secretion

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absolutely fresh in the slaughterhouse The material which he thus prepared seemed to have some positive effects in both animals and patients, but there were the variations and uncertainties naturally to be expected with a new preparation After the collapse at Morristown, Wagner enlisted the interest of Dr Allan Rowe in Boston, where the work was carried on for some time prior to Dr Rowe's death The investigation has since been carried on by Dr Jablons, first with Wagner and subsequently alone I have had no part in the later work and can make no definite statement about it. Dr Jablons does not necessarily claim that his results are final or that the extract is thoroughly standardized and dependable His reports seem to be encouraging, and in particular, the investigation seems to have a rational basis

I think, therefore, that he should be encouraged to go ahead, and any criticisms should be constructive rather than destructive

MEDICAL GROUP TO AID CHINA'S PEOPLE

Dr Walter B Cannon, physiologist, of Harvard University, and National Chairman of the Medical Bureau to Aid Spanish Democracy, has issued a statement on China which offers help to all American organizations aiding the Chinese. More than a hundred outstanding figures in the medical profession, in every leading medical school in the country, are included in this offer to volunteer their services for the Chinese people

This includes Doctors Haven Emerson, Columbia, Henry E. Sigerist, Johns Hopkins, Frederick Amassa Coller, University of Michigan, Leo Eloesser, Stanford, Roy Wesley Scott, Western Reserve, John P Peters, Yale, Bela Schick, Mt Sinai, New York, Florence R Sabin, Rockefeller Institute and others

Dr Cannon's statement reads

"The Medical Bureau to Aid Spanish Democracy wishes to express its sympathy for the Chinese People and its desire to be of some service to them The pitiable situation of the wounded among the Chinese forces and civilian population, subjected as they are to Japanese bombs, shells and machinegun fire while without adequate medical and surgical services, has aroused the sympathies of many Americans

"Organizations are arising in various parts of the country to encourage efforts to supply medical aid to China In view of the fact that our limited and overworked forces are laboring day and night to render adequate medical aid to Spain, we offer as a concrete expression of our sympathy, to place at the disposal of all individuals and groups who wish to render medical aid to China, the technical facilities we have developed in our past year's experience in helping Loyalist Spain

"To all Friends of China, the Medical Bureau offers the services of the noted medical men who comprise our National Advisory Board It offers the services of our technical staff which has gained experience in establishing eight American hospitals in Spain and in maintaining a staff of 113 doctors, nurses and ambulance drivers

"All this support has been given through liberty-loving Americans who still believe in democracy and abhor Fascism wherever it appears"

AMERICAN DOCTORS VISIT PALESTINE

Recently two American physicians visited Palestine and both received pleasant receptions, we are told in a letter from Palestine to *The Medical Record* Dr Nathan Ratnoff, of New York, came to Palestine to complete the plans for the erection of the building on Mount Scopus which is to bear his name The other was Dr Bela Schick, director of Pediatrics at Mount Sinai Hospital, New York City

Dr Schick found many pupils of his in Palestine who were anxious to hear him speak on subjects in medicine with which his name is intimately associated

In Jerusalem Dr Schick was invited to speak on Allergy and Immunity under the auspices of the Hebrew University, Palestine Medical Association and the Hadessah The lecture was given on August 5 at the Strauss Health Center, the audience consisting of many of his former pupils in Vienna and many medical men of prominence interested to hear the speaker The spacious amphitheatre was filled to capacity and the audience was well repaid for its inconvenience of coming on a hot summer day to listen to lectures on medical topics

RELATIONSHIP OF THYROID DISEASE TO OTOLARYNGOLOGY

H G Bullwinkel, M D, *New York City*

The study of the thyroid gland in its relatively normal, and also its pathological state, has long been of interest to the internist and to the general surgeon Its study should be of equal interest to the otolaryngologist. This can make itself manifest in various ways

From a purely anatomical standpoint, the thyroid gland should be familiar to every laryngologist, as of necessity he may be called upon at any time to perform an immediate and life-saving tracheotomy He should be well-informed of the normal anatomy and of the various types of pathological enlargements of this gland, for any one of these may present itself to the tracheotomist as he progresses downward from the skin to the trachea The relative merits and indications of low and high tracheotomy have been stated by their respective proponents One of the arguments advanced by members of the latter group is that by their favored route, the isthmus is avoided and embarrassing hemorrhage less likely to occur Anatomically, of course, this may be so if the isthmus of a normal thyroid is encountered If a markedly enlarged gland is confronted, knowledge of and experience with the thyroid would tend to make for a rapid and properly performed tracheotomy Certainly, cadaver dissection on the one hand, or better still, assisting at or at least observing thyroidectomies should be experienced at intervals by the competent tracheotomist

Acute thyroiditis is a condition which has been known to clinicians and pathologists since the beginning of the eighteenth century Compared to other glands, the presence of acute inflammation in the thyroid tissue is rare Anatomically, the thyroid gland has a number of pertinent characteristics rendering it resistant to infection It is well-encapsulated by the fascial compartments of the neck, especially by the fusion of the superficial layers and the pretracheal layer of the deep fascia These fascial planes protect the gland from infection in the contiguous structures by restricting bacterial invasion Then, too, the large number of overlying muscles adequately protect the gland from external violence The gland has no direct communication with the pharynx except in those cases where there is a persistence of the thyroglossal duct leading to the foramen cecum There is an adequate and profuse blood supply, both arterial and venous, and an unusual lymphatic arrangement of capillaries within the gland which allows a freedom of lymph drainage unequalled in any other parenchymatous organ Some authorities have also stated that the thyroid secretion itself has a mild bacteriocidal function The means by which infection may ener this gland are

1 Direct trauma or puncture wounds through the skin
2 Direct extension from the contiguous structures of the neck
3 Extension through a persistent thyroglossal duct
4 Lymphatic metastases
5 Blood stream metastases

The onset of symptoms in acute thyroiditis should be easy to recognize They consist of pain, fever, and chills, together with sudden enlargement of the gland The pain is aggravated by motions of the neck as the complex fascial planes tightly bind the inflamed gland, so the patient may assume an attitude with head bowed and held firmly between the hands, elbows resting on the knees If one side of the gland only is affected, it may even cause the pulling of the head to one side by pressure on the muscles Local tenderness is a constant sign and may be exquisite The swelling may, from pressure, cause hoarseness or even aphonia and may interfere so severely with respiration that a tracheotomy may be required Deglutition may also be interfered with through pressure on the esophagus Symptoms of hyperthyroidism usually occur with the acute inflammation, but subsequently subside, al-

though hypothyroidism may follow some months later, due possibly to glandular destruction This condition may also follow surgical procedures in the nose and throat—particularly tonsillectomy It has been known to follow both the surgical enucleation and electrocoagulation of the tonsils [1]

In order to understand this subject more fully, it is necessary to state the various clinical classifications of goiter Three large groups immediately come to mind, namely (1) adolescent hyperthyroidism, (2) hyperthyroidism of Graves' disease, and (3) hyperthyroidism of adenoma of the thyroid gland

In the first group, we have a rather vague, illusive terminology and pathology The condition is found in growing children, usually girls, and is physiologic in character Its mechanism is probably dependent upon an increasing demand for the production of thyroxin Patients in this group usually have chronic nasopharyngeal infection There may be a slight hyperplasia of the thyroid gland with an increase in the number of columnar cells lining the acini and with a decrease in the colloid In this group removal of the tonsils, treating sinus disease, and attacking dental infection is usually followed by improvement

In the second group, there is a proliferation of the columnar acinar cells, development of new acini, and also a loss of colloid material Here we apparently have a stimulation of the individual cells of the thyroid to produce rapidly large amounts of thyroxin In this group, iodine medication should be given for a week or ten days before any nasopharyngeal operation In Graves' disease we must note an interesting feature, namely, the fact that its course is represented in cycles and if nose and throat surgery is to be considered, unless urgent, it should be attempted only during a quiescent phase

In the third group we have a type of hyperthyroidism entirely different from that in Graves' disease There is a more chronic process with a growth of adenomatous tissue apparently occurring within a normal thyroid gland In the first and second group, sinus surgery must be considered only after careful study of the patient and in close cooperation with an internist well-versed in the peculiarities of thyroid disease In this third group we should note that the disease characteristically occurs in the late third and fourth decade in apparently well-nourished individuals whose typical history is that of tachycardia, palpitation or heart disease

From the preceding it is obvious that a thorough understanding of the types of thyroid disease must be had by the otolaryngologist before attempting operations in this field It is interesting to note that many authorities on the thyroid omit, or only lightly dwell upon, the relationship existing between thyroid disease and otolaryngological conditions which the writer has noted However, many laryngologists are now taking due cognizance of this affinity Dr Dunbar Roy of Atlanta, Ga, in a paper read before the medical association at Savannah, Ga, (April 22, 1936) states that "there is a close relationship between the thyroid gland and the lymphoid tissue of the throat," and even suggests that patients should be iodized before and after tonsillectomy This, of course, is true only if the individual patient comes under the group of thyroid disease for which iodine medication is indicated

The writer in his own paper,[1] particularly has brought out the importance of the tonsils and even the sinuses in this study Further observation has been convincing that the various parts of Waldeyer's ring are of equal import This was brought to light most vividly in a recent case of septal deviation In this case a complete tonsillectomy had been performed some years before The patient complained of a marked obstruction to breathing in the right naris, and examination of the nose revealed a badly deviated septum to the right Accordingly, a submucous resection was done The patient convalesced uneventfully until the sixth day when she complained of a slight sore throat, and upon examination it was seen that she had a follicular infection of the islands of lymph tissue in the postpharyngeal wall and in the pharyngeal tonsils, most marked on the right side This subsided under local treatment in a few days When seen a week later this patient had a mild enlargement of the right lobe of the thyroid and all the clinical signs and symptoms of a mild hyperthyroidism This subsided in a few weeks with rest and sedation

There therefore naturally arises the question as to the cause of this association It has been suggested that infection may be transmitted from the pharynx by

way of the vascular and lymphatic channels to the thyroid It may also well be that the function of the thyroid is disturbed by way of the sympathetic nervous system as, in the surgical removal of tonsils, branches of the glossopharyngeus nerve and of the sphenopalatine ganglion are cut as they enter the tonsils along their attached sides Then too, as these patients have a low psychic threshold, it may be that the shock of acute infection or of operation is sufficient to precipitate some form of thyroid dysfunction

One other rather unusual condition seen by the laryngologist is the lingual thyroid This type of thyroid tissue may be an accessory gland or, as not infrequently happens, it may be the only thyroid tissue present in the entire organism When diagnosed, the question of its excision, of course, comes to mind This, as an almost universal rule, should not be done, for after its extirpation it is most likely that myxedema of a marked degree will follow Fetterolf[2] reports one such case and quotes Lanzi, who states that myxedema occurred in twenty-two per cent of these cases when operated upon Mayo[3] reports three such cases and Smyth[4] reports one The last named author refers to Seldowitsch, Kraske, and also to Lanzi, all of whom agree that exhaustive study must be made in order to ascertain, if possible, if there is any normal thyroid tissue present Ashurst[5] reports a very interesting case of carcinoma of this accessory thyroid

Another aspect of importance to the laryngologist in connection with thyroid disease and its surgery, is the question of hoarseness It may seem superfluous, but emphasis must again be made upon the close relationship which should exist between the laryngologist and the thyroid surgeon A thorough examination of the larynx should be made prior to thyroidectomy and specific notes made as to the condition and motility of each vocal cord Superficial and slipshod inspection of the voice box is insufficient The larynx should be properly cocainized before indirect laryngoscopy and if the cords cannot be seen in their entirety the laryngoscopist should not commit himself until direct inspection of the larynx has been made with a laryngoscope Immediately following the operation, or as soon as the patient has thoroughly recovered from the anesthesia, the laryngoscopist should have the privilege of interviewing the patient in order to note any change in the timber of the patient's voice Before discharge from the hospital he should again be examined laryngoscopically, indirectly or directly If the surgeon performing thyroid operations were to have all his cases examined by a competent laryngologist, he would many times be astonished to learn that a paralysis of one cord existed and with no larynx symptoms Stein[6] reports a case of a young lady with an absolutely normal larynx just before a goiter operation Immediately after the operation he observed a completely paralyzed cord on one side, resulting in almost complete aphonia for five days On the sixth day the voice began to return although the cord remained in the totally paralyzed condition and remained so for four months. All this time the patient had a good voice, affected only in its higher register After four months the cord very gradually began to show motion, although no medical treatment was employed, merely vocal exercises, and the cord is now improving steadily in its various excursions In this case the recurrent nerve was not injured by the knife but the paralysis was due to pressure caused by the inflammatory effusion This most certainly proves that a post-operative examination must be made for one cannot tell whether or not there is a paralysis present as the voice as well as the breathing may be unimpaired even with one vocal cord completely paralyzed It is interesting to note in this connection that Hubert[7] reported a case of bilateral laryngeal paralysis due to a substernal thyroid

All of the previously described conditions have to do in general, with the manifestations of an overactive thyroid gland It is now in order to discuss the converse namely hypothyroidism, as seen by the rhinologist Examples of this are seen in cases of nasal polyposis. These, of course, may occur as pure myxomata, though they are as a rule fibromyxomata. Some occur in the presence of acute infection in the nose and sinuses and others concurrently with hay-fever and other allied allergic conditions It has been

stated on occasion that if metabolism tests were taken in this latter group, a considerable degree of suboxidation, probably due to a sluggish functioning of the thyroid, would be found Foster[8] states, "that the myxoedematous state involves the mucous membrane producing conjunctivitis, marked swelling of the membranes of the nose and mouth, even of the larynx, so that the voice is weak" It is obvious that patients with this type of nasal mucosa are prone to develop nasal polypi, given the added factor of infection These cases might be markedly benefited by proper doses of thyroid extract

It is certainly evident from the foreg ing that a thorough understanding of tl thyroid gland in all its phases is mo essential to the mental armamentarium the competent laryngologist

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PAN AMERICAN MEDICAL CRUISE

More than 600 American physicians and surgeons will join the seventh cruise-congress sponsored by the Pan-American Medical Association, a seventeen-day trip to Cuba and the West Indies beginning on January 15

The association, founded eleven years ago to promote the interchange of medical knowledge and experience among countries of the Western Hemisphere, held its last similar trip in June 1935, when 300 doctors from all parts of the United States visited Brazil Papers prepared by research workers and practitioners are read at sessions held on shipboard and the doctors confer with their Pan-American colleagues and examine medical facilities during stop-overs

Delegates for this year's cruise, who will sail from New York on the Furness Bermuda liner *Queen of Bermuda*, will visit Havana, Port au Prince, Haiti, Trujill City, Dominican Republic, and San Juar Puerto Rico The doctors, many of whor will be accompanied by their wives, wi pass five days in Havana, where 700 addi tional physicians representing twenty-on Central and South American countries ar expected to join them in sessions and clinics

Dr Joseph Jordan Eller, director genera of the association, announced that plans fo the proposed $7,000,000 Pan American Post Graduate Medical School and Hospital i New York had been altered so that the as sociation is now negotiating to purchas an unnamed hospital now operating in th city He said the directors had decide that the association's funds might be bette spent for equipment and provision fo scholarships, rather than "for bricks an mortar to construct a new building"

RAPID FIRE REMEDY COMING FOR GONORRHEA

Medical research may yield within a few months a new treatment for gonorrhea which will take only a week, compared with the treatment period of from three to six months required at present, Dr Walter Clarke, executive director of the American Social Hygiene Association, said at a conference of social hygiene executives, held under the auspices of the American Social Hygiene Association, at the International Building, Rockefeller Center

Sulfanilamide preparations being developed, he said, will then face the question of general practicability before it can be said that a major step has been taken toward the control of venereal diseases Fever therapy, he said, is not applicable generally, being too costly The question in the case of the chemical compounds will be whether or not they are too toxic to be of use to the medical science

New York City is "well along the road in the treatment of syphilis," said Dr Clarke, who is a consultant to the Department of Health, "but it is just getting to the problem of gonorrhea" The studies now being made will be conclusive when they are finished, he said, and when they are done, "we can say whether or not they are too dangerous for general use"

The conference was held to plan a national campaign against social disease and for the second National Social Hygiene Day, February 2

VILLOUS TUMOR OF RECTUM

W F PREUSSER, M D, *Albany*

Villous tumor of the rectum is an uncommon lesion Quenu and Landel[1] in 1899 first stimulated the interest of the clinician in this disease by reason of a complete clinical report of four cases and the careful histologic examination of tissue derived from them

It is essentially a disease of adult life Bensaude et al[2] reported in 1930 a detailed analysis of fifty nine cases gleaned from the literature The age incidence was as follows

Before 40	3
40–50	15
50–60	13
60–70	17
After 70	11

The sex incidence was about equal

The size of the tumor depends of course on the length of time it has been present It may be large enough to almost entirely occlude the lumen of the rectum

The histologic structure shows single or multiple layers of cylindrical cells (in papilliform arrangement) supported by delicate vascular adenoid tissue There is a pronounced tendency toward recurrence and malignant change[8]

The symptomatology is entirely referable to the rectum There may be constipation alternating with a pseudodiarrhea and considerable rectal tenesmus A gelatinous or glairy mucoid (egg-white) discharge is an outstanding symptom Occasionally hemorrhage occurs and there may be prolapse of the tumor or fragmentary expulsion of the mass Bensaude reports a case in which 106 fragments were expelled over a nine months' interval

On palpation the growth is soft, spongy, and exceedingly smooth The finger dips down between the individual lobes The tumor lacks the solid structure of adenoma and the induration of base and margin as in carcinoma It has a grayish pink, glistening appearance on inspection Histologic tissue examination differentiates it from other benign or malignant tumors

Thorough extirpation of the tumor is indicated because of its tendency to malignant degeneration This may be accomplished by excision or electrocoagulation The method employed depends upon its extension superiorly (accessibility), surface area involved, the presence of malignant change, and the age and general condition of the patient Deep x-ray therapy and radium have proven to be entirely inadequate in the experience of Bensaude The prognosis is good if the tumor has been thoroughly extirpated before the onset of malignant change

Case Report

A white female, fifty-one years of age, school teacher, had no familial history of rectal or colonic disease Bowel elimination until the onset of present disease was normal

Present history The patient was first seen on Sept. 30, 1935 In July 1934 she first noted a difference in the character of the bowel movements They became more frequent and were accompanied by a rather profuse mucoid discharge No blood or pus was seen In June 1935, protrusion of a mass was noted following a bowel movement. This was replaced manually each time by the patient and was interpreted as a pile This was the condition which prompted her to seek relief Her general health did not seem to be greatly impaired

Except for the rectal lesion, general physical examination was essentially negative The blood pressure was 120/80

Proctologic examination showed a cutaneous tab at the anterior anal commissure Introduction of the gloved finger reveals a sphincter of normal tone Occupying the lumen of the rectum, soft, spongy, lobulated masses of tissue may be felt. These masses arise from the mucosa and have a smooth, velvety surface They are situated on the anterior, posterior, and right lateral surfaces of the rectal ampulla, extending superiorly for a distance of about four inches from the dentate line At the lowermost pole of the posterior mass is a definitely polypoid formation which by manipulation with the fingers can be extruded from the anus It is about three cm in diameter and has a smooth, pinkish, mucosa-covered surface.

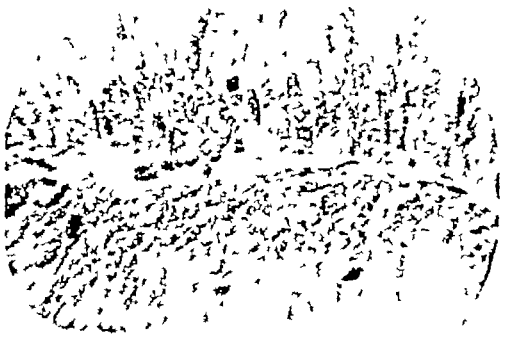


Fig 1 Villous papillae and occasional acinous formation Note absence of invasion at base

Proctosigmoidoscopic examination for a distance of ten inches shows only the lower four inches of the rectum to be involved There is an abundance of thick, glairy, mucoid secretion There are no ulcerations of the tumor surface The grayish-pink masses are in the form of ridges, having an S-like configuration, their summits being about one-half inch above the level of the surrounding mucosa The posterior lobule extends furthest inferiorly terminating in a well-defined polypoid tumor about one-quarter inch above the dentate line This is the prolapsing portion (subsequently excised) The anterior ridge extends furthest superiorly with a distinct knob formation at its upper pole The superior surface of the lowermost valve of Houston has on it a small mass of tumor tissue (seen with a dental mirror) Biopsy from the edge of the main tumor mass was done

Laboratory findings Blood Wassermann negative No entamoeba histolytica or other intestinal parasites were found R B C 4,500,000, W B C 7800 Urine negative

Tissue report The sections for microscopic study are stained with hemotoxylin and eosin Most of the tissue consists of slender papillae and villous-like processes covered in a very orderly manner by tall columnar epithelium The epithelial cells are sharply limited by a basement membrane from the underlying connective tissue which forms a thin core in each papilla Long ovoid hyperchromatic nuclei are situated near the base of the columnar cells The cytoplasm toward the other extremity of the cells contains lightly stained vacuoles suggesting mucus as observed in "goblet cells" A few of the nuclei are undergoing mitosis The tissue segment includes a portion of the muscle coat of the rectum At this point there is no demonstrable invasion A diagnosis of villous papilloma of the rectum was made by Dr John J Clemmer, Director of the Bender Hygienic Laboratory, Albany

Treatment Two possible procedures were considered in planning treatment for this patient It was extensive enough to warrant complete excision of the rectum, a suggestion rejected by the patient Coagulation of the tumor was then decided upon together with the simultaneous employment of deep x-ray therapy The coagulation was effected through a six inch illuminated proctoscope constructed of bakelite which is a non-conducting material The interchangeable tip coagulating instrument employed has been previously described The first coagulation was done on Oct 5, 1935, and at weekly intervals thereafter for a period of two months The coagulated areas promptly sloughed away leaving a grayish membrane adherent to the base Upon exfoliation of this membrane, a raw, granular oozing surface presented which gradually became epithelialized Coagulation of the deeper layers of the rectal wall was particularly avoided to prevent the development of any considerable amount of scar tissue with contracture of the lumen of the gut

The anterior and posterior perineal zones were irradiated alternately at weekly intervals over a period of four weeks A full erythema dose was given in each instance There was considerable malaise and nausea following these exposures A second tissue examination performed two weeks after



Fig 2 Slender villous papilla covered by tall columnar mucous epithelium. Note three mitroses X560

the last x-ray treatment showed no change in the histologic appearance of the tumor The proportion of mitotic figures present and the general appearance of the individual cells gave the impression that the tumor was not particularly influenced by radiation. It was discontinued

Clinical course On Feb 21, 1936, the rectum was seen to be free from tumor tissue. The rectal wall was entirely epithelialized and seemed to be soft and pliable There was no appreciable diminution in the caliber of the lumen except in the region of the lower Houston valve which was somewhat stiffened. It was planned to inspect the interior of the rectum at intervals for possible recurrences

The following June, the patient experienced an attack of acute abdominal pain referable to the lower left quadrant. There was an obstinate constipation present. Sigmoidoscopic examination was negative An x-ray with a barium enema revealed an occlusion of the lumen of the bowel at the level of the descending colon It was felt that a pelvic mass was present and accordingly on July 6 a laparotomy was performed elsewhere A twisted gangrenous and ruptured, left ovarian cyst firmly adherent to the descending colon was found The pathological diagnosis of the specimen removed at this operation was cyst-adenocarcinoma of the ovary The postoperative course was stormy and on July 31, the patient expired. No postmortem examination was obtained

Comment

Villous tumor is an unusual type of rectal growth Electrocoagulation is an effective therapeutic agent in its removal The inability to obtain a postmortem examination in the above cited case precludes the possibility of establishing the relationship, if any, between the primary rectal tumor and the complicating ovarian disease

172 WASHINGTON AVE.

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TO BAR MORE ELIXIR TRAGEDIES

Drastic strengthening of the Food and Drug Act to prevent recurrence of such a tragedy as the recent deaths of seventy-three persons from 'elixir sulfanilamide" is recommended to Congress by Secretary of Agriculture Wallace.

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The present law was declared to be inadequate to protect purchasers from such medicines The only basis on which action could be taken against the Massengill concern, it was said was the contention that the word elixir implies an alcoholic content, whereas the product was a diethylene glycol solution" The report added

The fact that the law contains no specific definition of elixir' may be responsible for Dr Massengill's statement in his letter to the American Medical Association I have violated no law'"

To protect the public from dangerous drugs Secretary Wallace recommended a license control of new drugs to insure they will not be generally distributed until experimental and clinical tests have shown them to be safe for use

He pointed out that physicians druggists even plumbers were licensed but there is no such control to prevent incompetent drug manufacturers from marketing any kind of lethal potion."

Proposed legislation would prohibit marketing of drugs dangerous to health when administered in accordance with the manufacturer's directions Druggists would be required to affix labels bearing adequate directions and warnings against probable misuse

Secret remedies would be banned entirely Chemical manufacturers would be required to disclose on labels the exact composition of each drug The report added

Many poisoning cases result from choice of the wrong bottle from the home medicine cabinet or from bottles left within the reach of small children In such cases attending physicians are able to proceed intelligently and administer the proper antidotes or other treatment only if labels carry full disclosure of composition Delays in obtaining this information by communicating with the manufacturer may often mean the difference between life and death'

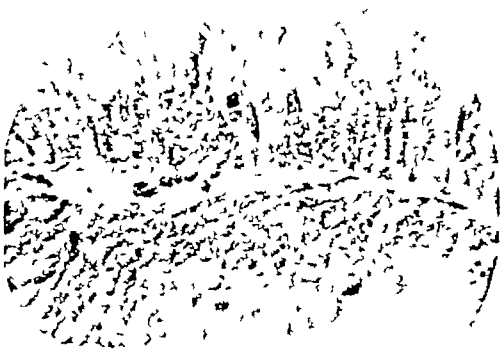


Fig 1 Villous papillae and occasional acinous formation Note absence of invasion at base

Proctosigmoidoscopic examination for a distance of ten inches shows only the lower four inches of the rectum to be involved There is an abundance of thick, glairy, mucoid secretion There are no ulcerations of the tumor surface The grayish-pink masses are in the form of ridges, having an S-like configuration, their summits being about one-half inch above the level of the surrounding mucosa The posterior lobule extends furthest inferiorly terminating in a well-defined polypoid tumor about one-quarter inch above the dentate line This is the prolapsing portion (subsequently excised) The anterior ridge extends furthest superiorly with a distinct knob formation at its upper pole The superior surface of the lowermost valve of Houston has on it a small mass of tumor tissue (seen with a dental mirror) Biopsy from the edge of the main tumor mass was done

Laboratory findings Blood Wassermann negative No entamoeba histolytica or other intestinal parasites were found R B C 4,500,000, W B C 7800, Urine negative

Tissue report The sections for microscopic study are stained with hemotoxylin and eosin Most of the tissue consists of slender papillae and villous-like processes covered in a very orderly manner by tall columnar epithelium The epithelial cells are sharply limited by a basement membrane from the underlying connective tissue which forms a thin core in each papilla Long ovoid hyperchromatic nuclei are situated near the base of the columnar cells The cytoplasm toward the other extremity of the cells contains lightly stained vacuoles suggesting mucus as observed in "goblet cells" A few of the nuclei are undergoing mitosis The tissue segment includes a portion of the muscle coat of the rectum At this point there is no demonstrable invasion A diagnosis of villous papilloma of the rectum was made by Dr John J Clemmer, Director of the Bender Hygienic Laboratory, Albany

Treatment Two possible procedures were considered in planning treatment for this patient It was extensive enough to warrant complete excision of the rectum, a suggestion rejected by the patient Coagulation of the tumor was then decided upon together with the simultaneous employment of deep x-ray therapy The coagulation was effected through a six inch illuminated proctoscope constructed of bakelite which is a non-conducting material The interchangeable tip coagulating instrument employed has been previously described The first coagulation was done on Oct. 5, 1935, and at weekly intervals thereafter for a period of two months The coagulated areas promptly sloughed away leaving a grayish membrane adherent to the base. Upon extoliation of this membrane, a raw, granular oozing surface presented which gradually became epithelialized Coagulation of the deeper layers of the rectal wall was particularly avoided to prevent the development of any considerable amount of scar tissue with contracture of the lumen of the gut

The anterior and posterior perineal zones were irradiated alternately at weekly intervals over a period of four weeks A full erythema dose was given in each instance There was considerable malaise and nausea following these exposures A second tissue examinat on performed two weeks after



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Secret remedies would be banned entirely. Chemical manufacturers would be required to disclose on labels the active composition of each drug. The report added:

"Many of the drug cases result from use of the wrong bottle from the home medicine cabinet or from bottles left with the effects of small children. In such cases offending proprietors are able to proceed immediately and administer the proper antidotes or other treatment only if labels carry full disclosure of composition. Delays in securing this information by communicating with the manufacturer may often mean the difference between life and death."

Preventive Medicine

Prevention of Obesity and Diabetes

Including Consideration of Their Relation

CHARLES H GOODRICH, M D, *Brooklyn*

Presidential Address

There is outstanding necessity for physicians to impress upon their people the influence of nutrition to faulty structure and to destruction of indispensable functions of the human body When we consider the prevention of obesity we are primarily thinking of structure. In diabetes we have reduction of an essential function (oxidation and utilization of glucose resulting from digestion of carbohydrates) to lower or lowest terms Moreover obesity is undoubtedly the most important cause of diabetes Endocrine imbalance and other complex inter-relations loom as probably important factors There exists between these conditions a complex biochemical relationship of which all people should be conscious The detailed comprehension of this must be left to the scientific minds in the world of laymen and to physicians Physicians must transmit the principles, the essential truths to their patients The details would confuse and becloud required understanding

Obesity, or the excessive storage of fats, is very common and a disease worthy of consideration and prevention If companioned by other diseases or conditions demanding major surgery its importance increases and its degree swells its importance in increasing ratios Obesity should be prevented because of frequent association with other diseases and because it can lessen human efficiency and shorten life

"The fundamental cause of obesity is a positive energy balance" (Means) This shows that more food values are absorbed than are expended in producing energy and in the manufacture of heat. Ingesting daily a little more fuel (food) than is used, over a period of years, can produce a large amount of fat. Gourmands may increase their fat in storage rapidly and constantly for a long time Overeating may grow to be a habit especially in the formative years of life Indeed it is now seen that it is a mistake to urge children and adolescents to overeat, as they grow without careful observations of weight and proportionate growth of diameters and lengths This eager generous provision by many parents has caused many cases of habitual overeating resulting in handicaps or other diseases and in abbreviations of lives This type of eating habit well-developed in the third and fourth decades is almost as difficult to relinquish as are alcohol and tobacco

When people keep a constant weight within normal limits they are eating about what they need—often without conscious efforts at increasing or reducing intake This may be called normal matching of appetite to need When the enjoyment of eating occupies an abnormal degree of attention, eating too much becomes a habit and lo! obesity The same result comes when we are too busy to think about what we are eating and devour increased rations with haste Horace Fletcher who held that if Gladstone's rule of chewing each mouthful thirty-two times was good it would still be better to chew until the food became the consistency of milk—all the while mentally dwelling on the taste—and rejecting masses that could not be so reduced Fletcher was an obese millionaire lumberman condemned to nephritic death at fifty He developed his theory in an effort to cure himself and help others, went about it scientifically by paying outstanding physiologists huge honorariums for experimenting upon him and others elaborately, and incidentally survived until well along in the eighties He was obese at the time of his condemnation and his excessive chewing practice proved to be one of the soundest methods of reducing weight. Not only does the overeater grow tired of excessive chewing but the stomach has time to send

Read at the Annual Meeting of the Eighth District Branch, Olean, October 7, 1937

the message "enough" to the center of appetite control before half of the old huge meal is taken This method requires no ruling out of favorite foods Fletcher reduced his proteids to lowest terms but never proved this case by the physiologists Per contra, we now find experts in nutrition urging larger proportion of proteid intake carefully checked by physical ability to utilize and excretory ability to cast off their waste products This is a passive and fractional method of resisting or reducing obesity

It is true that we have two types of obesity—the *exogenous* caused by eating more than body-functions demand and *endogenous* (in five to eight per cent of cases) due to disturbances of the actions of internal glands There are several ways in which endocrine disturbances may operate, some very complicated and not thoroughly understood The excessive obesity of children and youths is usually due to insufficiency of the posterior lobe of the pituitary Hypothyroidism causes obesity in some cases, usually with other symptoms well-known to physicians Estimation of the metabolic rate furnishes accurate audit of these cases, and feedings with thyroid extract carefully observed, corrects the condition—but may be needed over periods of years

It becomes clear, therefore, that every case of obesity is a cause for consulting the physician, the determination of cause, and treatment by regulated diet adjusted according to weekly weighing and other observations, or by needed glandular treatment. This careful studious attention is as necessary as is the treatment of any other abnormal conditions, many of which, from their more sudden onset and greater discomforts seem more important. This attention may seem tedious and expensive to the patient, but is very important! It may not offer a fascinating field of scientific endeavor to the physician but when we consider the varieties and degrees of potential harm in obesity it is thoroughly worth-while duty done

Obesity makes the heart overwork to pump more blood through more tissues and wears out the elasticity of the arteries prematurely, especially, as is often the case, when the individual overworks physically and mentally Fat people make poor subjects for treatment of any acute infectious disease This is particularly true of pneumonia They also make poorer surgical risks Besides diabetes mellitus, obesity causes cardiovascular disease Insurance companies recognize all of these facts in selecting and grading their patrons

The prevention of diabetes, especially in mature adult life, can often be secured by avoiding obesity Hereditary influences are often recognized, particularly in children, although it is probable that a considerable proportion of seeming inheritances are really family habits of diet (too much sugar, starch, and (or) fat) It is therefore important that families should study diets with their physicians to prevent diabetes This is especially necessary if obesity or diabetes is common in progenitors

The type of overeating most closely related to the cause of diabetes is the consumption of sugar The steady increase in the occurrence of diabetes and its death rate seem to prove this, although the increase of death rate is proportionately slower because of improved treatment The per capita consumption of sugar in the United States was sixteen pounds in 1816, fifty-six pounds in 1900, eighty-two pounds in 1920, and in 1930 approximately a hundred pounds From 1890 to 1930 the death rate from diabetes increased from 5 5 to 20 6 per hundred thousand inhabitants We eat too much sugar! The preventive measure is obvious!

In a lesser degree the consumption of excessive amounts of other carbohydrates such as bread, cake, griddle cakes, potato, macaroni and spaghetti, corn, beans, and others, is responsible for causing diabetes They should be used in moderation and never combined freely in one meal or one day

Physical work and physical exercise at play is a daily desirable form of prevention of diabetes as well as obesity From clinical records it seems to be as useful in this regard to slender graceful people with expected diabetic inheritance as in the obese.

"For diabetes is found to be most prevalent among persons whose work requires the expenditure of relatively little physical energy and who have higher than average incomes" (Joslin, Dublin, Marks) "These basic conditions also explain some or most of the increase in diabetes throughout the world." (ibid) Work requiring energy has been reduced. Work previously done

by muscles has been transferred to the tending of machines Increase in population of cities often reducing the inhabitants of surrounding country districts has expanded the influence of this feature Moreover while people work less with their bodies there has been an increase of wages and other income so while reducing the actual demand for nourishment they have become well able to buy *more* and *more delicious* foods

Race seems to influence the occurence of diabetes Hebrews are known to be more susceptible than other races Most of them lead sedentary lives and use diets rich in sugar and other carbohydrates as well as fats Physical exercise and regulated diet would undoubtedly reduce their "susceptibility" The disease is not common in countries where small amounts of carbohydrates are devoured However the Japanese have the lowest death rate from diabetes among nations where records are available It is quite uncommon in the African race here and elsewhere Exercise and manual labor seem excellent preventive measures among most peoples where diabetes is rare

Age Increasing longevity in general is providing some of the increase in diabetes especially among women However most of these cases are of lower grade than in younger persons and although they may die with diabetes, it is only the accompaniment (or a handicap) in the death-dealing lesion In some cases the diabetes is not aggravated

Sex There is an astonishing increase of diabetes among women Joslin and Dublin think that this reflects the improvement in social position provided by domestic conveniences, lessening of manual labor, and by employing industrial enterprises to perform a certain amount of manual labor for them, as laundries and bake-shops In what proportions of homes, especially urban homes, is bread-making the age old ritual? Perhaps five to eight per cent And in most of these homes the easy bread mixer—some run by electricity—deprives the muscles of the hands, forearms, shoulders and trunk of that exercise that might burn up some of the carbohydrates and fats and ease up the strain on the islands of Langerhans They need a substitute set of exercises

The seeming increase of diabetes among child-bearing women as compared with the nulliparous does not mean that pregnancy has changed but the candidates therefor The presence of a positive or excessive nutritional energy balance explains this as well as many other things Our preventive medicine should comprise diet, safe exercises, and other measures calculated to keep this nutritional energy balance!

Geographically there is a much greater incidence of diabetes in the northeast section of the United States than in other parts of our country This does not mean that the preventive measure is a change of residence but of some habits as indicated in our talk thus far

Diseases of the gall-bladder and ducts and cholangitis exert destructive influences upon the islands of Langerhans by mechanical pressure as in stone in common duct, by spread of infection, and by new-growth invasion Here preventive treatment can be summed up in the recommendation that for this and many other reasons, these common seats of these common troubles deserve careful observation, detection, and correction, this entirely aside from their direct primary therapeutic value.

The tendency to develop arteriosclerosis and so general cardiovascular disease is accelerated by diabetes and this is the only known cause in many cases Therefore, as we said the other day at Kingston (see page 1939, November 15, 1937 issue of this JOURNAL), the prevention of diabetes and its treatment by the balanced diet and insulin is preventive treatment for cardiovascular disease

Acute infections in a small percentage of cases and chronic infection in many instances seem to reduce the capabilities of the islands and the many prevailing chronic infections (sinuses, teeth, tonsils, infective skin lesions, and others) should be cleared up as preventive measures of this and other diseases familiar to you all The early treatment of all soiled wounds preventing infection is also emphasized

Nervous influences such as emotional storms of anger, worry, and fear may cause or increase diabetes, especially when indulged in habitually, mental fatigue likewise Injuries to the brain and other parts of the nervous system are also credited with these responsibilities Mental hygiene and the prevention of injuries can therefore be numbered among the preventive measures

When we first suggested the renewal of

ne campaign for preventive medicine, one r our leading metropolitan surgeons re-narked "What can we do about it? It is ll summed up in five or six specific accines or serums"

In taking up with the District Branches ertain problems of prevention we are more han ever convinced that prevention is a ascinating field for intelligent scientific ndeavor

The theme of today illustrates how many ordinary things can be done to prevent obesity and diabetes How much more can be done when we have made more complete studies of records! Such a discussion as this merely scratches the surface

Throughout the entire subject, prevention revolves around the pivot of periodic health examinations A renewed effort to make such examinations, with complete competence in constantly increasing lists of health-conscious people, is our first goal

BETWEEN MENTAL HEALTH AND MENTAL DISEASE

B LIBER, M D, DR.P H, *New York City*

Editorial Note Under this title will appear short summaries of "transition cases" from the service of this author in the New York Polyclinic Medical School and Hospital The descriptions are not complete clinical studies, but will accentuate situations from the point of view of individual mental hygiene such as crop up in the every day practice of medicine

Body and Mind

DOWNFALL

A mediocre writer with high ambitions, for many years unaware of his limitations, this patient had had a boisterous life like a rattling, rolling barrel half filled with junk His paranoid, half blind belief in his importance had helped him to stride over many obstacles He imposed himself by sheer audacity His steady pressure and insistence, his colossal impudence opened all the doors to him Some people first thought he must be great because he said so and others were sure that he was a genius because so it was rumored by 'the world" They accorded him respect and let him have his way because of his doubtless future greatness, as if advancing cash on credit What anybody else would consider a pastime, of no importance to others, he regarded and made his admirers regard as a master-piece and sold it for good money and much if ephemeral, glory And he "got away" with it As his reputation grew, he could get rid of all his trash and, with the help of a staff of secretaries, he kept on manufacturing more As a beginner he was loud about the distinguished personages he claimed to meet daily and about his familiarity with them But in due course of time this lie became a truth Even those who hated him or saw through his emptiness received him because of his success

In those years he was physically strong, erect and looked like that model of a perfect physique, the ancient Doryphore by Polycletus He wore his chin high and his keen eye pierced the world in search of somebody to fool And while flattering those in entrenched positions, he was arrogant with the poor, timid souls who never dared to affirm themselves

He was basking in the glaring social sun and swelling up with prosperity while the country was prosperous and could afford its nullities But as soon as the economic crash came, he was swept off his feet at one stroke and pushed to the wayside Suddenly nobody needed him and nobody missed him The soap-bubble in which he had lived collapsed It was like a heavy storm that shakes the woods and cleans them of all the rotten, worm-eaten boughs, although, of course and alas, many healthy limbs are also thrown to the ground.

But what a change!

Now our hero looked like a mangy and beaten dog Rapidly aging, he was stooping and walked with the humblest gait Not only his spirit was broken, but his body as well had shrunk His very spinal column seemed to have softened and shortened and bent He was a living example of the *interdependence of body and mind*

It was then that he came to the clinic for help The doctor, who had known him in his "good" days, listened to his woes with interest.

This patient's mental breakdown was entirely due to his dizzy rise and quick fall and to the contrast between the excess of attention he had enjoyed and the lack of attention from which he suffered now

There was nothing to do but to persuade him to begin life anew at the bottom, and to start with a modest job, which he did

NIPPED IN THE BUD

Husband and wife
Both cripples, both young

She has had an accident and a high amputation of one leg in early childhood, has an artificial contraption and, perfectly adjusted to her condition, walks, or slightly limps, quite ably

He has acquired his infirmity a few years ago only and moves slowly and with great difficulty, while she directs and helps him

But now he is coming, or rather she is bringing him, for another reason

Six months before, while crossing the street, they were both hit, slightly, by some small stones falling from a truck She made nothing of it, but he began to complain and is still complaining of an indefinite "pain" or, as he corrects himself, an unpleasant feeling, in the temple regions None of the clinics in our hospital found anything abnormal The eyes, the retinae, the ears, the equilibrium tests, Roentgen, neurological and medical examination were negative

In such cases the patients are sent to our mental hygiene clinic and it is in such cases that we must be on our guard lest there be a somatic trouble after all So the patient is re-examined as completely as possible and no sign of any disease is discovered The question is then, why does he suffer? Or does he suffer? And, if not, why does he think that he does?

The answer is in his mental make-up, which one understands after a talk with him He has had a bad life, being an orphan early, mistreated, morally bruised but never subdued, always reaching out and aspiring and never getting what he wanted or paying dear for it, in health and pride When finally, after great struggles, he became a civil engineer, his joy and triumph were quickly cut short and marred by the bad injury, sustained at work and which disabled him, probably permanently He would have ended his days then had it not been for his female friend who had courage enough for two and who became his wife

His mind is so conditioned, he will not believe that he could be "so lucky" as to escape from danger which, he was sure, had been again so close He expects a brain disease and, under such circumstances, if you expect it with certainty you may create it, that is *you may create the conviction that you have it* and some of its symptoms, at any rate the "pain"

All this is explained to him He is assured that the examination showed no disorder

Then his life is passed in review He has been fortunate that under his enormous handicaps he was so successful He still has his keen intelligence and his comparatively fine culture It would be a pity to ignore them and replace them by unworthy superstitions As a matter of fact even now, in spite of his lameness, he is earning a living again

He listens attentively and approves

Then the story, taken from a French author, is told about the fictitious character made out of nothing by one of the villagers and endlessly repeated and echoed through the town, each one adding his share of details and some proofs of its existence, until everybody accuses it of various mischiefs and all are afraid of it although no one has ever seen it This is how all the lovely genii and the ugly spirits, the saints and the devils, the demons and the deities have been born and have become realities This is how mythologies have developed Imagination is their mother An inherent necessity for the spiritual is their midwife Fear, imitation, ignorance nurtures, shapes and strengthens them until they, the non-existing man-made creatures, are his masters

This patient accepted the lesson His complaint vanished and he was completely —and quickly—cured A little later, when his scare would have made deeper inroads, it might have been too late

611 W 158 St

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

The next examination of the American Board of Obstetrics and Gynecology (written and review of case histories) for Group B candidates who have filed applications will be held in various cities of the United States and Canada on February 5

The general oral, clinical, and pathological examinations for all candidates (Groups A and B) will be conducted by the entire Board, meeting in San Francisco on June 13 and 14, immediately prior to the meeting of the American Medical Association

Applications for admission to the June Group A examinations must be on an official application form and filed in the Secretary's Office before April 1

For further information and application blanks address Dr Paul Titus, Secretary, 1015 Highland Building, Pittsburgh, Pa

New York State

JOURNAL of MEDICINE

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EDITORIALS

New Year's Resolution

The medical profession faces a critical year Even if disturbed business conditions prevent the enactment of State or Federal health insurance laws in 1938, there is little doubt that a strong attempt will be made to lay the foundations for such legislation

Confronted with this and other serious threats to medical security, the profession nevertheless faces the future with courage and confidence As long as the mass of physicians refuses to be coerced or cajoled into systems detrimental to the public welfare and their own, medicine will retain its freedom

For the dangerous year ahead, organized medicine therefore resolves

1 To oppose to the limit of its resources any plan to bring medical practice under the control of a political bureaucracy or to subordinate informed medical judgment to the dictates of lay administrators

2 To aid, with more than lip service, any sound plan to bring better medical care within the reach of a larger portion of the population (It is a *sine qua non* of any such plan that it must safeguard the professional independence and economic rights of the private practitioner)

3 To work for a humane, discriminating system of distributing free and under-rate institutional service, in order to reserve all such facilities for the genuinely needy and prevent the exploitation of medical and civic generosity by those who can pay for private care

4 To seek a measure of compensation for the vast amount of service now rendered free by physicians With the shrinkage of private practice the profession can no longer carry alone, a burden which should be borne by the entire community

5 To elevate, insofar as possible with present knowledge and means, the standards of medical education and practice, and continue to bring to the public health the unselfish, expert service which has raised the art of healing to its present level

This is a big order It can be carried out only if every practicing physician utilizes his political and social influence in the service of his profession and the public health If this is done, medicine can really look forward to "A Happy New Year"

An Immediate Need

Congress has no more important task before it than the enactment of a vigor-

ous, comprehensive bill to protect consumers of food, drugs, and cosmetics—in short, the nation The present Food and Drugs Act is weak and obsolete in many respects It is inadequate in the fields it purports to cover and makes no mention of cosmetics, now one of the most fruitfull industries for fraudulent advertising dangerous to health

The tragic deaths last fall from "elixir sulfanilamide" would not in all probability have occurred if Congress had heeded the warnings of organized medicine, last year and for years past, and enacted a sane and sensible law to control the distribution of foods, drugs, and cosmetics, At present it is not necessary for new drugs to be tested before they are placed on the market Quoting from Secretary Wallace's report, "The fatal elixir was rushed into the market without adequate test to determine whether or not diethylene glycol may be safely used as a solvent for sulfanilamide, despite previously published reports in scientific literature showing that diethylene glycol may be dangerous when taken internally'

Even after the series of deaths came to public notice, the government had to look about for a pretext to intervene 'Since the Federal Food and Drugs Act contains no provision against dangerous drugs, seizures had to be based on a charge that the word 'elixir' implies an alcoholic solution, whereas this product was a diethylene glycol solution Had the product been called a 'solution' rather than an 'elixir', no charge of violating the law could have been brought"

This needless loss of life should bring home to Congress its responsibility for the enactment of an adequate law to regulate three industries that vitally affect every American home Heretofore such legislation has been thwarted by the powerful lobbies of the industries involved Their spokesmen in the Senate and House are past masters in the emasculation of control bills by amendment

Administration leaders, Senators, and Representatives who profess an interest in the public health could do the latter no better service than to throw their weight behind an up-to-date, effective food, drugs, and cosmetics law The hold of the "pain and beauty" lobbyists on Congress must be broken Till now they have only had to name a song and Congress has danced Will they still be permitted to call the tune after the recent dance of death?

Hollywood on Crusade

The disciples of Aesculapius and the pupils of Florence Nightingale have always been compelled to dwell in an atmosphere shut off from the world by a gate of clouds They occupied a position in the universe somewhere between mortal men and the divinities of Mount Olympus Concerning them, legends have arisen, some of which rival those so intimately associated with the deities of ancient Greece Literature abounds with hosannas for the God-like qualities of the physician The poet has extolled the loveliness of the white-capped "Angel of Mercy'

Of course these sentiments have all been remodeled to fit into our modern mythology While no longer God-like, the doctor still is kindly understanding, sympathetic and generous, particularly when he doesn t send his bill Every nurse is beautiful, gracious, and gentle except at such times when she just simply isn't! By whom and where has this remodeling been done? By none other than the celestial inhabitants of 'Mount Hollywood !

With meticulous finesse and canniness a definite piece of deviltry has been evolved First the appetite of the public was whetted by showing the mortal side of the Aesculapians and the Nightingales in "Men in White" Then came picture upon picture wherein every possible hackneyed plot was adapted to a hospital, an operating room or the office of a "fashionable doctor" By this time it

might be imagined that they would have run out of 'plots" calculated to dislodge the "Em Dees" and the "R Ens" from their pseudo-heavenly abode Ah, no! A Crusade is now contemplated!!!

Tucked away on page seven, Section Eleven of *The New York Times* of December 12, is an inkling of what is to follow A certain motion picture concern is "about to embark on another crusade This time it will be a picture exposing and denouncing quack doctors" It will "work in cooperation with the American Medical Association, whose aid has been pledged by Dr Morris Fishbein"

Jupiter has arisen in all his wrath and is bent upon expelling from our midst those unworthy of our calling Can he bridle the tendencies of Hollywood toward theatrics and give to the public a true expose of the quack and the charlatan in medicine? Then he will have performed a noteworthy service It is for him and his associates to hurdle the censorship of those states which consider the chiropractor, the naturopath, and the other cultists legitimate members in the brotherhood of Medicine

Dangers which would halt most mortals can have no meaning for the Olympians We in all humbleness would however remind Jupiter that "quack doctors" rarely possess the degree of Doctor of Medicine, and Hollywood must not use the medical profession as a springboard to launch a Roman holiday reeking in propaganda!

Smallpox A Plea to Legislators

An allusion to the value of vaccination against smallpox might elicit a yawn from our readers, as it also would have from us had we not been amazed to discover that the morbidity from this disease in the United States was at a level higher than that existing in other quarters of civilization During 1935, there were 7,904 reported cases of smallpox in the entire country and in 1936 the number was 7 813 [1] *During the first seven months of 1937, there have been 7,693 cases recorded* [2]

From the study of those gross figures, however, the reason for this large number of cases due to a disease which definitely is preventable cannot readily be understood It is only when the breakdown statistics are scrutinized that the real cause of this deplorable state of affairs becomes evident Using 100 000 as a unit of population, the incidence of smallpox follows [3] In the states which have passed laws providing for the compulsory vaccination against smallpox, *and there are only nine,* plus our national capitol, the incidence is 6 6 cases In those states which have *laws prohibiting compulsory vaccination,* the incidence rate was 115 2! In between these two are recorded figures which reveal the existing status of the disease in localities wherein no vaccination laws are on the statute books or where local option is permitted

To the medical profession the moral is obvious Could we but convince our legislators and certain misguided elements in our body politic that Organized Medicine has been, is, and always will be ever on the alert to protect the public health such a situation never would have occurred We represent, as a body, a mere 160,000 votes This nucleus, however, is a concentration of experts in the maintenance, preservation and restoration of the health of our people We have no axe to grind since, from a material standpoint, we physicians who ourselves are vaccinated against smallpox, can reap a richer harvest from treating this sickness than we can from preventing it Must smallpox again reach epidemic proportions before compulsory vaccination is enforced throughout our country? The physicians of the nation who are vitally interested in preventive measures against all illness earnestly beseech the enact-

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1 Statistical Bull Met. Life Ins Co June 1937
2 *Physicians Bull* 2 11 Nov–Dec 1937
3 Woodward S B and Feemster [illegible] *Eng J Med* 208 317 1933

ment of legislation which will aid them in eradicating all contagious and communicable diseases which concern the people as a whole Let us not await an incident of catastrophic proportions for the inauguration of measures which, while urgent for the occasion will, in retrospect, appear to be logical means to forestall future crises of a like nature

CURRENT COMMENT

"UNDER THE AUTHORITY OF THE social security act Federal and state agencies with the co-operation of medical, professional and welfare organizations now are embarked on the first nation-wide effort to reduce the toll of maternal deaths in the United States, 50 to 60 per cent of which are preventable, mortality studies have demonstrated

"As the result of a series of findings, based on the experience of the operation of Title V, Part 1 of the security act by which $3,800,000 is provided annually for maternal and child health services, a general conference will be held in Washington January 17 and 18 to consider extension of the program General agreement of the groups, meeting recently with officials of the Children's Bureau of the Department of Labor is that additional Federal funds in the form of direct grants to states are needed to meet the situation"—*The New York Herald Tribune* of December 5, contains an article of some length regarding the forthcoming drive to reduce the maternity death rate toll from which we have quoted the above

"THE LONGER AND MORE CRITICALLY one studies the history of our profession, the more one is impressed by the big hearts and gentle natures of the men and women who have made medicine what it is today Great hearts generally go with great minds"—An editorial statement in *The Medical News* of Rock Island (Ill) County Medical Society

"UNLESS ONE HOLDS HIS HEAD carefully in two hands to prevent it from spinning, it is hard to keep clear the dance of personalities and policies in Federal housing "—A pitiful comment by the editors of *The New York Times* of December 10

" APPROXIMATELY SIXTEEN MILLION young people between the ages of fourteen and twenty in the next seven years will becomes voters As such they will decide issues affecting every aspect of democratic freedom—political, economic, social, religious, and medical They cannot wait until they are twenty-one to learn how to decide issues unemotionally, critically, thoughtfully They must be learning now how to avoid decisions antagonistic to democracy From our own observations we might have these sterling thoughts broadcast at about 2 00 A. M when these potential nightwatchmen are at their best.

" The method usually employed to overcome vicious and obnoxious propaganda has centered about direct suppression and resistance, which often create an atmosphere of martyrdom and foster further resistance Suppression of free speech is far from popular in this country but exposure of sophistry is an effectual weapon in attaining the same end Knowing the truth was long ago demonstrated as a successful method for truth to establish freedom"—*The Weekly Roster and Medical Digest* of December 11 makes the foregoing statements, among many other pertinent ones, in introducing a new feature to its pages under the heading of "Propaganda Analysis"

"IT WILL BE REMEMBERED THAT Senator Wagner plighted his troth with the health insurance lobby last May The place was Indianapolis His audience, the National Conference of Social Work

"The gentleman from New York lost no time in taking the social workers to his bosom Greeting them as 'comrades-in-arms' and as 'the real standard-bearers of civilization,' he affirmed that the 'unity of purpose is now complete between the social worker and the public servant.'

"He proposed—in soft language, to be sure—an alliance between the social worker and the bureaucrat Together, he suggested, they would take the matter of health out of the province of the private practitioner To cinch the bargain, he promised quick extension of the Social Security Act for this purpose 'Vistas of human achievement stretch before us,' he declared ecstatically

"Happily, those vistas, so bright and shining to the Senator, and so black and threatening to the physician, are still before us, not behind us Of late, Senator Wagner and his colleague, Senator 'Ham' Lewis, have been remarkably quiet on the subject

"But Congress reconvenes in January The entire medical profession will be look-

ing to that session with its fingers crossed" —*Medical Economics* for December reminds us of an impending situation We hope that the profession will do more about it than keep its fingers crossed

"PENNSYLVANIA TO OFFER PNEUMONIA Serum to All" is the caption above the following news item in the *New York Herald Tribune* of December 10

"Pennsylvania today ordered erection of 2,000 highway billboards advertising free serum to shield its citizens from the ravages of pneumonia.

"Dr Edith MacBride-Dexter, Secretary of Health, said her department would place the signs along all highways to warn against the dangers of pneumonia and call attention to the preventive treatment offered without cost to all Pennsylvanians for the first time.

"Her announcement came as the first cold spell tumbled thermometers and renewed dangers of the disease, which in 1936 caused 9,094 deaths in the Keystone State

"The free serum, made possible through a $60,000 Federal grant, will be available beginning December 15th *to all who apply through private physicians*" (Italics ours)

"THE FAMILY DOCTOR" IS AGAIN THE subject of editorial comment—this time in the *Medical Record* of December 1 We quote in part "In the attempts being made everywhere to initiate and foster health, cooperation of the family doctor is essential, although as a rule, his services are not made use of, to the extent they should be He is the key to the whole problem of establishing and maintaining the health of the population More than anyone he is in touch with the people in their homes It not as much as formerly, he yet remains more than anyone else, the guide, philosopher and friend of the family and the most potent force in schemes of health education The machinery to bring about this end can never advance far or run smoothly without his earnest cooperation 'Earnest' is said advisedly, as what plan can succeed unless behind it are men keen to push it along and whose heart is in their work

'A Nation's health depends largely upon the family doctor and not until this fact is recognized will any real progress be made"

"'IT IS JUST AS IMPOSSIBLE to standardize humanity's wants and to provide for its every desire as it is to commune with the spheres The two institutions which have stood the test of time are religion and medicine, yet these are the very structures which are being attacked on all sides It is quite easily understood why the practice of medicine should be selected, because governmental powers realize what an important item it is in our social structure It may interest you to know that medical care occupies the third position in the item demand for the existence of man'" Dr Seth A Brummer, former president of the Philadelphia County Medical Society, terming "efforts to socialize medicine and dentistry in this country as the work of 'tricksters' who are seeking to lure a gullible public with a 'smoke screen'", addressed a section of the Greater New York Dental Meeting in New York City recently, and we have quoted the above from the *The New York Times* report of the meeting

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Katharine F Lenroot, Chief of the Children's Bureau, U S Department of Labor, announces that at the request of various professional groups and national organizations interested in maternal and infant health and welfare, the Children's Bureau is calling a conference on Better Care for Mothers and Babies to be held in Washington, January 17 and 18

The annual meeting of the Associated Physicians of Long Island will be held at St. Mary's Hospital, Buffalo and St. Mark's avenues, Brooklyn, on January 29 The scientific program of the meeting will be prepared and presented by the professional staff of St. Mary's

CAST THY BREAD—

The young doctor sat wearily down in his easy chair, and asked his wife affectionately

"Has my darling been lonely?"

"Oh, no," she said, "at least not very I've found something to do with my time"

"Oh," he said. "What is it?"

"I am organizing a class A lot of women are in it, and we are teaching each other to cook"

"What do you do with the things you cook?"

"We send them to the neighbors"

"Dear little woman," he said, kissing her, "always thinking of your husband's practice."—*Medical Record*

Public Health News

Public Health Notes

J Rosslyn Earp, L R C P, Dr P H
New York State Department of Health

The American Medical Association Broadcasts

The voices heard in the broadcast plays of the American Medical Association every Wednesday at 2 P M are those of professional actors drawn from the Chicago Artists' Bureau I had the privilege of witnessing their performance on December 1 The topic for that day was "Tuberculosis foe of youth" Harrowing moments were provided when the young girl about to enter college is told that she has tuberculosis, when she finds on entering a sanatorium that her school friend who preceded her has just died and there is yet another death before the happy ending How do the trained actors behave in these emotional scenes? Their hands are occupied in holding their script But the muscles of the face and neck are just as responsive to the situations as the intrinsic muscles of the larynx "No, No No!" says the young girl, resisting the doctor's verdict, and she shakes her head as vehemently as she speaks her part

There are eighty-eight stations in the red network of the N B C, and each of these may receive and broadcast the school health program of the American Medical Association But since it is an educational and not a commercial program, they are not obliged to do so Physicians interested in health education will wish to investigate the use of these programs locally and will use their influence with local school boards and, if necessary with the radio stations, to make them available to the children

To help school teachers, the American Medical Association publishes a set of "briefs" reprinted from *Hygeia* which supplement the teaching of the plays, suggest "projects" for the students and source material for the teachers Also available is a pupil's work book and guide.[1] It is easy to criticize some of the suggestions in this work book Do we really want our children taught at all times to avoid crowds lest they get poliomyelitis? Should vegetarianism really be placed first among "food fads"? The authors will no doubt gratefully receive expressions of opinion which differ from their own They are quite prepared to modify subsequent editions of the work book in the light of experience

The educational possibilities of this organized educational program are enormous I believe we should be proud of the energy and initiative of our Association which has given it birth

Reference

1 Bauer W W and Teschner P A *Your Health* Johnson Publishing Co, 1937

THE MEDICAL BUILDING AT THE BIG FAIR

For the first time in any international exposition, a separate building has been assigned by the New York World's Fair of 1939 for presentation of the story of medicine and public health This building, to be erected by the Fair Corporation, will be in the heart of the exposition's exhibit area, on the northern side of the Theme Plaza Not as yet named, it will house "A World of Health"

The exhibits for this building are being planned by a General Advisory Committee, composed of 101 national, state, and local authorities on medicine and public health, appointed by Grover Whalen President of the Fair Dr Victor Heiser is chairman of this committee

Included in the exhibit will be presentations of the latest discoveries, devices, and advancements in every phase of medicine and health, indicating, in new and dramatic manner, what man may do to take utmost advantage of the store of scientific knowledge now available to insure his health and that of his family

Collected in the Health Building the visitor will find colorful and animated displays portraying man's anatomy and physiology and the dynamics of his bodily functions The construction and operation

of the digestive system, of the nervous and respiratory systems, and of the glands of internal secretion which have such marked effect on human personality and physical characteristics, will be shown in so simple a manner that descriptive matter will be kept to a minimum But, where this may be absolutely necessary, it will be presented in the plain language of the layman

The building devoted to medicine and health will be divided into three main chambers of great size, to be designated as The Hall of Man, The Hall of Medical Science, and The Hall of Public Health Each of these halls will be subdivided into sections, as yet only tentatively planned, developed under the eye and skill of experts in the particular fields they cover

The theme of The Hall of Man will be expressed on a prominent entablature by this excerpt from the writings of St Augustine

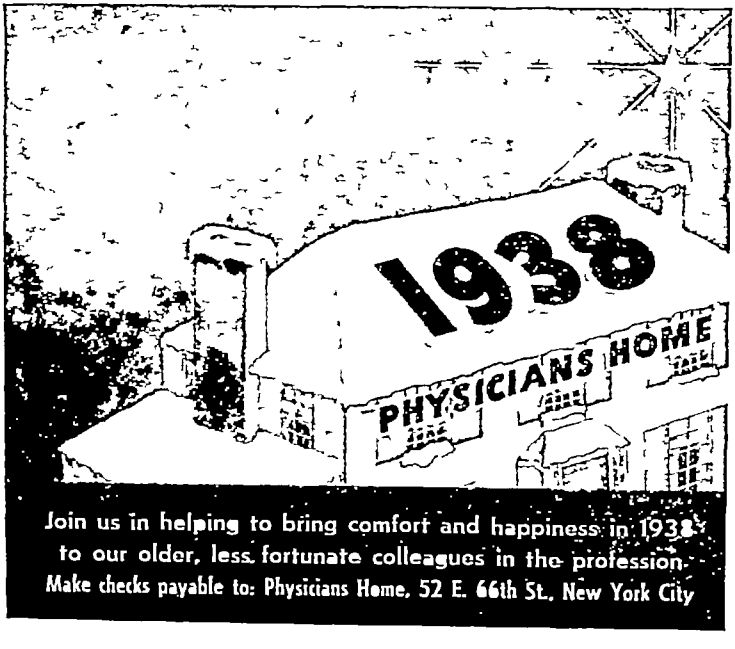
> Man wonders over the restless sea, the flowing water, the sight of the sky and forgets that of all wonders man himself is the most wonderful.

This Hall will present the normal human anatomy and, to an extent, its physiology Here will be shown the digestive system the dynamics of the circulatory system and other bodily activities the functions of the glands, the mechanisms of the special senses, sex determination and the development of the human organism Among the exhibits to be found here will be models of various parts of the body reproduced in huge size and mobile in construction so that their operation is demonstrated in arresting and understandable fashion

In The Hall of Medical Science it is planned to show some of the more important complications which beset the human being, their causes, how they may be prevented or cured and the services available to this end Among the sections in view for this chamber will be those devoted to cancer, tuberculosis pneumonia the common cold and other respiratory diseases diphtheria infantile paralysis, heart disease, diabetes, venereal diseases and infections

As at present conceived The Hall of Public Health may emphasize the problems of society in this wide field how they are being met and how they relate to the individual Some of the proposed sections are maternal health infant and child hygiene, heredity and eugenics mental hygiene industrial hygiene, safety and first aid sewage disposal and water supply intestinal diseases such as typhoid fever and dysentery the control of communicable diseases, the relations of insects to disease, maritime quarantine deafness, blindness and harmful superstitions

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SERUM IN PNEUMONIA

That the physicians of the State may have concrete examples of different phases of anti-pneumococcus serum treatment of pneumococcus pneumonia, there will appear here case reports selected from the large number received by the State Department of Health on the use of anti-pneumococcus serum produced and distributed by it

In order that physicians practicing in New York City or those using effective serum from other sources may also be represented, we hope that physicians who may have had particularly significant experiences with serum will submit short reports to the Pneumonia Editor, New York State Journal of Medicine, 33 W 42 Street, New York City—Editor

Case 9

Report from the records of Dr Charles L Nichols, Philmont

"A thirty-three year old white female adult with a history of sensitivity to dust and ragweed, who had had severe asthma associated with attacks of acute bronchitis, and with annual attacks of hay fever, had a sudden onset of shaking chill followed by fever, pain in the chest and cough productive of a rusty sputum on February 12, 1937

"On the day following onset, the patient had a temperature of 104 6, pulse of 140, and respirations of 38 At that time there were signs of consolidation over the left lower lobe The patient was very ill, but had had no asthmatic symptoms Examination of the sputum revealed Type I pneumococcus There was no history of allergy so far as horse emanations were concerned, and skin and eye sensitivity tests were immediately done These both proved to be negative, and serum therapy was cautiously begun No reactions occurred, and by the end of twenty-four hours the patient had received 120 c c (150,000 units) of Type I concentrated antipneumococcus horse serum

"The patient's response was immediate Her temperature dropped 2 degrees during the first twelve hours after therapy was started Temperature, pulse, and respirations were normal on the morning of the third day of the disease, February 15 Patient was discharged well, fourteen days following onset, February 27"

This case report is an excellent example of the fact that horse serum can safely be given intravenously to an individual with history of allergy provided that no specific allergy against horse serum or horse emanations exists In this case the patient showed no evidence of sensitivity to horses as shown by negative history with respect to horse emanations and negative skin and eye tests, even though she was highly allergic to other things However, the allergic background indicated the cautious use of Type I antiserum Serum treatment was carried out with an excellent therapeutic result.

Knowledge concerning serum reactions is far from complete. However, on the basis of the small amount of existing evidence, the following is a fair working outline of the treatment of serum sensitive individuals

True anaphylactic shock in man following the injection of serum is rare Most, but not all, of the fatal cases have occurred when serum was injected for the first time in an individual sensitive to horse emanations A few deaths have been reported following the second injection of serum in an individual who had a previous serum injection These latter usually occurred when the injection was given intravenously within six months of the time that the first dose had been given

It is necessary to separate the nonspecific reactions which are due to substances present in the serum from the reactions resulting from those of specific sensitivity to horse serum The nonspecific reactions are usually manifest by immediate thermal response with shaking chill and high fever, and are rarely fatal

With these facts in mind, one should not hesitate to give serum to patients with asthma or hay fever who are not horse sensitive However, it is necessary to exercise a great deal of caution If the skin and eye tests are negative an intravenous test dose of ten c.c of a 1 to 100 dilution of serum at the rate of one c c. per minute may be attempted If no reaction occurs following this injection, the therapy may be continued in the usual fashion If, however, the skin test is positive and the eye test negative, one should proceed even more cautiously with gradually increasing doses by the subcutaneous and intramuscular routes, before the first intravenous dose is given. If the eye test is also positive, extreme caution should be observed and a preliminary "desensitization" should be carried out over a long period of time with very gradually increasing doses given until one c c of horse serum has been given intramuscularly without significant reaction before the intravenous therapy is commenced The same technic should also be followed in patients who have had a previous injection of horse serum prior to six months before the present injection

In patients who are definitely sensitive to

horse emanations or who have had serum during the six months' period prior to the present injection with a positive skin test, no serum should be given unless extenuating circumstances exist In the event that a patient has bacteremia where the mortality is approximately seventy-five to eighty-five per cent, however, one would feel justified in attempting to treat such patients

It is, of course, necessary to have a syringe at hand containing one c c of 1 to 1000 sterile solution of adrenalin before skin tests are performed or serum treatment is carried out on any patient

New York City Refresher Courses

The Department of Health of New York City is about to arrange with the help of the five County Medical Societies in the Metropolitan Area, "Refresher Courses in Pneumonia" similar to the "Pneumonia Institutes" held elsewhere throughout the State by the State Department of Health

The five County Medical Societies of Bronx, Kings, New York, Queens, and Richmond invite applications to the number of fifty for each of these courses The details as yet of hospitals to be selected, and dates, have not been assigned, but the Secretaries of the County Societies are ready to receive applications The courses are to be held during January The names of the Secretaries and their addresses are

Dr Henry Friedland, Secretary, Bronx County Medical Society, 4751 Park Avenue, Bronx.

Dr Alec N Thomson, Executive Secretary, Medical Society of the County of Kings, 1313 Bedford Avenue, Brooklyn.

Dr B Wallace Hamilton, Secretary, Medical Society of the County of New York, 2 East 103rd Street, New York.

Dr Frank R. Mazzola, Secretary, Medical Society of the County of Queens, 112-25 Queens Boulevard, Forest Hills

Dr John J Goller, Secretary, Richmond County Medical Society, 25 Central Avenue, St George, Staten Island

Those members of the State Society residing in New York City who applied last year to Dr Thomas P Farmer of the State Council Committee on Medical Education will be given priority in assignments to particular dates by Dr Wheelan D Sutliff, Director of the Pneumonia Control Program of the New York City Department of Health

PETER IRVING, M D, *Secretary*
Medical Society of the State of New York

THE WOMAN'S AUXILIARY

To the Medical Society of the State of New York

KINGS COUNTY The Woman's Auxiliary to the Medical Society of the County of Kings was delighted to receive a letter from the President of the Medical Society of the County of Kings, Dr Thomas A. McGoldrick, asking us to help the County Medical Society and Academy of Medicine of Brooklyn and the Doctor's Club of Brooklyn in making the testimonial dinner to our New York State President, Dr Charles A Goodrich a success

We are forming committees and are trying in every way to help in making the evening one long to be remembered.

We are anxious to have every Auxiliary member on some committee so when you are approached to serve please say "yes"

We are delighted to honor Dr Goodrich and the profits of the evening's special entertainment will go towards the F D Jennings Memorial Building Fund

The annual meeting of the Kings County Auxiliary was held on December 14 at the Society Building Election of officers took place followed by bridge and tea

NASSAU COUNTY On December 15, the Woman's Auxiliary of Nassau County held election of officers Dr Courtney R Hall spoke on the medical history of Long Island.

QUEENS COUNTY Queens County held its annual election of officers on November 30 Mrs Elmer Kleefield is the newly elected President On December 28, at the Medical Society Building in Forest Hills, the Auxiliary held an installation of officers

ROCKLAND COUNTY Rockland County Auxiliary held a luncheon meeting on November 17 at the Bear Mountain Inn Mrs S W S Toms, the Auxiliary's first President was honored as retiring head of the Auxiliary Mrs Toms has been succeeded as President by Mrs Alexander Selman Dr S W S Toms spoke on the work of the Auxiliary

Dr W J Ryan gave an illustrated talk on tuberculosis

Medical News

Albany County

DR EUGENE VAN SLYKE, eighty-six, dean of Albany's physicians and one of the oldest medical men in the state, died on Nov 8 at his home in Albany after a short illness He practiced sixty-six years

Allegany County

DR LAWRENCE C OLDER was elected president of the Allegany County Medical Society at its annual meeting in Belmont Nov 4 Other officers chosen were Dr P L Morrison, vice president, Dr E F Comstock, reelected, secretary, Dr H J Rubenstein, treasurer, Dr Lyman C Lewis, delegate to the state society, Dr Batt, chairman of the Board of five censors

County Bacteriologist William Greene and Charles E Covill, committee from the Allegany County American Legion, met with the doctors to get suggestions of the society how the county Legion might best aid in some humanitarian work in the county Dr Older appointed the following committee to continue the matter with the I egion committee Dr H K Hardy, Dr Nathaniel H Fuller, and Dr S B Scott

Broome County

THE ANNUAL MEETING OF THE Broome County Medical Society was held in the Arlington Hotel Art Gallery in Binghamton on Dec 14 Officers were elected

At the scientific session a paper was presented on "General Aspects of Health Administration," by Arthur W Cummings M D, District State Health Officer There was discussion by C J Longstreet, M D, W J Farrell, M D, and Mark Welch, M D

Cayuga County

DR GEORGE B ADAMS was elected president and Dr M L Seccomb vice president of the Cayuga County Committee on Tuberculosis and Public Health at the annual meeting in Auburn on Nov 16

Chemung County

THE ANNUAL MEETING of the Chemung County Medical Society was held at Elmira, on December 2 Officers were elected as follows President, Elliott T Bush M D Vice President, Rene Breguet M D, Secretary, Robert J Lawler M D, Treasurer Sven L Larson M D, Delegate to State Medical Society, Ross G Loop M D, Alternate, Herbert W Fudge M D

The annual dinner of the Society will take place at the Mark Twain Hotel, Elmira, on January 5, at seven o'clock The guest speaker will be Frank H Lahey M D of Boston, Mass, whose subject will be 'Some of the Newer Clinical and Laboratory Developments in Thyroid Disease"—*Reported by Robert J Lawler M D, Secretary*

Cortland County

DR. FLOYD S WINSLOW, immediate past president of the New York State Medical Society, addressed the Cortland County Medical Society at a special meeting on December 16 Subject "Experiences as a Coroner's Physician"

The regular December business meeting and election was held on December 17—*Reported by O E White, M D, Secretary*

Erie County

WITH MORE THAN 100 Buffalo physicians and dentists cited as victims to the extent of $5 each, police held a man identified as Albert Shaffer of Newark, N J, accused as a magazine racketeer Police say he is wanted in a dozen other cities for questioning about a similar racket They charge him with obtaining property by false pretenses and second-degree forgery From sales slips and receipts found in his hotel room and from information obtained by the Buffalo Better Business Bureau, police deduced Shaffer approached physicians and dentists, presented fake credentials and offered them subscriptions to a popular magazine plus a choice of several medical books for $9 A deposit of $5 was to be given to the agent

LACK OF PROPER HOSPITAL supervision of maternity cases is one of the "most important contributing factors of maternal and fetal mortality," Dr Milton G Potter asserts in the monthly bulletin of the Buffalo Academy of Medicine

"Certain maternal and fetal mortality cases are inevitable regardless of the excellence of prenatal care and the most conservative of delivery procedures," he explained "All obstetricians realize this fact and while the emphasis placed upon prenatal care is very important, it would appear the

ay organizations, and the various survey committees, and the profession have overlooked, in their enthusiastic zeal, this most important contributing factor of maternal and fetal mortality"

The lack of supervision, Dr Potter said, 'is quite evident in Erie county, and must be corrected in the near future by the hospitals and the profession"

Through staff supervision of obstetrical patients, Millard Fillmore hospital has made great progress in efforts to cut down the number of deaths caused in childbirth, he stated

DR. F M BOYLE, one of the best known physicians in South Buffalo, died at his home, after a short illness, on Dec 2 Dr Boyle had been in practice for forty-five years

THE SCIENTIFIC SESSION of the Buffalo Academy of Medicine on Dec 8 was devoted to a symposium on "The Acute Abdomen" by the Deaconess Hospital staff with Alfred H Noehren, M D, past-president of the staff in the chair Speakers were Kenneth H Eckert, M D Nicholas N Linderman M D, Robert B Newell, M D James C Sullivan, M D

At the meeting of the Academy Section on Obstetrics and Gynecology on Dec 15, Dr Thaddeus Montgomery, of Philadelphia read a paper on "Choice and Management of Obsterical Anesthesia and Analgesia"

Franklin County

DR D M BRUMFIEL was elected president of the Franklin County Medical Society at the annual meeting in Malone on Dec 1

Other officers named were Dr E M Austin, vice-president, Dr Daisy H Van-Dyke, secretary-treasurer, Dr J N Hayes, censor, three years, Dr C C Trembley, delegate to the state society, Dr John E White, alternate

In the scientific session that followed the business meeting, Dr William Cone of Montreal described head injuries and Dr P E Stamataides outlined a bronchoesophageal fistula case observed in the Alice Hyde hospital

DR J E MEAKINS of the Royal Victoria hospital, Montreal, spoke on "Systemic Effects of Pulmonary Disease" at a meeting of the Saranac Lake Medical society on Dec 1

Herkimer County

TALKS IN FAVOR OF establishing a district nursing system in Herkimer county were made at the meeting of the Board of Supervisors, on Nov 22 by Dr Halsey J Ball of Utica, district state health officer, and Dr James W Graves, health officer of the village and town of Herkimer Both speakers maintained that such a system would work to the advantage of families residing in rural districts, which are without district public nursing service

Dr Ball mentioned that the county has at present a nurse whose duties are confined wholly to tuberculosis cases and whose work is carried out at an annual cost of $2,000 He suggested that this appropriation be increased to $3 500, in which event the state would set aside a like sum making a total of $7,000

With this sum, Dr Ball said the county could have four nurses engaged in generalized work and not confined to tuberculosis cases He said the plan would be to divide the county into four districts, each to be under supervision of one of the nurses The speaker cited numerous ways in which the nurses would function for advancement of the public health of persons residing in the rural districts

Kings County

THE NEW $250,000 RED HOOK GOWANUS Health and Teaching Center at 250 Baltic St eighth city-built and PWA-financed health center building to be opened in the five boroughs this year, was dedicated by the Health Department on Nov 30 The structure is the second unit in the city's cooperative program with five medical schools for utilizing district health work as a training ground for medical students and Health Department personnel in preventive medicine and public health administration

The teaching program in the Red Hook-Gowanus district will be in cooperation with the Long Island College of Medicine, located within close proximity The medical school's department of preventive medicine and community health, under the direction of Dr Alfred E Shipley, former Deputy Commissioner of Hospitals, is housed in the health center building which has all facilities for maintaining a well-rounded public health service for the community with emphasis on preventive medicine and health education

More than 200 representatives of Brooklyn's voluntary health and welfare agencies medical and dental societies and business and professional groups participated in the dedication ceremonies Mayor LaGuardia Borough President Ingersoll and Health Commissioner John L Rice were principal speakers and Dr Shipley presided

Other speakers were Dr Frank L Babbott, president, Long Island College of Medicine, Dr John B D'Albora, president-elect, Kings County Medical Society, Dr Charles S Prest, secretary, Brooklyn Tuberculosis and Health Association

THE RIDGEBORO MEDICAL SOCIETY met on Dec 9, at the Kings County Lighting Company Dr Charles H Smith discussed "Acute Pneumonia in Children," and Dr H Greenwald, "Pneumonia in Infants" Officers were elected

DR CHARLES EASTMOND, specialist in roentgenology, chief of the X-ray departments of Peck Memorial Hospital and Beth Moses Hospital, Brooklyn, died on Nov 27 at Peck Memorial Hospital, Brooklyn He was fifty-eight

Dr Eastmond was a former president of the New York Roentgen-Ray Society, a former chairman of the Eastern section of the American Roentgen-Ray Society and a former secretary of the New York Gastro-Enterological Association He was the author of numerous articles on roentgenology in the medical journals and had contributed to Butler's "Diagnostics of Internal Medicine"

He was consulting roentgenologist at the Norwegian Hospital, the Harbor Hospital, Jamaica Hospital, Nassau Hospital, Jewish Hospital and the Long Island College Hospital, where he formerly lectured on roentgenology

Madison County

THE ONE HUNDRED AND FIRST Annual Meeting of the Madison County Medical Society was held at the Hotel Oneida, Oneida, on Dec 16 At the business session officers were elected Then the society listened to these papers "Urinary Infections, With a Review of the Newer Urinary Antiseptics," by Dr Leo E Gibson "Toxemias of Pregnancy," by Dr Edward C Hughes, illustrated by lantern slides "President's Address," by Dr A J Zaia. At the dinner session an address was delivered on "The Inter-relations of the Science and Art of Medicine," by Dr W A Groat, President-elect of the State Society A paper was read at the evening session on "Spontaneous Intracranial Hemorrhage" by Dr W D Ayer, illustrated by lantern slides

Nassau County

NEARLY 200 MEMBERS OF THE Medical society of the County of Nassau heard William F Ploch, president of the National City Bank of Long Beach, outline the methods of high pressure stock salesmanship and get-rich-quick-schemes at the Bar association clubhouse, Garden City, on Nov 30

Appearing as the guest of Dr Henry E Smith, president of the society, Mr Ploch declared that nearly every professional man is on so-called "sucker lists" of high pressure investment firms

Mr Ploch outlined some forms of reasonably safe investments in life insurance, United States bonds, high grade corporate bonds, capital bonds and preferred stocks, pointing out the advantages of each

New York County

THE FRIDAY AFTERNOON LECTURE at the New York Academy of Medicine on Jan 7, at 4 30, will be on "Treatment of Pneumonia," by Dr Rufus Cole, and the lecture on Jan 14, at 4 30, will be on "Cancer of the Gastrointestinal Tract," by Dr Carl Eggers, of the College of Physicians and Surgeons

A LECTURE OF THE New York Heart Association series will be given at the New York Academy of Medicine on Jan 11 at 4 30 P M on "The Management of Rheumatic Infection," by Homer F Swift, M D

A Scientific Session will be held on January 18 at 8 30 P M, in Room 20 of the Academy of Medicine As this will be the annual meeting of the Association, a brief resume of the year's activities will be given by Dr Ernst P Boas, Chairman This will be followed by the presentation of two scientific papers "Oxygen Therapy in Heart Disease" by Dr A L Barach of the Presbyterian Hospital, New York City, "Pulse Wave Velocity" by Dr J Murray Steele of the Hospital of the Rockefeller Institute, New York City

Another lecture on January 25 at 4 30 P M will be "The Management of Cardiovascular Emergencies" by Lewis A Connor, M D

DR EUGENE H POOL, senior attending surgeon of the New York Hospital and professor of clinical surgery in the Cornell University Medical College, has been elected an alumni trustee of Columbia University at a meeting of the university trustees He will fill the vacancy caused by the death of Dr Everett W Gould on Aug 18

THE NEW YORK POLYCLINIC MEDICAL School and Hospital announces the following appointments to its staff, Dr Thomas G Tickle as Professor of Otolaryngology

Dr David H Jones as Clinical Professor of Bronchoscopy Dr Ernest E Smith as Adjunct Professor of Roentgenology

At the January meeting the following program will be presented

"Foreign bodies in the air and food passages with particular stress on Peri-esophagitis" by David H Jones, M D "Bronchogenic Carcinoma" by Charles E Wolcott, M D "Lung Abscess" by H. Griffen Bullwinkel, M D (Lantern slide demonstration) "Present problems in Diabetes" by Elliott P Joslin, M.D, Boston, Mass The discussion is to be opened by Herman O Mosenthal, M D and Frederick M Allen, M D

Dr. Maurice J Lewi, who was secretary of the New York State Board of Medical Examiners for twenty-two years before he resigned to become president of the First Institute of Podiatry, was the guest of friends at a dinner on Dec 1, in honor of his eightieth birthday Among the guest speakers were Dr Iago Galdston, of the New York Academy of Medicine, John Boyd Thacher, Mayor of Albany, Dr James J Walsh, organizer and former dean of Fordham Medical College, and Judge Edward J McGoldrick Telegrams were received from President and Mrs Roosevelt.

Niagara County

Dr. Clyde W George, president of the Medical Society of the County of Niagara and Assistant Superintendent of the Niagara Sanatorium, ex-officio member of the Board of Directors of the Tuberculosis and Health Association of Niagara County, gave an interesting talk on Dec 1 over station WKBW Buffalo He took as his topic "Early Diagnosis of Tuberculosis and the Need for Early Hospitalization"

Oneida County

Utica will join in the observance of Social Hygiene Day, Feb 2, when a speaker of national repute will be heard at a meeting in Hotel Utica The speaker will be Dr J H Stokes, Philadelphia, one of the most widely quoted authorities on the subject of social hygiene The meeting will be sponsored by the health group of the Utica Council of Social Agencies and will be conducted in conjunction with a meeting of the Oneida County Medical Society

Dr. Hugh H. Shaw, health officer of Utica has been named a member of the medical council of the National Foundation for Infantile Paralysis

Onondaga County

Dr. Anton W Sohrweide addressed the Syracuse Dental Society at their dinner-meeting on December 14 The subject of the evening was "Diseases of the Oral Mucosa" The lecture was illustrated with lantern slides and a general discussion followed.

Dr. Herman G Weiskotten, dean of the Syracuse University College of Medicine, spoke on "Trends in Medical Education" at a meeting of the Syracuse Academy of Medicine Dec 21 Other speakers were Dr Lee A. Hadley, on "Schuller's Disease, Xanthomatosis," Dr R D Johnson, on "Dilation of the Esophagus," and Dr Frederick N Marty, on "Malaria Following Transfusion"

New officers were elected.

Ontario County

The prevalence of nutritional deficiency diseases in everyday life and the difficulties of diagnosis were pointed out to the fifteenth annual dinner meeting of the Geneva Academy of Medicine by Dr Russell L Haden, of the Cleveland Clinic, on Nov 18

Meeting at the Hotel Seneca, some forty-five physicians and dentists from Geneva, and surrounding territory, with guests from Buffalo and Southern Tier cities heard Dr Haden speak on the subject of "The Clinical Problem of Nutritional Deficiency Disease"

Dr Haden also outlined methods of diagnosis and treatment Discussion was led by Dr Nelson Russell

Queens County

The first annual sixty-page "Bulletin" published by the Queens County Cancer committee, made its appearance in connection with the "Cavalcade of Hits," elaborate variety musical revue presented as a benefit to help finance the work of the Cancer Committee, in December

Numerous articles on cancer, its causes, stages of development and cure appear in the magazine, with articles by three international cancer experts, Dr Francis Carter Wood and Dr James Ewing of the American Society for the Control of Cancer and Dr John J C Gerster, chairman of the New York City Cancer Committee

Other authors whose stories appear are John Adikes president of the Queensboro Chamber of Commerce, Dr James R Reuling, retiring president of the Medical Society of Queens, Dr Carl Boettiger, founder and honorary president of the Queens

County Cancer Committee, Dr Mandel Weinstein, chairman of the committee, and John H Schleif of the Bank of Manhattan Company and treasurer of the Queens committee

Rennselaer County

PHYSICIANS OF TROY and surrounding communities stretching out as far as Schenectady, Glens Falls and Bennington, Vt, interested in children's diseases, heard an address on "Diphtheria Prevention and the Schick Test" by Dr Hugh Chaplin, at the Day Home in Troy at the invitation of the board of trustees and the medical and surgical staff of the institution on Nov 23

Richmond County

DR WILLIAM C BUNTIN, Sanitary Superintendent of the Health Department in Staten Island, and as such head of the department in that borough, died December 19, at Staten Island Hospital, New Brighton, after a few days' illness He was fifty-eight years old

He was extremely civic-minded and took part in many activities He had served two terms as president of the Richmond County Medical Society, six years on the Coordinating Council of the metropolitan county societies, and had a record for attendance unsurpassed He was president of the First District Branch of the State Society

He was director of the Staten Island Chamber of Commerce, one of the founders of the Kiwanis Club of Staten Island, and a promotor of the Staten Island Community Chest, which was organized only a few months ago

Surviving are his wife, Ione, and a sister, Mrs Emma Drummond His home was at 31 Park View Place, New Brighton

Rockland County

DR FREDERICK A SCHROEDER was elected president of the Rockland County Medical Society at its annual meeting and banquet held at Spring Valley on Dec 1 He succeeds Dr George W Unsworth

Other officers named included Dr Julius Pomerantz, vice-president, Dr William J Ryan, secretary Dr Dean Miltimore, treasurer, Dr Stephen Monteith, delegate to the State convention and Dr Ryan alternate

The principal address of the evening was presented by Dr Bradley H Kirschberg director of the Schenectady laboratory department of the State police bureau of criminal investigation

Schenectady County

DR A B VAN VRANKEN was elected President of the Schenectady County Medical Society at the annual dinner meeting of the organization in Schenectady on Dec. 2 Dr Van Vranken succeeds Dr Clarence F Ackerknecht

Named to office with Dr Van Vranken were Dr J R Schermerhorn, Vice-President, Dr Charles Wiedenman, Treasurer, Dr Isaac Shapiro, Secretary, and Drs A A Samorini, A S Fay and Frank White, Censors Dr Wiedenman and Dr Shapiro were reelected. Dr William Treder was elected delegate to the State Medical Society and Dr Charles Rourke to the Fourth District Branch of the Medical Society

Reports of officers and committees were heard and Dr C C Woodall showed motion pictures of a recent trip abroad

Tioga County

THE ANNUAL MEETING OF the Medical Society of the County of Tioga was held at the Green Lantern Inn, at Owego on December 7 These officers were chosen President Dr C S Johnson, Vice-President Dr C J V Redding, Secretary-Treasurer Dr I N Peterson, Delegate Dr W A Moulton

After brief remarks by the outgoing and incoming presidents, Dr Edward S Rogers of the New York State Bureau of Pneumonia Control, presented a talking picture on the "Technic of Serum Administration" which was followed by a round-table discussion —*Reported by I N Peterson, M D, Secretary*

Wayne County

AT THE ANNUAL MEETING of the Wayne County Medical Society at Lyons, on December 7, the following officers were elected President, E A Baumgartner, First Vice President, Edward Platt, Second Vice President, Charles Steyaart, Secretary-Treasurer, James L Davis, Censors, M E. Carmer, Arthur Besemer, George S Allen, Delegate, Ralph Sheldon, Alternate, Sam Houston

The Scientific program was as follows "Undiagnosed and Misdiagnosed Genitourinary Pathology" by Dr Arthur H Paine, and "The Common Skin Diseases and Their Treatment" by Dr Clarence H Peachey —*Reported by James L Davis, M D, Secretary*

Hospital News

When the Hospitals Themselves Are on the Sick List

OUR HOSPITALS ARE SPLENDIDLY equipped to care for the ill, but when the hospitals themselves are sick, who will be the doctor to put them on their feet? That the voluntary hospitals of New York City are in a bad way is the disturbing diagnosis of no less an authority than the President of the United Hospital Fund, Mr David H McAlpin Pyle, and he has named a committee of eight to prescribe remedies, with 'other appointments" to "be made in the near future." A consultation of that size looks as if the patient is in a parlous state, perhaps, but also seems to indicate that something effective is going to be done about it.

"Shocking" is the word used by Mr Pyle in a statement made to the trustees of the Fund on December 7 The hospital survey "has demonstrated the shocking lack of coordination between ourselves, hospitals under other types of control, convalescent homes, homes for the chronically ill, independent dispensaries, and visiting nurse groups," he said And not only that, but the very people who ought to see the situation, are blind to it "Few of our hospital trustees," he avers, "because of their deep concern with financial matters and with the operation of their own institutions, are sufficiently sensitive to the relationships that should exist between hospitals and the many kinds of other agencies in the health and welfare field"

Helter-Skelter Growth

The helter-skelter way in which the voluntary hospitals of New York City have developed has produced a regrettable state of affairs, he points out. In his own words

There are too many of some kinds of hospital beds, too few of others In some locations there is an abundance of facilities, elsewhere there are shortages Some hospitals have received endowments, accumulated surpluses, raised current contributions, accepted tax exemptions, and yet have failed to give in return an equal value of free care to those who can afford to pay nothing or little toward the cost of their care. Uneconomic costs are evident in certain of our institutions Some are rendering services below a satisfactory standard. A great many underpay their employees and work them long hours A few should be closed forthwith as unnecessary, uneconomic units in an integrated plan of city-wide hospital service Others should be physically merged with or otherwise organically related to larger institutions The future place and usefulness to the community of each hospital is a matter of public concern It was considerations such as these that caused the Survey to earnestly recommend a central planning board to guide us in shaping our facilities and policies to best meet the needs of the public we were chartered by the state to serve.

At the Crossroads

Indeed, Mr Pyle goes so far as to assert that "our system of voluntary hospitals, viewed in the aggregate and financially speaking, is virtually in liquidation." That is to say

Many of our plants are fast wearing out, becoming obsolete, a third of our building investment, a half of our bed capacity, is in buildings over twenty years old We have made no financial provision through depreciation reserves for the eventual replacement of old buildings but have relied on the hope, once justified by experience but now no longer a certainty, that the amounts necessary for new plants would be given us when required by a generous public Our operating surpluses and spendable funds are depleted so that now we have little more than half the total of eighty million dollars available at the close of 1930 Nearly a half of our separate units have either no operating surplus or an amount so small as to not provide a safe minimum of working capital.

And in the face of all this, it now seems clear that within the next twenty-five years, the hospital system of New York City of which we are a part must replace 24,300, or nearly half, of its present beds, and in addition provide 25,500 new beds in order adequately to serve a population expected to reach a total of 10,800,000 by 1960 To do this, and on a scale more moderate than that demonstrated by several of our recent building projects, will require an investment in land, buildings and equipment of at least $371,000,000, an amount only a little less than our present property investment which approximates $380,000,000 How are we who represent the voluntary hospitals, the most important group from the point of view of service and the establishment of standards—how are

we to finance our share of that prospective investment?

Coupled with the prospect that increased taxes will not soon again permit generous philanthropic support it is clear that these circumstances must soon force cooperative action in our part Our choice is to determine merely how and by whom that action is to be applied.

We may choose to ignore it, to believe that the old order has not yet nor will not soon change, but the fact remains that unless we put our house in order, circumstances perforce will require that government do it for us

Better Times, More Patients

IN THE FIRST SIX MONTHS of 1937, a year with health conditions as excellent as those in 1936, admissions to forty-seven representative and leading voluntary hospitals increased seven percent over the figures for the corresponding months of the preceding year, reports the *Statistical Bulletin of the Metropolitan Life Insurance Company* That this finding is referable essentially to improving economic conditions at that time is borne out by the more detailed analysis of the figures The increase of seven percent in total patients is the resultant of an increase of three percent in ward patients and no less than 12 3 percent in the number of private and semi-private patients

When it is recalled how hard hit financially most of these hospitals were during the depression, how difficult it was for them to meet the demands for ward service, while their earned income from paying patients was seriously curtailed, the chief cause and consequence of the present trend in hospitalization become clear Undoubtedly, the rise in private patients reflects the improvement in business conditions throughout the country in the early part of the year The rise in earned income enabled a larger number of people to pay for private accommodations in hospitals Also a certain number are now taking advantage of their improved economic status to have conditions corrected which, though needing attention, were neglected during the years of the depression

Another probable cause of the increased admission to hospitals, especially in the private and semi-private departments, is the rapid growth of group hospitalization plans during the last few years On January 1, 1933, there was but one nonprofit, free-choice hospital service plan in the United States About 2,000 persons were enrolled in this plan Today, there are thirty-seven such plans in successful operation with an enrollment of 1,000,000 persons

Tb Victims Come to "Life"

A PICTURE STORY FEATURING the Trudeau sanatorium and the Will Rogers Memorial hospital at Saranac Lake occupies a leading position in "Life," the photograph magazine Seven full pages containing twenty-five photographs comprise the Saranac Lake portion of the subject, "Tuberculosis A Menace and a Mystery and $4,500,000 in Christmas Seals"

The story leads with a full-page picture showing a group of nine former stage and movie actors undergoing ultra-violet ray treatment in the Will Rogers Memorial hospital, an institution established for patients of the theatrical profession only

There are pictures of patients on the porch of Trudeau, of others reading in bed, of Charles R. Armstrong, the superintendent of Trudeau sanatorium

Dr Francis R. Trudeau is shown examining a patient. Other pictures are of Dr Edward R Baldwin, the executive committee chairman, researcher and Trudeau family physician, of the round wood stove that heated Dr Trudeau's first, crude little sanatorium, of the little red cottage which Dr Trudeau built in 1884 as the beginning of his institutional work, of the Trudeau X-ray film library with Dr LeRoy Gardner, director, and Dr Arthur Vorwald, assistant director of the sanatorium laboratories, of flasks of imprisoned germs, of a patient undergoing the shot-bag treatment.

Then there is a page of pictures devoted to the surgical phase of tuberculosis treatment They show a patient undergoing hollow needle treatment in the pneumothorax area, a colored patient likewise treated, thoracoplasty or removal of ribs, picture of removed ribs, a full-page shot of the use of the fluoroscope, and finally a page of pictures showing slow-cure patients as well as patients who have fully recovered and gone about the activities of normal life.

Events

RECOGNITION OF NEARLY forty years' service as a trustee of Memorial hospital at Niagara Falls was given Walter McCulloh by fellow-members of the board of trustees at a testimonial dinner in his honor held in the reception room of the hospital nurses' home on November 16

The oldest member of the board, Mr McCulloh has been active in the direction of the hospital's affairs ever since its organization was first planned and was president of the board for nine years, as well as serving in many other capacities

DELEGATIONS FROM ALL organizations instrumental in the founding of Wyckoff Heights Hospital in Brooklyn at the turn of the century, as well as representatives of newer organizations interested in the hospital, joined in celebrating the institution's thirty-eighth anniversary on December 8 at a dinner-dance at the Hotel St George About 1,200 attended. Prominent guests to occupy seats on the dais were Hospitals Commissioner S S Goldwater, Deputy Commissioner Clarence Ford of the State Social Welfare Department, David H McAlpin Pyle, president of the United Hospital Fund, Borough President Ingersoll, Borough President Harvey of Queens, Dr Albert G Cook, chairman of the hospital doctors' dinner committee, Henry Holterman, charter member of the board of trustees, Louis Schenkweiler, superintendent of the hospital, and Herman L Papsdorf, chairman of the dinner committee.

DR. HORACE LOGRASSO, superintendent of J N Adam Memorial hospital, Perrysburg, was eulogized as a "torch bearer for Italian-American physicians" at a dinner in Buffalo on December 2 honoring him for his twenty-five years of service at the Perrysburg institution The dinner was given by the Baccelli club, Italian-American Medical society

THE ANNUAL DANCE FOR the benefit of St James Mercy Hospital of Hornell was held at the Hotel Sherwood in that city on Nov 25

THE NURSES ALUMNAE Association of the Leonard Hospital of Troy gave a dance at the Van Schaick Island Country Club on November 27

A TESTIMONIAL DINNER TO Dr J Hubley Schall, chief consulting surgeon of the Prospect Heights Hospital in Brooklyn, who retired after serving on the staff of the institution for thirty years, was given at the Montauk Club, Brooklyn, by the hospital board on December 8

Newsy Notes

SOME THIRTY CHILDREN forced to pass long months in St. John's Hospital, Brooklyn, because of a heart that flutters too wildly, an operation that just won't heal or some other physical disability will have a chance to keep scholastic pace with their friends in the world outside if the Board of Education adopts a recommendation of the Board of Superintendents

The superintendents have suggested that a substitute teacher, textbooks and supplies be provided to the hospital for instruction of the children in an "opportunity class" Bedridden youngsters will be taught at their own bedside. Those who can move or wheel themselves about in a hospital chair will gather in the solarium to learn their lessons and give recitations

Authorities of the hospital have expressed their desire to cooperate About 100 children in all are in the hospital, but the thirty to whom instruction will be given fall within the school age range of six to fifteen years

Associate Superintendent Margaret J McCooey, in charge of the classes for handicapped children, submitted the report which led to the recommendation of the Board of Superintendents The elementary school division has approved the project

THE SAMARITAN HOSPITAL in Troy has been congratulated by Gov Herbert H Lehman on its installation of an exercising pool for sufferers from infantile paralysis The Governor's letter of commendation was

directed to Miss Grace E. Allison, hospital superintendent. Mr. Lehman said in part:

"I am very glad indeed to know that the board of directors of the Samaritan Hospital have generously provided equipment with which to offer assistance to the unfortunate children suffering from the ravages of poliomyelitis. It is a splendid work and one that is needed in every community of the state."

A GRANT OF $6,000 WAS MADE, to the Lockport City Hospital in December by the Common Council to meet expenses for the balance of the year. The Board of Managers, in a communication to the council, said that a curtailment of revenues, not anticipated when its budget was made up, had resulted from the remodeling of the hospital. "The demand for hospital facilities," said the Board of Managers, "has been unprecedented, but because of lack of rooms due to construction, it has been impossible to obtain the income necessary to meet the current budget requirements."

DR. LIVINGSTON FARRAND, former president of Cornell University, was sworn in as a governor of the Society of the New York Hospital at a meeting of the board in December. Dr. Farrand became the 376th governor elected since the society received its charter from George III in 1771.

WILLIAM CREIGHTON PEET, president of the Board of Trustees of the United Hospital at Port Chester, died at his home in Rye on November 27.

APPROXIMATELY FORTY MEMBERS of the physicians' staff of Troy Hospital enjoyed a turkey dinner in the cafeteria of the hospital on Nov. 11. Dr. F. J. Noonan, president of the staff, was in charge.

The dinner was in celebration of Armistice Day, since a number of the staff are World War veterans, and also to formulate plans for scientific and clinical meetings during the winter months.

DR. EDWARD GILLESPIE RETIRED from the Binghamton State Hospital on Oct. 1 after forty-one years of faithful service.

THE REPORT THAT THE WALLS of the Indianapolis City Hospital have been decorated with paintings for twenty-five years without any bad results moves a Philadelphia editor to remark that this might persuade the medical world to give more thought to relieving white and yellow drabness. The Hoosier institution has found that murals cheer up sick people.

This presupposes, of course, that husky stevedores having crushed toes repaired are not put in the children's rooms enlivened by brownies and fairy tale characters, but the principle seems to the layman worthy of emulation elsewhere. Paintings inframes may collect germs and dust, but murals are at lest washable. A patient might not be a connoisseur, but surely could find more pleasure in gazing, hour after hour, on an appetite-whetting still-life painting of fruits than at immaculate plaster.

Dentists project movies on ceilings to keep children interested. Music has a proven therapeutic value in illness. The Indianapolis Hospital would do a general good turn by collecting testimonials from all its patients who in the past quarter-century have been soothed by wall decorations. The whole idea is convincing, the only danger is that some of the art might be so painfully bad that irritable patients would hurl glasses. Even well people sometimes get that impulse.

At the Helm

THE FOLLOWING HOSPITAL OFFICIALS HAVE BEEN CHOSEN:

Dr. Harry J. Worthing, to be superintendent of the Pilgrim State Hospital at Brentwood.

Mrs. Paul Beck, to be president of the governing board of the Flushing Hospital auxiliaries.

Dr. Johnston MacLeod, to be chief of the medical division of Flushing Hospital.

Mrs. Frederick W. Parmele, to be president of the Guild of St. Luke's Hospital at Newburgh.

Medicolegal

LORENZ J BROSNAN, ESQ
Counsel, Medical Society of the State of New York

Responsibility of Physician for Acts of Special Nurse

Repeatedly lawsuits are instituted against physicians to recover damages for personal injuries brought about by the acts of subordinates who have been relied upon by physicians to carry out the details of the routine care of a patient. An example of such a case where the individual at fault was a special nurse was recently presented before an appellate court in one of the Western States * Plaintiff sought therein to fix responsibility upon a physician for the acts of the nurse in acting under orders of the doctor

It seems that the plaintiff, Mrs L, was a young married woman who had originally consulted the defendant, Dr J, with respect to her pregnancy, and had retained his services to attend her and care for her in connection with her impending delivery In due course she entered a hospital, conducted by a Catholic Order, early on a Sunday morning About eleven o'clock that morning the doctor advised the patient that it would be necessary for him to deliver her by cesarean delivery to which she consented At the same time Dr J told her that she would have to have a trained nurse to which she replied 'All right, Doctor, that is up to you entirely" She was very soon taken to the operating room and the operation performed

When the patient was brought back from the operating room, the special nurse, a Miss S, was on duty, and shortly, acting upon orders from Dr J, administered to Mrs L a rectal injection of glucose solution Dr J was not present in the patient's room when the solution was injected It later developed that the solution, when administered, was too hot, and caused Mrs L to sustain burns

The patient, however, did not become aware of the fact that she was burned until the following Wednesday morning, and it was apparently not until that time that Dr J was informed of that fact. On that day Dr J in examining the patient remarked that she was still running a temperature, and Miss S told him that she thought the temperature was caused by something she had done rather than by the actual condition of the patient Upon questioning by Dr J, the nurse said that she had administered the glucose too hot, and had burned the patient He promptly examined the burned area, and immediately instituted treatments to overcome the condition

After learning of what had happened, the patient discharged Miss S, after first consulting Dr J and obtaining his approval of her letting the nurse go Miss S was paid in full for the time she devoted in the case, although she later refunded the money to Mrs L

Dr J continued to attend the patient and to devote particular attention to the condition caused by the burns This treatment extended in all over a period of nearly five months

Some time later, Mrs L brought an action against Dr J to receive damages for injuries which she claimed she had sustained as a result of his negligence She charged in her pleadings in the case that in treating her in connection with the cesarean delivery that "in so doing he (Dr J) used the services of a trained nurse who was under the directions, control and instructions of the defendant" and that "the nurse in obedience to the instructions and directions of the defendant, negligently administered to plaintiff an injection of glucose solution by injecting same into the bowels of plaintiff through her rectum, and that the said glucose was of such a temperature at the time that it burned plaintiff's flesh, intestines, and internal organs wherever it touched them" It was also claimed that defendant was personally negligent in treating her condition after the burns had been inflicted

Upon the trial the plaintiff herself and her mother testified and gave evidence substantially as in the summary of facts above She also called as a witness a Dr H who testified both with respect to her injuries, and with respect to the treatment she had received He was connected with the hospital in which the plaintiff had been confined and explained the practice with regard to special nurses at the institution

* *Louzader v James*, 107 S W (2nd) 976

According to his testimony, it appeared that the hospital maintained a list of graduate nurses, from which nurses were assigned for duty as special nurses, that Miss S was a graduate nurse and as such had received instructions and training in giving injections of the sort in question, that it was the practice of physicians to rely on nurses in giving such injections, that the nurses carried out the orders written on the chart by the doctors, that the patient paid the special nurse, and that the patient had the right to hire and fire special nurses Dr H, in his testimony, approved the methods used by the defendant in treating Mrs L throughout.

Upon such testimony at the close of the plaintiff's evidence, the trial court granted judgment in favor of the defendant physician An appeal was taken by the plaintiff who contended that a case had been made out for submission to the jury The Appellate Court, however, affirmed the judgment in favor of the physician, and said in the course of its opinion

As suggested by respondent, no complaint is made of the prenatal care or obstetrical services rendered by respondent The complaint revolves around the actions of a graduate nurse, one Miss S, who was employed as a special nurse. The only reasonable inference, as we view it, that can be drawn from the testimony, is that she was employed by the appellant. As to who actually engaged her services, the evidence does not disclose, but appellant states that she paid the special nurse for her services and discharged her It appears from the testimony that the hospital in which appellant was a patient is a private hospital, conducted by the Sisters of Mercy, and appellant knew that. Dr H, appellant's medical witness, testified that none of the doctors in Springfield have any financial interest in B Hospital, that according to the custom and practice at this hospital, a list of graduate nurses is kept and the nurses called in their order off that list for duty as special nurses

Dr H further testified that he knows Miss S, who is a graduate of the B Training School for Nurses, that she had served as special nurse on cases for various doctors in Springfield for some time, and that she had nursed for cases of his at times He testified that the patient pays the special nurse, that the patients have a right to hire and fire the nurse if they wish, and that doctors do not employ the special nurse but that the patient does Certainly, we think the only reasonable inference that can be drawn from the testimony is that Miss S was employed by appellant. The mere fact, if proven, that respondent, when informed of the special nurses available, suggested that a certain nurse be called, or approved of her selection, and later approved when she was released, does not make the nurse respondent's agent, or make him liable for her acts of negligence, under the rule of respondent superior The petition does not charge, and there is no proof that respondent negligently selected, or approved the selection of, an incompetent nurse.

Since this nurse was a graduate nurse of good standing and reputation, experienced and trained in preparing and administering enemas, hypodermics and injecting glucose solution into the bowels, and since administering the glucose solution was routine, and within the scope of her training and duty the same as the taking of temperature, giving hypodermics, or applying dressings to surgical wounds, respondent was not liable for her act of negligence in overheating the solution simply because he was the physician in charge of appellant's case and had authority to direct the nurse to render the service. He was not present when the solution was prepared, neither was he present when it was administered

VENEREAL DISEASE CONFERENCE

The next Saturday morning conference on Venereal Diseases to be conducted at the Health Department building, New York City, by the Bureau of Social Hygiene, will be held on January 8 These are informal conferences, open to all practitioners in New York City, to help clarify difficult points in the diagnosis, treatment, and management of venereal diseases by the general practitioner

All members of the medical profession and medical students are cordially invited to attend Free and open discussions from the floor will be invited.

For reasons of convenience in organization, one main topic will be considered in each session, together with clinical demonstrations wherever possible, and distribution of appropriate literature

The program on January 8 will be devoted to a consideration of the diagnosis and treatment of Congenital Syphilis, including a motion picture film and demonstration of cases

Meetings are held in the Conference Room, on the second floor of the Health Department building, 125 Worth Street, New York City, from 9 30 to 11 30 A M

Dr Howard McGarry has been elected president of the Niagara Falls Medical association, succeeding Dr J H Davidson

Dr McGarry is one of four brothers, all medical practitioners associated in the McGarry clinic

Across the Desk

Man Headed Back for the Jungle?

REASSURING NEWS WAS BROUGHT to New York the other evening by Dr Earnest Albert Hooton, Professor of Anthropology at Harvard, who sees the human race reverting to the status of apes In some ways this may be a fine thing Dr Hooton seems to regard it as a misfortune, but it is possible that he may not be looking at it from every angle He was speaking at the annual dinner of the American Society of Mechanical Engineers at the Hotel Astor, and the newspaper headline over the report in next morning's paper was, "Hooton Finds Man Reverting to Ape"

Well, it must be said, as we glance around the world, that apes would never be guilty of a lot of things that now stain the news crimson every day We sometimes speak of "the law of the jungle," but one law is that the jungle-folk do not attack their own kind. Only humans do that If we were all turned into apes tomorrow, the savagery that is desolating some of the fairest spots on earth and butchering innocent men, women, and children, would stop as if by magic No one ever wrote "Apes' inhumanity to apes makes countless thousands mourn" Only man has got a scorching line like that

Man Maybe Just an Experiment

The anthropologists tell us that man is quite a newcomer on the globe Things were going fairly well before we came Whether we view the evolution of life here as a divine creation or the work of blind chance and natural selection, it is fascinating to see all the experiments that were tried and discarded before the odd concatenation of physical and mental quirks came along that we call man All kinds of tails were tried, some to brush off the flies, some for hanging from trees, some merely to lash in excitement, some seemingly for nothing at all, and finally the appendage was omitted when man was made. Ears were all shapes and sizes And so on The question is—is man so made, fitted, and put together as to hold his place at the very crown and summit of creation? Or will he revert to the ape, and frisk and chatter in the treetops?

For it is quite possible that evolution—or the divine will—is not through yet Under either creed a thousand years are as one day, and along with all the other experiments which we may look at and feed peanuts to at the zoo, we may be here just on trial The few thousand years of our civilization bulk no bigger than last Tuesday in the great calendar of time, and if man cracks and goes to pieces under the strain of his own civilization, we may turn out to be only a passing phase on this green world, and sometime the moon may look down and find us no longer here

Machines Making Monkeys of Us

Dr Hooton thinks that it is our marvelous machines that are making monkeys of us As reported in the press, he emphasized the "apish" behavior of the twentieth-century man, a "once erectly striding biped," who "abandons human locomotion and whizzes through the landscape, crouched over wheels and levers worked by his still prehensile hands and his flat, vestigial feet, no less useful for this purpose than those of his simian ancestors," and who breathes a mixture of gasoline fumes and carbon monoxide and reeks of evolutionary decay"

In a word "machines get better and better, while man gets worse and worse" Machines do everything, so that even a moron can survive in comfort "on a level of adequate nutrition and comparative idleness which would have been unimaginable for the primitive being, even if he were at once a mental genius and a Hercules" It is a disturbing picture that Dr Hooton holds up for us to look at

A premium is put upon illiteracy by the radio and talking moving picture. These mechanical marvels are the means of world-wide spread of vulgarity, depravity and misinformation, since they pander to the tastes of those who are capable neither of contriving nor understanding but only of crude sensory perception, stimulated by turning a switch or pressing a button—motor performances within the capacity of a lemur

Man made himself out of the ape, partly by becoming an engineer The danger now is that the process will be reversed and the engineers will make apes of all of us

If he can make machines which are better than himself, cannot he make himself better? We do not need more automobiles, we need fewer fools in the driving seats, we do not want mechanical robots, we want human animals who still have brains, not more jails, but fewer criminals, not perfected weapons of war, but peace.

Doubts about our Sanity

An explanation of the strange doings going on around the world is found by some shrewd thinkers in the hypothesis that the race is going "balmy," a slang expression meaning cracked, or dotty No less an authority than Dr Ray Lyman Wilbur said in a public address at Syracuse the other day that "in some ways many of the people of practically all of the nations of the earth seem to be a little crazy at present" Millions, he added, "keep themselves under the partial influence of caffeine, alcohol, nicotine, aspirin, and other drugs a good deal of the time" Perhaps that fact and the strain and excitement of our day explain why human nerves are going ragged. Cold figures show that the population of the mental hospitals is rising rising, rising, year after year, with "waiting lists," like fashionable clubs, of people for whom there is no accommodation A popular novelist describes the mood of today as a hunt for sensation We must get a "kick" out of life at any cost Hence the resort to stimulants, drugs, high-speed cars, amorous adventures, anything for a thrill That way madness lies

Insanity is of various kinds, sometimes undiscovered for years, so that it is entirely possible that some of the criminal insane, some of the homicidal maniacs, have attained high places of influence and command, and are calling the turns in the dances of death now cursing lands that otherwise would be peaceful, happy, and prosperous We are "heirs of all the ages," it is true, but some of them were dark ages, savage ages, cruel and bloody ages Our so-called civilization is something very recent, a thin veneer, and underneath it the human breast is filled with a hundred inherited savage and wild impulses, ready to break loose and wreak havoc

Our Rulers, the "Glandocracy"

Then there are the glands Don't forget the glands They are quite the rage now, and if anyone is a bit out of kilter, if his works fail to click, the specialist pounces on his glands In fact, our life is governed by a "glandocracy," says a distinguished authority, with the glands of secretion as the supreme rulers, exerting control not only over the functioning of the individual from conception to death, but also over the relations of men to each other So we are assured by Dr Charles R Stockard, Professor of Anatomy at Cornell University Medical College, in a lecture at the New York Academy of Medicine

In Dr Stockard's glandocracy, according to reports of his address, chemical messengers, or hormones, are sent out by the various glands to distant parts of the body by means of the blood-stream to keep the body going as a functioning, integrated whole, biologically as well as psychologically

These chemical "glandocrats" determine not only the purely physiological functions of the organism but also have the first and last word in the make-up of the personality, in the relationship between the sexes and between small and large groups of individuals

Recent experiments show, Dr Stockard said, that even such emotions as mother love, with its supreme significance to the preservation of species, is dependent on the action of one of these "glandocrats," a chemical messenger known as prolactin, sent out by the pituitary gland located at the base of the skull Other experiments with the endocrine glands show their "great general importance to society as influencing the instinctive behavior of man" He went on

> From a survey of their activities, it is realized that the endocrine glands occupy the position of high command in coordinating the functions and behaviors of all our bodily organs and tissues. They influence in a most profound way our instinctive nervous reactions They bring about that harmonious balance which we think of as the joy and vigor of perfect health, and they are an important part of the material basis for human temperament and the temperamental foundations of personality
>
> Very gradual shifts in influence among the members of this high command are responsible for the constitutional and personality changes during the different periods of our lives, and

more pronounced disagreements and violent disruptions among the members of this glandular oligarchy produce serious and weird diseases of growth, metabolism and nervous and mental functions.

A society is as good or as bad as its nervous system and its glands Therefore, Dr Stockard declared, "these integrating mechanisms are of deep concern not only to neurologists and general physicians but also to sociologists, political economists and all of us

Chemical Millennium Glimpsed

The speaker did not go on to tell us how to apply all this in a practical way to civilize civilization and make humanity humane He did not go so far as the writer some years ago who suggested that peacemakers should soar above battlefields in airplanes, drop bombs of laughing-gas, and cause the hostilities to break up in a burst of merriment But scientists in the audience did not hesitate to add the logical and inspiring corollary of a chemical millennium

"If a way could only be found," a scientist was overheard to remark, "to persuade some of the apostles of hate now in high positions to submit to a few injections of prolactin we may bring about peace on earth and good-will toward men"

Books

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and the interest to our readers

RECEIVED

A Textbook of Medicine. By American Authors Edited by Russell L Cecil, M D Fourth edition Octavo of 1416 pages Philadelphia, W B Saunders Co, 1937 Cloth, $9 00

Materia Medica, Pharmacology, Therapeutics and Prescription Writing for Students and Practitioners. By Walter A Bastedo, M D Fourth edition Octavo of 778 pages, illustrated Philadelphia, W B Saunders Co, 1937 Cloth, $6 50

The Business Side of Medical Practice By Theodore Wiprud Octavo of 177 pages, illustrated Philadelphia, W B Saunders Company, 1937 Cloth, $2 50

Radiation Therapy Its use in the Treatment of Benign and Malignant Conditions By Ira I Kaplan, M D Octavo of 558 pages, illustrated New York, Oxford University Press, 1937 Cloth, $10 00

Post-Graduate Surgery Edited by Rodney Maingot, F R C S Volume III Quarto Page 3575 to 5584, illustrated New York, D Appleton-Century Company, 1937 Cloth, $45 00 set of three volumes

Nervous and Mental Diseases for Nurses By Irving J Sands, M D Third edition, 12mo of 321 pages, illustrated Philadelphia, W B Saunders Co, 1937 Cloth, $2 00

The Management of the Pneumonias For Physicians and Medical Students By Jesse G M Bullowa, M D Octavo of 508 pages, illustrated New York, Oxford University Press, 1937 Cloth, $8 50

Synopsis of Genitourinary Diseases By Austin I Dodson, M D Second edition Duodecimo of 294 pages, illustrated St Louis, The C V Mosby Company, 1937 Cloth, $3 00

REVIEWED

Synopsis of Gynecology Based on the Textbook "Diseases of Women." By Harry S Crossen M D and Robert J Crossen, M D Second edition Duodecimo of 247 pages, illustrated St Louis, The C V Mosby Co, 1937 Cloth, $3 00

This is a pocket outline for students, not a textbook The bare essentials of gynecology are set down in compact form for ready reference. The general practitioner may find it helpful for the quickest kind of reference, as it has merit in its simplicity and extraordinary brevity

CHARLES A GORDON

A Textbook of Applied Biochemistry for Pharmacists and Pharmaceutical Students By Frank Wokes, B Sc. Octavo of 522 pages, illustrated Baltimore, William Wood and Company, 1937 Cloth, $5 00

The author is a member of the Staff of the Pharmacological Laboratories, College of the Pharmaceutical Society of Great Britain The book is the product of a course of lectures which the author delivered before the Pharmaceutical Society in London, and is an excellent elementary textbook on biochemistry Besides describing various aspects of physical chemistry,

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such as hydrogen ion concentration, surface phenomena, colloids and spectroscopy, he also deals with metabolism, nutrition, enzymes, hormones and vitamins The book stresses the chemistry of glucocides and alkaloids, and deals with the pharmacology or organ and plant derivatives

Although written for the student of pharmacy, it contains material of practical interest to the physician, as there is much that he can get from it to help in his therapeutic practices

WILLIAM S COLLENS

Heart Failure By Arthur M Fishberg, M D Octavo of 788 pages, illustrated. Philadelphia, Lea & Febiger, 1937 Cloth, $8 50

Those who are familiar with the volume on *Hypertension and Nephritis* will recognize immediately the similarity of style and systematic approach adopted in this latest book by Fishberg Devoting the first part of the work to individual symptoms and signs of circulatory failure, the second to clinical syndromes and the third to treatment, the author surveys a vast amount of well digested literature, carefully appraised and soberly assessed The book is full of helpful and valuable information There is a good chapter on the central nervous system, manifestations associated with circulatory failure, a much neglected topic The section on cardiac enlargement includes Kirch's interesting studies on the inflow and outflow tracts, as well as some useful information on radiography The murmur of Austin Flint, in Fishberg's experience, may be associated with an apical thrill, a statement with which many clinicians would take issue

A welcome chapter discusses fully the physiological and clinical aspects of peripheral circulatory failure, stressing particularly the crying need of distinguishing this type of collapse from central failure.

It is difficult to give this book anything but high praise Without question, it is a work that no physician can afford to ignore

ANDREW M BABEY

International Clinics A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, etc Edited by Louis Hamman, M D Volume II, Forty-Seventh Series, 1937 Octavo of 315 pages, illustrated Philadelphia, J B Lippincott Company, 1937 Cloth, $3 00

As usual this issue of *International Clinics* contains many useful clinical monographs, and several of extraordinary excellence Outstanding are Burwell's article on *Asymptomatic Heart Disease* and Denman's paper on *Subacute Bacterial Endocarditis*

Among valuable features of these publications are the reviews of progress in various fields of medicine Both physicians and surgeons will find Gray and Mackenzie's review of *Progress in the Surgery of the Biliary Tract* an intelligent survey of an important field

MILTON PLOTZ

Childbirth Yesterday and Today The Study of Childbirth Through the Ages, to the Present By A. J Rongy, M D Duodecimo of 192 pages, illustrated. New York, Emerson Books, Inc, 1937 Cloth, $2 00

In this small book, the author, who is a specialist in obstetrics and gynecology, has depicted childbirth from the early ages down to the present. He has written a most interesting story of the many religious beliefs in regard to the parturient woman, and tells us much of the various techniques used in different countries and in different ages to deliver the woman in labor

The chapters on the Midwife, History of Child Care, and the Superstitions, are fascinating reading

In conclusion, the reader is brought down to the present time, and is given chapters on Birth Control, Childbirth Today, and Maternal Mortality

The author's theme is that women themselves must exert their individual and collective strength in order to relieve motherhood of some of the remaining fears and dangers

WILLIAM SIDNEY SMITH

Synopsis of Digestive Diseases. By John L. Kantor, M D Duodecimo of 302 pages, illustrated. St. Louis, The C V Mosby Company, 1937 Cloth, $3 50

The book adequately fills a long-felt want. The drawings used in illustration are excellent and clearly portraying

In the chapter on "Organic Constitutional Inferiority," one notes the difficulty of separating the "normal" from the "average," since sthenic, intermediate and asthenic are necessarily "normal" and the ptotic individual is not made ill because of his ptosis, as the latter remains long after the symptoms have disappeared.

The end of the book, comprising only eight pages designated Part IV, "Digestive Symptoms of Extra Digestive Diseases," is skimmed over all too briefly in a book whose value should be greatest to the general practitioner

In general, however, one may say "Well-Done"

BENJAMIN M BERNSTEIN

LOOKING BACK ON 1937

Macmillan's Outstanding List of Books in Medicine and Surgery

Holman: ARTERIOVENOUS ANEURYSM $5 00

Campbell: PEDIATRIC UROLOGY, 2 volumes, the set 15 00

Guedel. INHALATION ANESTHESIA 2 50

Lewis DISEASES OF THE HEART, Second edition 3 50

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Barclay: THE DIGESTIVE TRACT, Second edition 12 00

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Burrow. THE BIOLOGY OF HUMAN CONFLICT 3 50

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White· HEART DISEASE, Second edition 7 50

Ashman-Hull: ESSENTIALS OF ELECTROCARDIOGRAPHY $4 00

Buckley: REPORTS ON CHRONIC RHEUMATIC DISEASES, Bk. III 3 50

Mann: DEVELOPMENTAL ABNORMALITIES OF THE EYE 15 00

Needham-Green: PERSPECTIVES IN BIOCHEMISTRY 4 75

Allen· MODERN DISCOVERIES IN MEDICAL PSYCHOLOGY 2 75

Wexberg-Fritsch· OUR CHILDREN IN A CHANGING WORLD 2 00

Holmes: METABOLISM OF LIVING TISSUES 2.25

Hyde LABORATORY OUTLINE IN FILTERABLE VIRUSES 2.00

Note—

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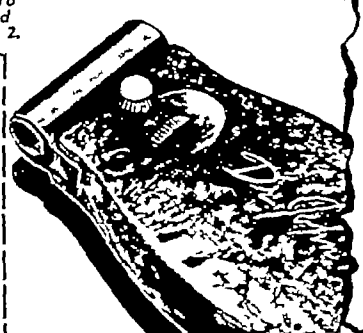
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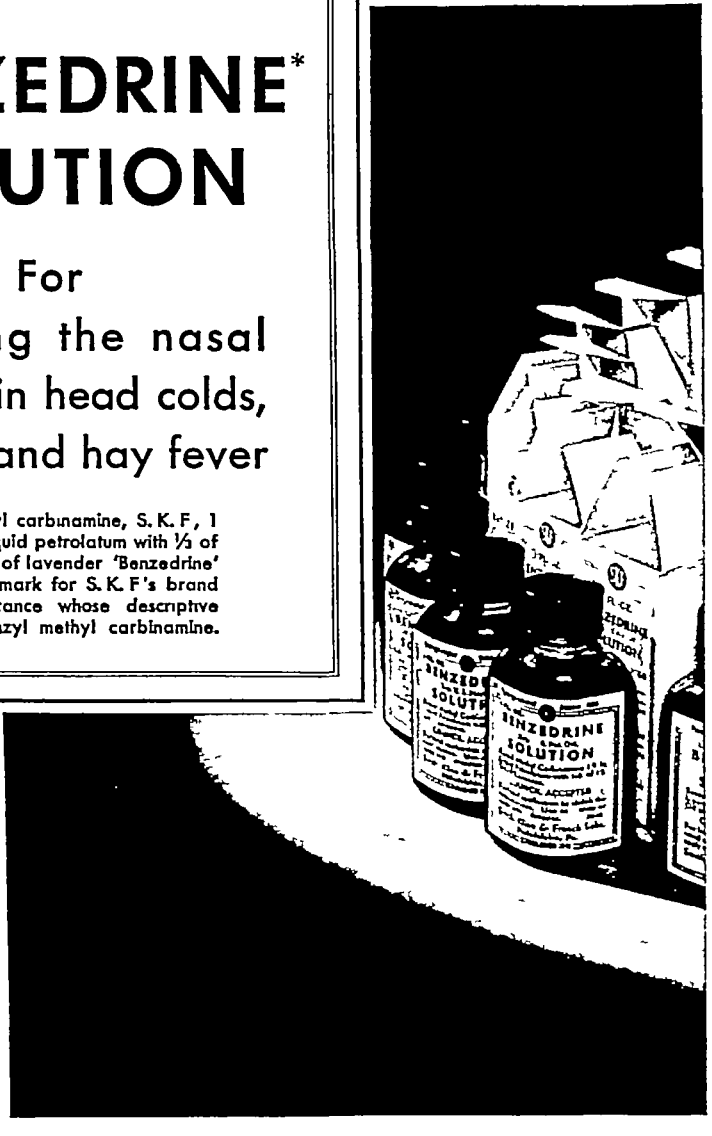
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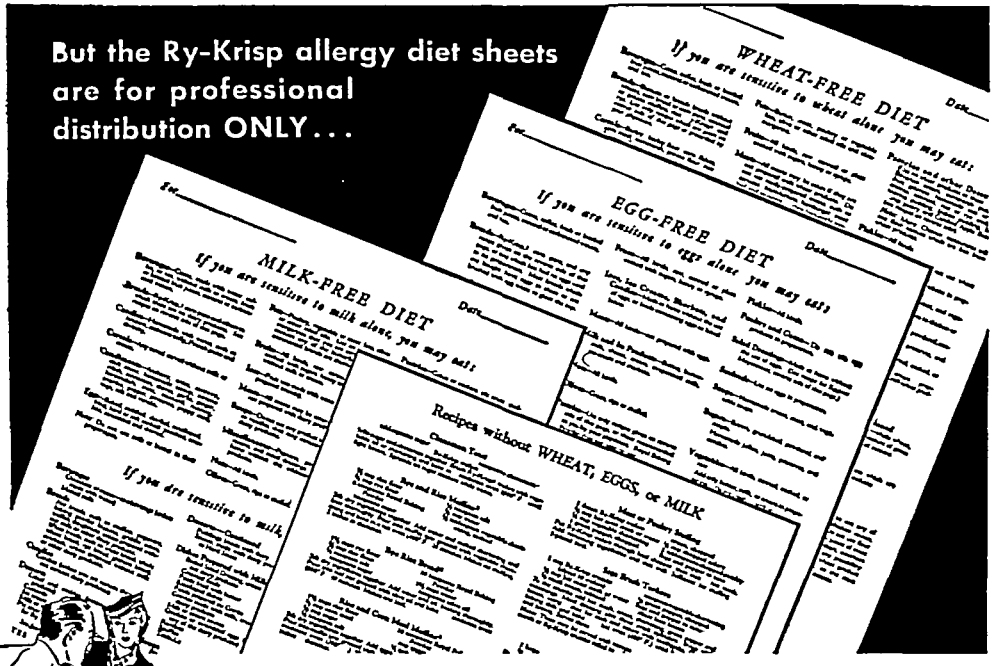
1a. 1935 J Am Med Assn 105 1580
b 1934 The Vitamin B Requirement of Man G R Cowgill The Yale University Press New Haven.
2. 1937 J Am Diet Assn 13 195
3 1936 J Nutrition 11 383
1934 Ibid 8 449
1932 Ibid 5 307
1932. Ind Eng Chem 24 457

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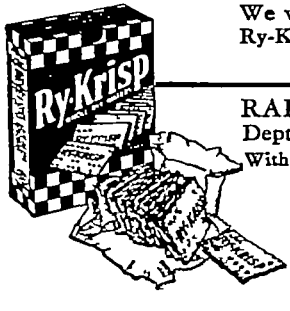
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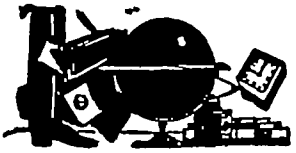
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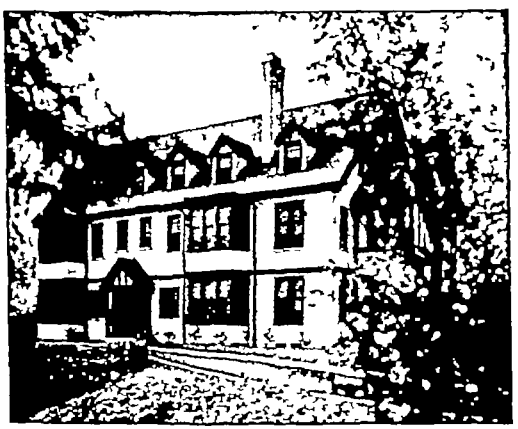
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Use of "Benzedrine Inhaler" for Children

Vollmer (Arch Otolaryng , 26 91, July, 1937) treated with "Benzedrine Inhaler" a series of 75 children exhibiting rhinological symptoms due to infection or allergy The ages varied from one to twelve years

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In no case were any ill effects noted, such as headache, sleeplessness, restlessness or gastro-intestinal disturbance It is thus concluded that 'Benzedrine Inhaler" can be satisfactorily employed with young children for the relief of nasal symptoms due to infectious or allergic edema

(Notes continued on page xxxvi)

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NOTES FROM OUR ADVERTISERS

(*Continued from page xxxiv*)

Vitamin B_1 Therapy in Neurologic Diseases

Both on the experimental side and the clinical side it has been repeatedly shown that vitamin B deficiency leads to severe derangements of the central and peripheral nervous systems, and evidence is rapidly accumulating that such deficiency may be of subclinical grade and cause considerable disability without being recognized Just what the nature of the bio-chemical changes induced in nervous tissue by vitamin B is, is not clear, although a derangement of glucose metabolism appears to be involved

'Betalin 1' (Vitamin B_1, Lilly) Pulvules have been found effective in the treatment of alcoholic polyneuritis and other forms of deficiency of this vitamin They provide for an economical administration of vitamin B_1 to supplement dietary management and are frequently indicated where it is impossible for the patient to assimilate the necessary quantities of this accessory food substance

* * *

Erratum

Correcting an error in the advertisement of the Cheplin Biological Laboratories, Inc, advertisement of Dec 15th, in the paragraph "Supplied" under Potassium Bismutho-Tartrate, "35% metallic bismuth" should have been "66% metallic bismuth" which explains correctly the higher bismuth metallic content in Potassium Bismutho-Tartrate (Cheplin) in contrast to Sodium Bismutho-Tartrate (Cheplin)

Potassium Bismutho-Tartrate (Cheplin) is also available in vials of 60 cc (2 fl oz) in addition to ampules of 2 cc

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For further particulars and last minute reservations, address Dr Joseph Jordan Eller, 745 Fifth Avenue, N Y City, or Travelways, Inc, 542 Fifth Avenue, N Y City, immediately

* * *

American Medical Golfing Association Tour

A recent announcement by Dr Walt P Conway, president of the American Medical Golfing Association, revealed that special arrangements are being made for members going to the San Francisco meeting next June

This plan which received the approval of past presidents of the association, present officers, and many members who were consulted, covers accommodations for a golfing tour en route, special steamer, and special trains

At New Orleans there is to be 18 holes of golf, an official tour of the city and a dinner At Houston, Texas, there will be nine holes of golf at the country club and sightseeing At Galveston, another nine holes, sightseeing and afternoon tea for the ladies At San Antonio, there is to be 18 holes of golf at the country club, luncheon, and a tour of the famous Alamo and ancient Missions At Los Angeles, breakfast at the Biltmore, a trip around the city, including Hollywood and Beverly Hills Luncheon at the Universal Studio Inn, afternoon tea at Warner Bros Studios, and dinner at the Biltmore

At Del Monte, California, there will be breakfast and Sunday noon dinner at the Hotel Del Monte, golfing at the famous Pebble Beach Course, and swimming at the Seventeen-Mile-Drive.

Bill Burns, Executive Secretary, will have complete charge of golfing activities which assures several properly-conducted tournaments There will be golf prizes, bridge prizes and special favors for the ladies There will be an escort with the party, no travel worries, and no extras Price of trip includes all necessary expenses

For fuller details and reservation blank address Walt P Conway, M D, President American Medical Golfing Association, 1723 Pacific Avenue, Atlantic City, N J

* * *

Clubhouse Completed at New Bermuda Beach

Bermuda pink sand, a clubhouse overlooking the broad Atlantic, luncheon and tea service, and commodious locker-rooms for men and women, with complete shower equipment, combine to make the recently-opened Belmont-Inverurie Beach Club on the south shore a favorite rendezvous for members of the winter colony from these hotels

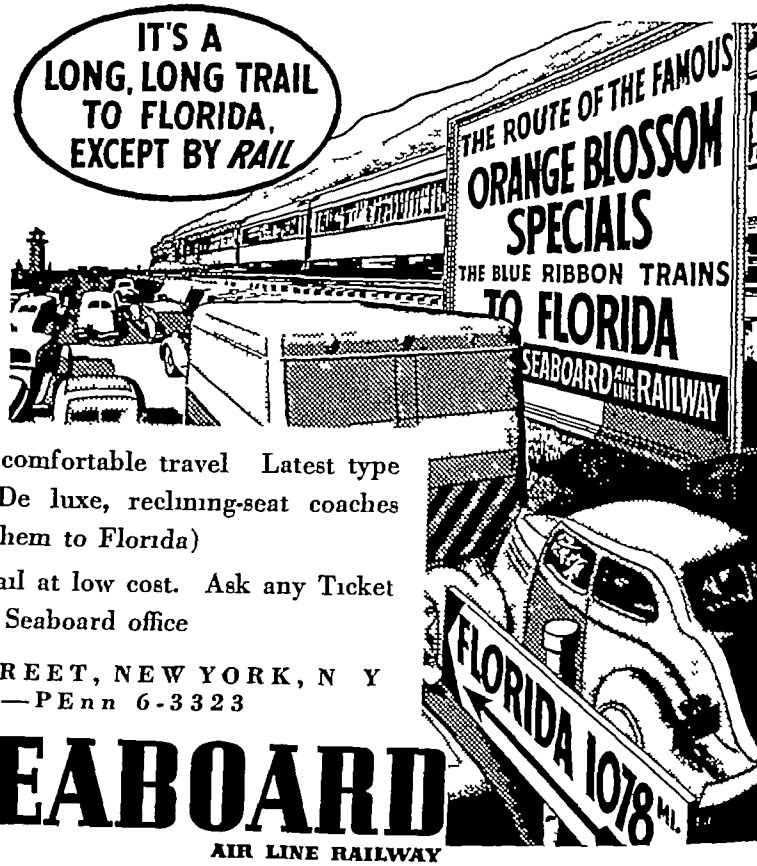
The new club is on Simmons Bay, only ten minutes from either Belmont Manor or Inverurie by bus (horse-drawn, for this is Bermuda) Featuring the clubhouse is a large lounge, Chinese in its decorations and furnishings The front is a huge sheet of plate glass giving an unobstructed view of the ocean

An old Bermuda fireplace, which was in the original building, adds a homelike touch New gardens will be developed during the winter Two hundred and fifty palm trees are being brought up from the West Indies to add to the existing tropical background

Of course the clubhouse is coral pink, as one would expect in Bermuda. It stands at the edge of a cliff, with an easy approach to the beach

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Retrospect

With less than a month remaining, the year 1937 already has proved itself the greatest in the history of American Airlines, Inc, while the outlook for 1938 is even brighter, according to C R Smith, president of the company

In a statement issued today, Smith said the total of 283,485 passengers transported by American Airlines in the first eleven months of the present year already represents a substantial gain over the 255,324 total for all of 1936 while the December figure undoubtedly will place the total well above the 300,000 passenger mark for the first time in the history of any air lines

Even more impressive, he said, has been American's gain in passenger miles which, in ten months, exceeded the total for the entire year of 1936 The record of 106,349,229 passenger miles from January through October 1937 exceeds the total business that any air line in the world has done in an entire calendar year, and compares with the previous total of 100,637,461 passenger miles reported by American for the entire year 1936

A study of the passenger and passenger mile figures also shows, Smith pointed out an increase of from approximately 374, to 407 miles as the average length of flight per passenger By direct comparison of ten month figures for the two years, revenue passenger miles show an increase of 36 7 per cent for 1937 over the preceding twelve months This is substantially due to the increased patronage of Flagship Skysleeper service on the Southern Transcontinental route

Smith indicated 1938 plans for American Airlines, Inc, were being laid on an expectancy of approximately 400,000 passengers,

(Continued on page xliv)

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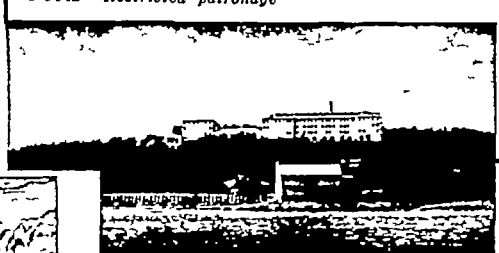
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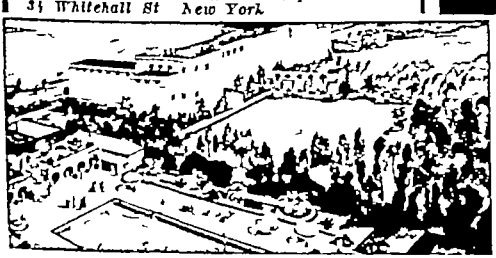
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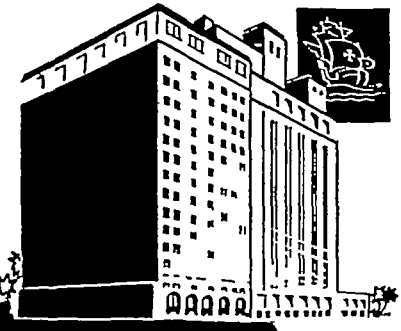
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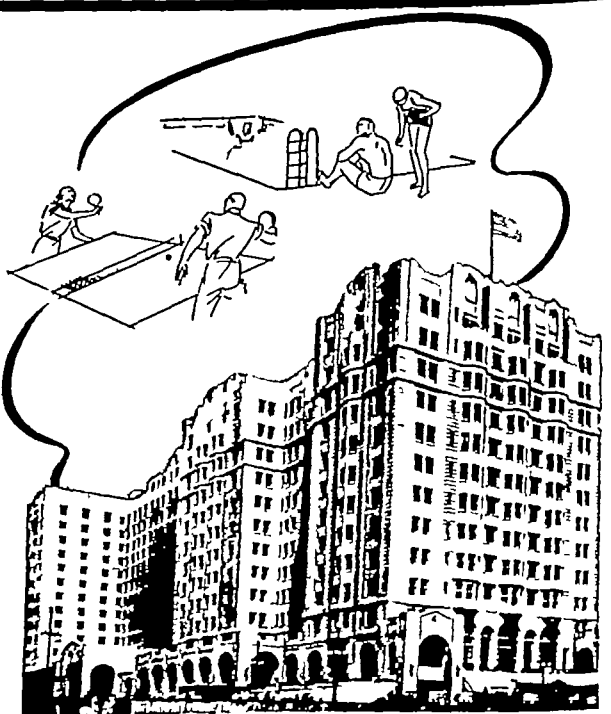
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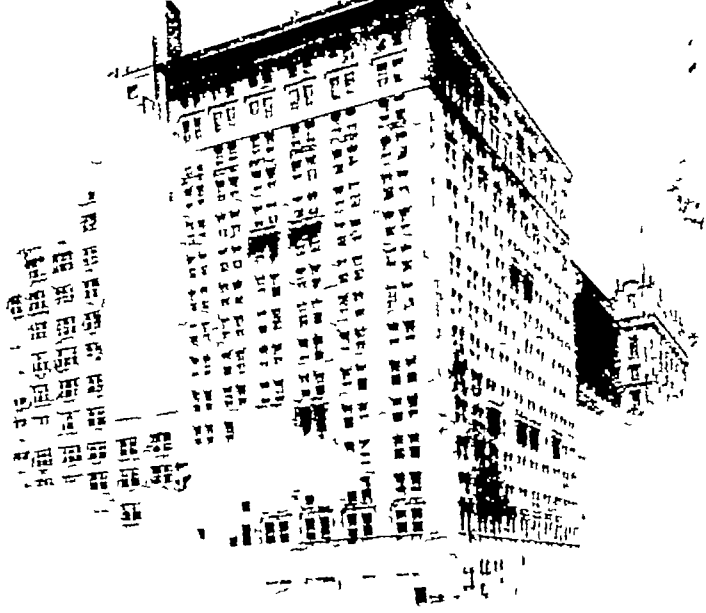


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"Principle advancements in service will be made possible through completion of airport and passenger terminal facilities in several major cities throughout the United States," Smith said. "Many of these projects, notably in Memphis, Nashville, Rochester, Cleveland, Ft. Worth, Knoxville and Bristol, have been already completed during the last few months while others will be ready for use early in the year

"Another contributing factor will be completion of American Airlines' long term re-equipment program which has resulted in adoption of Douglas Club and Skysleeper Flagships and 14-passenger planes as standard equipment on all the through routes American Airlines today is the largest operator of Douglas planes in the world and will be in position to render the most efficient service in its history throughout the entire year

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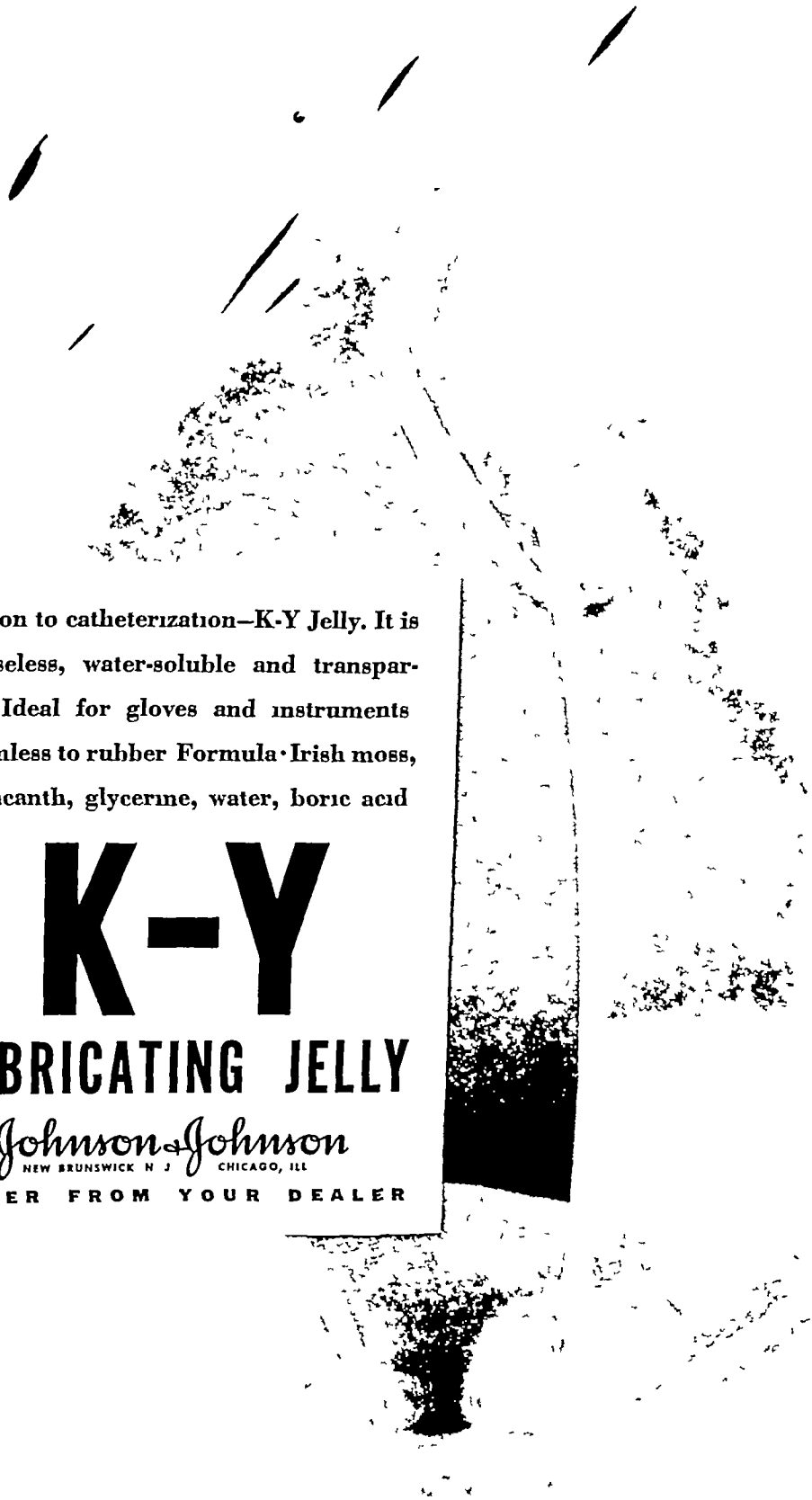
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1 Johnson C A A Study of Neo-Synephrin Hydrochloride in the Treatment of Acute Shock from Trauma or Hemorrhage Surg Gynec and Obst 63 35 (July) 1936

2 Johnson C A Neo Synephrin Hydrochloride in the Treatment of Hypotension and Shock from Trauma or Hemorrhage Surg Gynec. and Obst 65 458 (Oct) 1937

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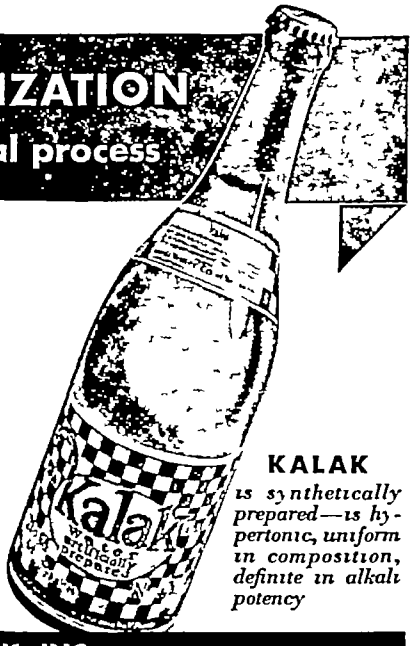
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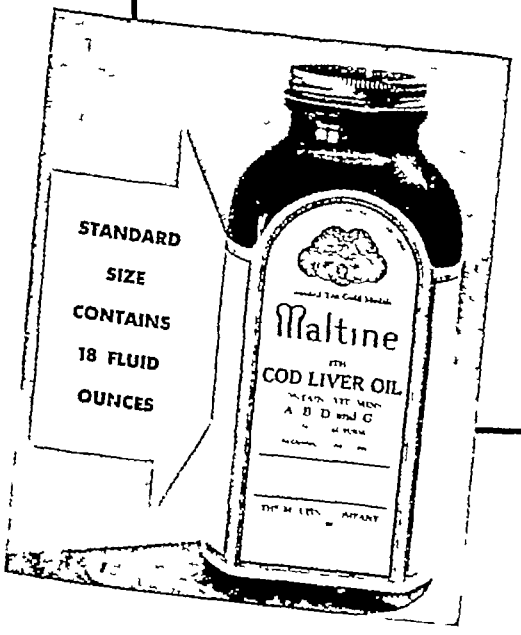
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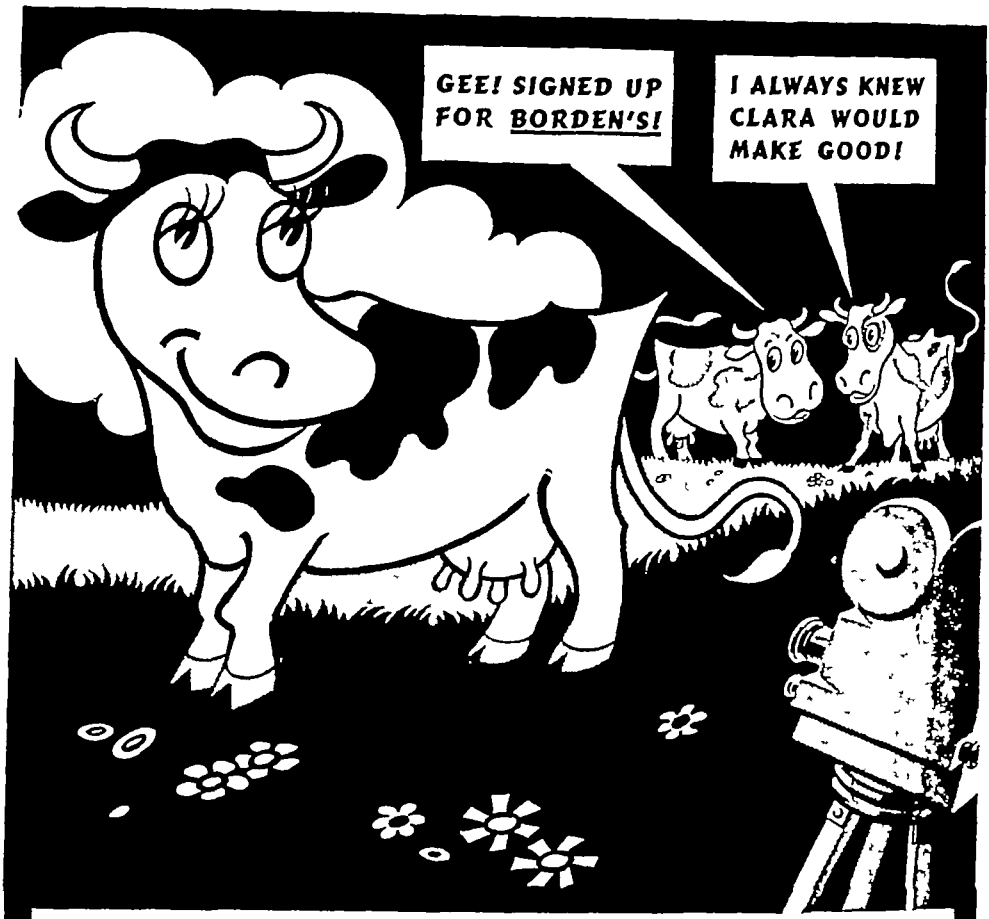
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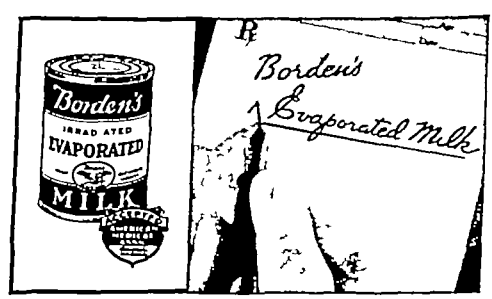
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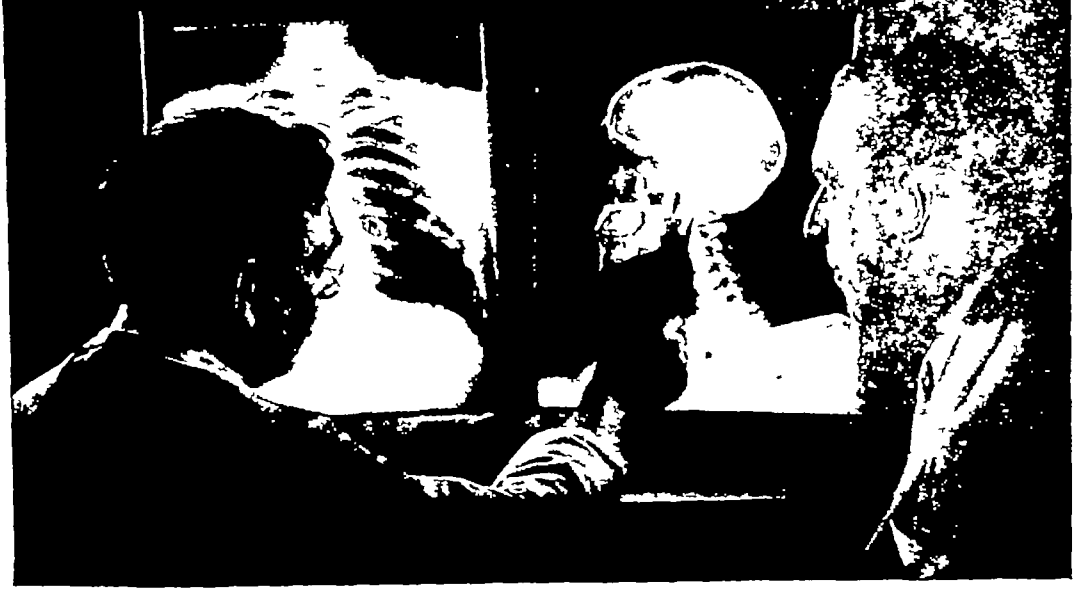
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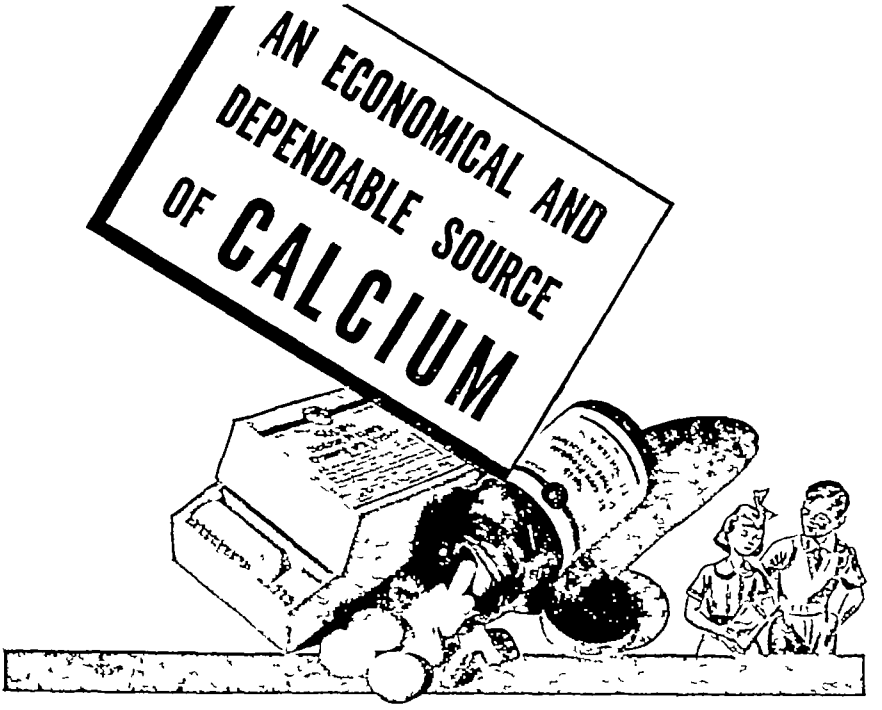
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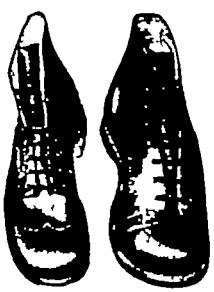
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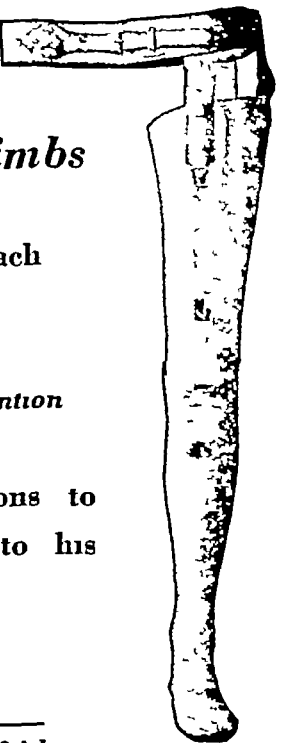
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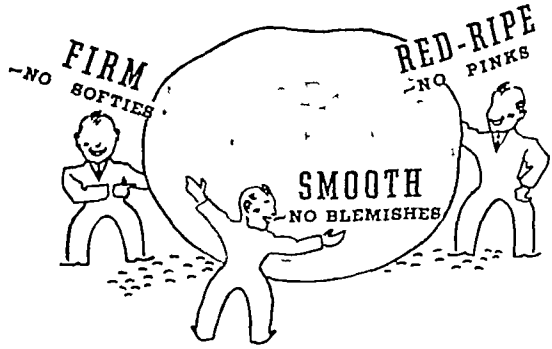
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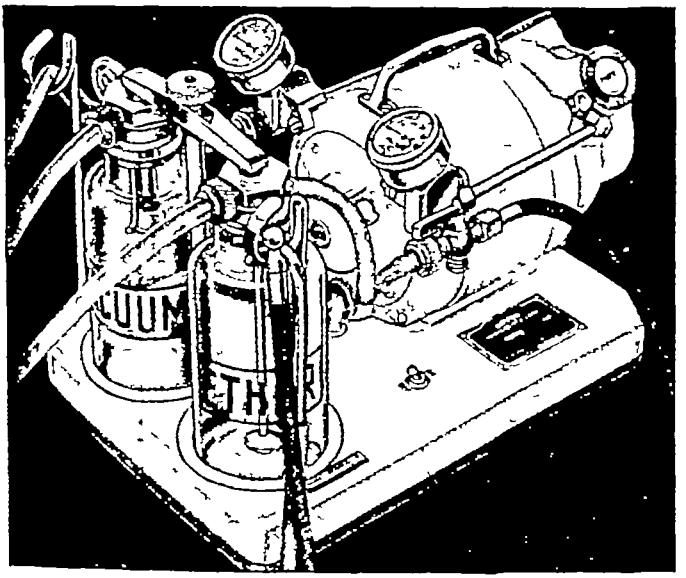
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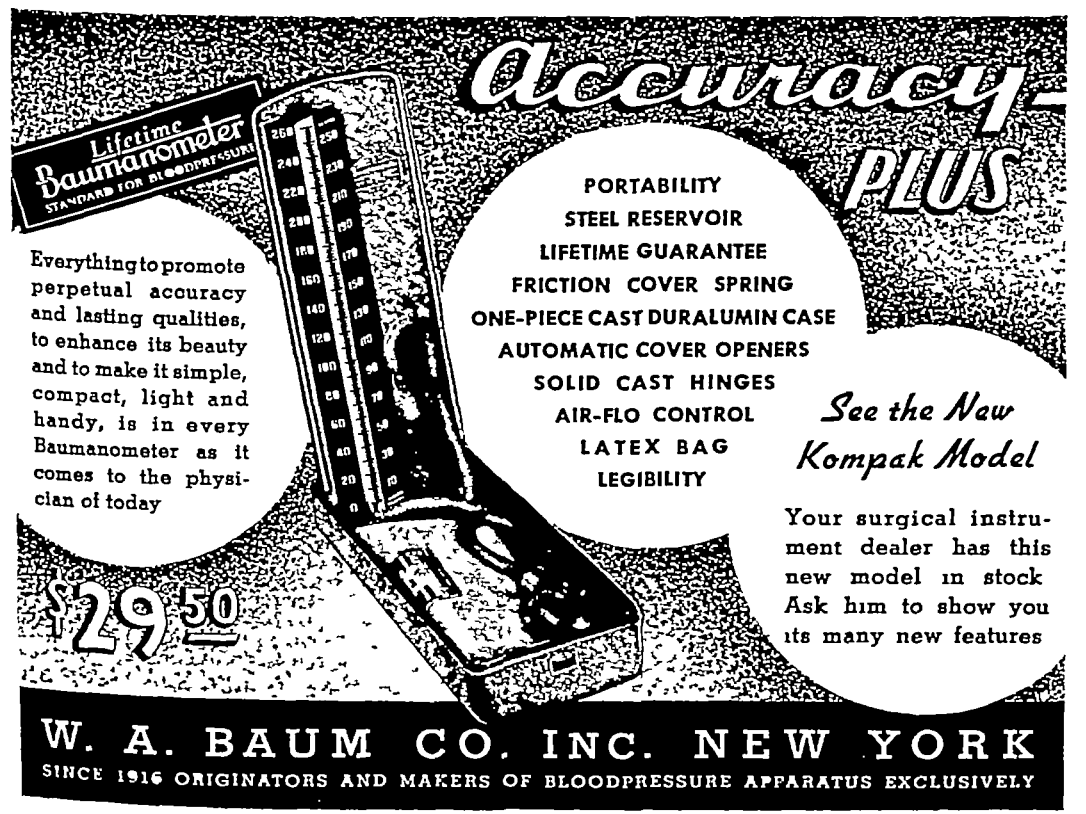


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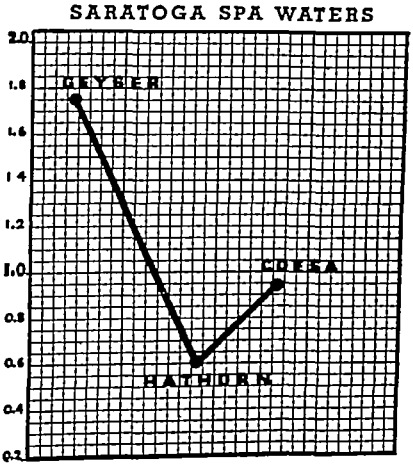
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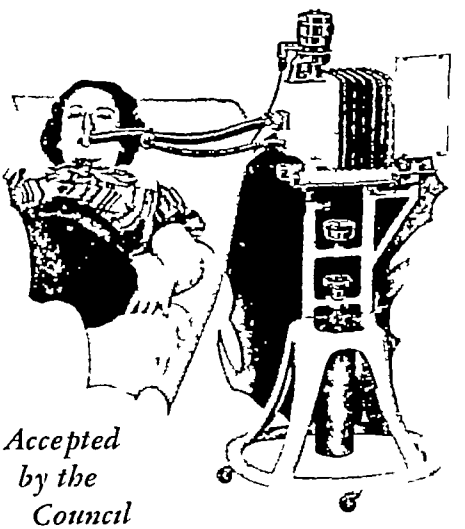
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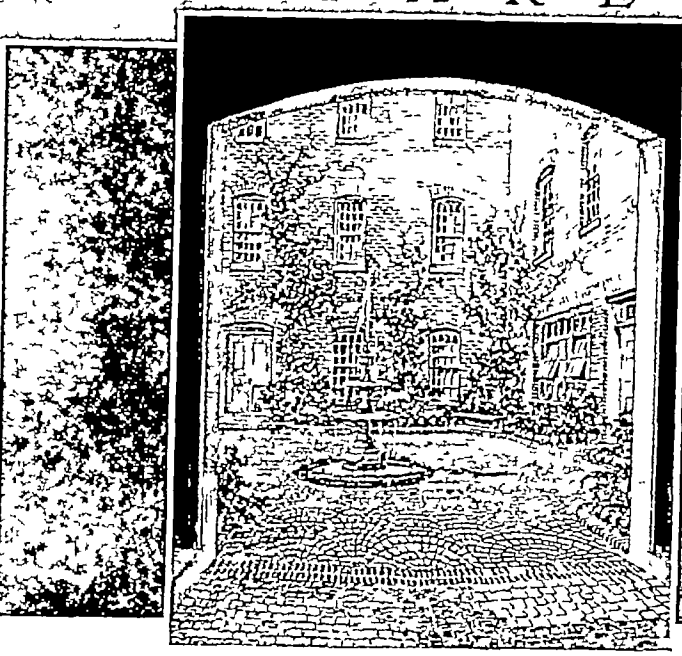
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PELVIORADIOGRAPHY

A Clinical Evaluation

CLAUDE EDWIN HEATON, M D, *New York City*
From the Obstetrical and Gynecological Service, Third Surgical Division, Bellevue Hospital and the Department of Obstetrics and Gynecology, New York University College of Medicine

In 1933 H C Moloy[1] reported a new method of roentgen pelvimetry based upon the practical application of stereoscopic technic The pelvic inlet may be viewed in its true size and shape by the use of the precision stereoscope. When in addition a lateral view of the sacrosciatic notch and sacrum and a forty-five degree angle view of the subpubic arch is studied, one may obtain a thorough knowledge of the pelvic architecture Study of the pelvis in this manner is known as pelvioradiography

On examination of a large series of the pelves of women by the above method, Caldwell and Moloy[2] found that they could be divided into four large groups based on the shape of the inlet To these the terms gynecoid, anthropoid, android, and platypelloid were applied

The gynecoid pelvis is the round normal female pelvis The anthropoid pelvis having an inlet elongated anteroposteriorly corresponds to the so-called transversely contracted pelvis The android or male pelvis has a blunt heart-shaped inlet with the widest transverse diameter situated near the promontory, the forepelvis being somewhat narrow The platypelloid or flat pelvis has an oval inlet with a wide transverse diameter and a shortened anteroposterior diameter Combinations of the four primary types are called intermediate forms in which the diagnosis of the primary type is based upon the shape of the posterior segment of the superior strait while the shape of the forepelvis indicates the nature of the combination

Three hundred cases delivered on the obstetrical service at Bellevue Hospital were studied by the method of pelvioradiography Cases were selected for x-ray because of a past history of obstetrical difficulties or because trouble was anticipated upon clinical examination

The pelves were classified in accordance with the terminology proposed by Caldwell and Moloy Table I shows the pelvic types divided into four primary groups based on the shape of the inlet

The incidence of "intermediate" or so-called borderline forms is shown in Table II, while the percentage of large, average, and small pelves in the parent groups is shown in Table III

Normal delivery, low forceps delivery or breech delivery occurred in sixty-two per cent of the gynecoid pelves, seventy-three per cent of the anthropoid pelves, forty-eight per cent of the android pelves, and 33 3 per cent of the platypelloid pelves Midforceps delivery was done in 25 6 per cent of the gynecoid pelves, twenty-four per cent of the anthropoid, twenty per cent of the android pelves, and only

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TABLE I—PELVIC TYPES IN GROUPS

Type	*Number*	*Per cent*
Gynecoid	187	62 3
Anthropoid	41	13 6
Android	60	20
Platypelloid	12	4

TABLE II—INTERMEDIATE FORMS

Type	*Number*	*Incidence (%)*
Gynecoid	118	39 3
Gynecoid with narrow forepelvis	36	12 8
Gynecoid with anthropoid tendency	18	6
Gynecoid with platypelloid tendency	15	5
Android	23	7 6
Android with round forepelvis	17	5 6
Android with anthropoid tendency	4	1 3
Android with platypelloid tendency	16	5 3
Anthropoid	33	11
Anthropoid with gynecoid tendency	8	2 6
Platypelloid	12	4

TABLE III—PELVES IN PARENT GROUPS (%)

	Large	*Average*	*Small*
Gynecoid	18 5	59 5	22
Anthropoid	4 8	92 6	2 4
Android		50	50
Platypelloid		33 4	66 6

eight per cent of the platypelloid pelves Version was performed in 2 6 per cent of the gynecoid pelves, 2 4 per cent of the anthropoid, 1 6 per cent of the android, and in 16 6 per cent of the platypelloid Cesarean section was done in nine per cent of the gynecoid pelves, in 2 4 per cent of the anthropoid pelves, thirty per cent of the android pelves, and 41 6 per cent of the platypelloid pelves Small pelves were characteristic of the android and platypelloid types leading to a high incidence of operative interference

Gynecoid pelvis The gynecoid or typical female pelvis was the most frequent type observed The round inlet was often large in size Persistent occipito posterior positions and deep transverse arrest of the head occurred infrequently The incidence of cesarean section was low Labor was prolonged, however, as often as in the other types Seven viable babies were lost in cases with pure gynecoid pelves of adequate size as shown by x-ray We have found that prolonged labor terminating in difficult delivery may occur in a patient with a typical gynecoid pelvis in which no disproportion can be demonstrated Three of the above stillbirths occurred in a type of labor characterized by slow dilatation of the cervix and inertia, no disproportion existing between the pelvis and baby We have called this type of case, one of functional dystocia Three other stillbirths occurred in women with pelves of the funnel type where the inlets were of average size and of the gynecoid form

Anthropoid pelvis The pure anthropoid pelvis was observed in thirty-three cases We consider the anthropoid pelvis as a normal one occurring in the feminine but muscular type of woman To speak of the anthropoid pelvis as transversely contracted seems incorrect since the transverse diameter although shorter than the anteroposterior, is adequate.

Ninety per cent of our anthropoid pelves were of average size, small forms being apparently a rarity Only one cesarean section was required in this group in a case which we felt could have been delivered by the vaginal route if she had not had a previous cesarean section Aside from one macerated fetus no babies were lost in the anthropoid pelves Midforceps delivery was frequently necessary, twice as often for persistent occipitoposterior as for transverse arrest We favor the Kielland forceps as the instrument of choice in the anthropoid pelvis

Intermediate forms combining gynecoid and anthropoid characteristics proved to have practically the same obstetrical significance as the parent form There were few small pelves and cesarean section was seldom required Operative delivery, however, for persistent occipitoposterior positions and less often for transverse arrest was frequently necessary

Android pelvis The majority of android pelves were small and only about half the number terminated in easy delivery There was a marked increase in the incidence of cesarean section and difficult forceps deliveries Persistent occipitoposterior positions and transverse arrest of the head occurred with equal frequency in contrast to the anthropoid pelves where persistent posterior positions were more common

While generally speaking the android pelvis appears to offer a poor prognosis, the importance of other factors in labor

besides bony passage and size of baby should be kept in mind for in one case of this group with a true conjugate of 9 4 cm, a ten pound baby delivered spontaneously after a short labor

The platypelloid pelvis is found infrequently and tends to be small in size A high proportion requires cesarean section Platypelloid characteristics in an android pelvis produce an inlet offering the poorest prognosis for engagement of the head, fully half of the cases requiring cesarean section

The gynecoid pelvis with platypelloid tendencies was found to be particularly liable to produce transverse arrest of the head We prefer the Barton forceps for arrest of the head in this type of pelvis

Cesarean section was performed in forty-one of the three hundred cases but in nine the indications were bleeding, toxemia or heart disease, the pelvis being normal In thirty-two cases the pelvis and size of baby were factors The incidence of cesarean section at Bellevue Hospital is about 2 5 per cent We found the incidence of cesarean section was very low in the gynecoid and anthropoid group while in the android pelves the incidence was six times greater and in the small platypelloid pelves eight times greater

In eleven only of the thirty-two cases was cesarean section an elective procedure based on x-ray and clinical pelvimetry In the remaining twenty-one, decision was influenced in thirteen instances by the fact that the patient had had previous cesarean section Six cases were given a trial labor while in two, labor was prolonged In relatively few cases was it found possible to decide upon elective cesarean section from x-ray study alone

Conjugate vera Study of the conjugate vera is usually considered of the utmost importance clinically Cases fall into three groups those with a conjugate vera below 7 5 cm where decision is easy because absolute contraction is generally present. The borderline pelves with a conjugate vera of 7 5 to 9 cm present a difficult problem while in the third group where the diameter reaches nine to ten cm, delivery from below is the rule

Forty-nine of our cases were found by x-ray to have a conjugate vera under ten cm Comparing the figures obtained by estimating the true conjugate from the diagonal conjugate as measured by vaginal examination with the x-ray findings, we found the results by the two methods differed only 0 2 or 0 3 cm In the pelves with a diagonal conjugate of nine cm or more, delivery from below was the rule in the gynecoid group of the pure type In the android and platypelloid pelves, there was a high incidence of cesarean section In the cases with a diagonal conjugate below nine cm, the percentage of cesarean sections was high in all types of pelves, the greatest incidence being in the android group especially android pelves with platypelloid tendencies

Stillbirths Nineteen babies were lost in three hundred cases but four of these may be deducted because of nonviability, maceration or congenital defect In the remaining fifteen, the pelves of eight of the mothers were proven to be adequate on x-ray In one case terminating in version and craniotomy the diagnosis of adequate pelvis was proven correct by the subsequent delivery by Barton forceps of a living large baby, face presentation Too often the pelvis is considered the chief factor in an obstetric mishap, cesarean section being decided upon in future deliveries In this instance x-ray study proved to our satisfaction that the pelvis was not the main factor causing the stillbirth

There were five pelves of the funnel type in which stillbirth occurred, only two of these had normal delivery Labor was prolonged in six of the stillbirth cases in four instances of which the pelvis showed funnel characteristics

Prolonged labor Labor was prolonged twenty-four hours or more in fifty-five cases The incidence was practically the same for the four primary types of pelves Twenty-eight per cent delivered spontaneously, eighty-six per cent delivered from below without special difficulty This bears out the findings of Studdiford[3] who recently in a study of one hundred consecutive cases of prolonged labor concluded that the pelvis played a less important role than is commonly thought While this seems to be generally true we attach some significance to the fact that the group with poor architecture in the midpelvis had labor prolonged in thirty-five per cent of the cases Stillbirths were

also more frequent where labor was prolonged there being seven stillbirths or thirteen per cent in this group in contrast to five per cent for the series Nevertheless protracted labor *per se* is not indicative of an abnormal pelvis since in fifty per cent of these cases the pelvis was proven adequate by x-ray and eighty-three per cent delivered without difficulty

Funnel pelvis As Thoms[4] points out abnormal pelves may be divided into two general groups In one group contraction occurred chiefly at the inlet In the second group difficulty is encountered in the lower pelvis Funnel pelvis so-called is commonly thought of in terms of the classic outlet of the textbooks Moloy states that to date he has not encountered an example of absolute outlet contraction wherein the upper pelvis was ample enough to allow the head to descend to this low level He finds that absolute outlet contraction occurs chiefly in small typical android forms but rarely presents obstetrical difficulty because the inlet is also abnormal and the head fails to engage In our series we found no difficulty where the head reached the classic outlet *This is borne out by the fact that* no babies were lost in the normal delivery or low forceps group Our study would seem to show that considerable obstetrical difficulty is not infrequently encountered in pelves with abnormal architecture at the level of the spines and it is to this type of pelvis we believe the term "funnel" should be applied The sidewalls of the funnel pelvis slope in or converge. The enterspinous diameter is shortened The sacrum in the worst forms of funnel pelvis comes forward giving a so-called convergent lateral bore There were seventeen cases of this type and it is noteworthy that an unqualified favorable prognosis based on x-ray study or clinical examination was not given in any instance Only one case terminated in normal delivery and only four in low forceps delivery In one breech extraction the baby was lost There were four difficult midforceps deliveries all ending in stillbirths, thus, there were five stillbirths in seventeen cases of funnel pelves Four cases cesarean section and labor was prolonged in six

In these seventeen funnel pelves the inlet was of the pure gynecoid type in seven In the remaining cases there were two typical android pelves, two android pelves with flat tendency, three gynecoid pelves with a narrow forepelvis, two gynecoid pelves with anthropoid tendency, and one android pelvis with anthropoid tendency In fourteen of these cases the inlet was considered to be of ample size We believe that the role of the funnel pelvis is most important in causing difficult labor A lateral view of the pelvis and a view of the outlet are especially valuable in determining the degree of funnel pelvis No x-ray study should be considered complete with views of the inlet alone

Summary

Three hundred pelves have been studied by the pelvioradiographic method of Caldwell and Moloy Both the qualitative and quantitative information obtained by this method have proven extremely valuable in the management of labor We have not mentioned cephalometry because in our opinion exact measurement of the fetal head is seldom *required In only four of our* three hundred cases was true cephalopelvic disproportion found to exist In those cases x-rayed at term or in early labor we have been helped by using the fetus as a "yardstick" of measurement.

A *study of the architecture* of the pelvis has aided us in the choice of method of delivery by the vaginal route We have found the method very useful in teaching and in checking clinical findings We have discovered no great discrepancy between internal pelvimetry in experienced hands and the findings on x-ray so far as prognosis for delivery is concerned While in only a small number of cases have we been able to decide upon elective cesarean section from our x-ray studies, *this is to be expected In many cases we have felt more* secure in allowing the patient to deliver from below when armed *with the knowledge* x-ray has given us

Conclusions

Pelvioradiography is a valuable diagnostic aid in obstetrics when combined with clinical acumen

Pelves of the android type, especially those with platypelloid tendencies, offer the poorest prognosis for vaginal delivery

Anthropoid pelves offer a good prognosis although persistent occipitoposterior positions frequently require midforceps intervention.

Prolonged labor, dystocia, and difficult delivery often occur in an adequate pelvis.

The funnel pelvis is a frequent cause of obstetrical difficulties and may be present with an adequate inlet A lateral and outlet view of the pelvis is always necessary for complete x-ray study

In relatively few cases is it possible to decide from x-ray study on elective cesarean section

136 E 64 St

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DISAPPOINTMENTS IN DIPHTHERIA PREVENTION

"Drives" for the prevention of diphtheria do not always produce the happy result that was expected, said Dr H N Bundesen, president of Chicago's Board of Health, addressing a conference of Ohio's health commissioners at Columbus a few weeks ago

"Inoculation does not necessarily mean immunization," he declared

When a child is given preventive inoculations against diphtheria, one of three things may happen within a varying period of time, Dr Bundesen said *First,* within two to six months he may be protected against the disease, *second,* protection may appear and then, within a short time, disappear, *third,* the injections may not produce immunity at all

He said it has been stated by many authorities that, before a child is immune to diphtheria, he must have 1/25 of a unit of diphtheria antitoxin per c.c. of blood and that studies in Chicago reveal that many children who are Schick negative have far less than this amount of antitoxin, many having as little as 1/500 of a unit.

"Chicago's childhood population has about 800,000 children below fifteen years of age," he said. "It is estimated that about eighty-five per cent, or 680,000 have received some sort of inoculation to prevent diphtheria This leaves an estimated, uninoculated child population of about 120,000 under 15 years of age. Our Schick testing indicated that, roughly, of about twenty-five per cent of the children inoculated, approximately 170,000 are still susceptible To this must be added those who, even Schick negative, still do not have sufficient antitoxin content in the blood to protect them If we assume that fifty per cent of the 120,000 uninoculated children are susceptible to diphtheria, plus the 170,000 inoculated but Schick positive children, plus an undetermined number of Schick negative but still susceptible children, we have more than 230,000 of the childhood population unprotected, practically one out of three The figures dramatically show health officers that they must beware of making the error of believing that because large groups of children have been inoculated with various types of antigenic material, diphtheria will be completely eradicated"

Dr Bundesen stated that recent evidence indicates that more prolonged and lasting immunity is produced when the antigenic material is injected in more doses, and with larger intervals between doses

"We have therefore adopted the procedure of giving three injections of plain toxoid the first, one-half c.c and the second and third, one c c each, making the inoculations a month apart and starting as soon as possible after the infant is about one year old We feel that by using this type of inoculation, more lasting protection against diphtheria may be produced Plans have been made for additional blood tests after a suitable time to settle this point," he said

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Medicine is not a trade—it is a profession close to the people, perhaps closer than any other—and the public will do well to keep their medical problems away from the politically-minded reformers—*Journal of the Medical Association of Georgia*

A proud father called up the newspaper office to report the birth of twins The young lady at the telephone did not get the item clearly, so she said "Will you repeat that?" Said he, "Not if I can help it!" —Ex

SUPERVISION IN COMPENSATION CASES

JOHN J MOORHEAD, M D, *New York City*

The relationship of Compensation Laws to the management of the injured has always been a subject of controversy The original essential purposes of such laws was (1) to provide the employee with funds during enforced idleness, (2) to provide adequate surgical and medical care, (3) to provide a pension for dependents, (4) to prevent litigation

As time went on these essential purposes were increased or modified, so that eventually certain occupational diseases were made compensable, and illness in general was more or less directly linked to injury The New York State Compensation Law became effective in 1914, and from time to time it has been modified Last year the trend of the law was greatly changed by providing that the injured employee could choose his own medical attendant, or change his medical attendant for certain reasons The avowed purpose of this amendment was to provide better care and attention for the injured, and incidentally to enable the employee to retain his own doctor, and in that way cease to be exploited by groups who formed so-called Compensation Clinics wherein the treatment was justly subjected to harsh criticism The question of insurance companies maintaining clinics also entered into the situation The fee schedule was involved also, and indeed the whole process became one in which there was a mixture of professional treatment and medical economics It is yet too early to properly appraise the merits or demerits of the new order of things, but nevertheless there are certain features clearly enough delineated for comment

If you were asked to design a Compensation Law that would fulfill the chief requirements, what provisions would you seek to include? Without much disagreement, I venture to say that the following essentials would be recognized

1 Every occupational injury should be made compensable

2 Every injured employee should be provided with adequate care and treatment during the disability period

3 Death benefits should be provided for dependents

4 Doctors and hospitals and laboratories should be paid

5 The medical and surgical phases of the Law should be managed by doctors

6 Compensation Boards should be aided by doctors of experience, and the salary of certain compensation doctors made attractive enough to recruit from our profession the same type of doctor we would choose for consultants in noncompensation cases

7 There should be a Supreme Court of Doctors who would act in disputed cases, these appointees would be nominated or chosen by the local or State Medical Societies, the Medical Colleges, or by the local hospitals This Court of Doctors would be the final source of appeal and their decision would be binding on all concerned

8 You would concede that in certain cases a lump sum adjustment would aid in recovery, and to that end the Court of Doctors would make a decision that would be satisfactory to all concerned

9 You likewise would concede that certain doctors had special skill and experience in the management of certain injuries and you would like the privilege of having their opinion in compensation cases just as you already had their opinion in noncompensation cases

10 In short, you would like to carry out the treatment of your compensation case in the same manner as you carry out the treatment of your noncompensation case

11 You would reduce the paper work to a minimum

12 You would seek a remedy to relieve you from the tiresome cross-examination of that branch of the legal profession which has succeeded to the pursuit of ambulance chasing

13 You would ask your local Medical Society to record the members of your own profession who had become professional witnesses and who had little if any practice outside of the Compensation Board hearing rooms

14 You would give some designated medical group access to the records of the Compensation Board so that the end results and costs of injury might be compiled

15 You would agree upon some definite

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method by which end results could be mathematically appraised, and you would seek some means by which these ratings were subjected to frequent review

16 You would ask the American Medical Association or the American College of Surgeons to appoint a committee to determine the relationship, if any, of certain injuries to disease. Is there any such thing, for example, as traumatic appendicitis, traumatic pyloric ulcer, traumatic cancer, traumatic pulmonary tuberculosis, traumatic diabetes, traumatic arteriosclerosis, traumatic arthritis deformans, or traumatic brain tumor? You are clinically very doubtful as to this relationship and rarely ever hear of it except in medicolegal exigencies

17 You would like to have the question settled not only as to causation but also as to the aggravation or acceleration of disease by trauma Likewise you want to know if there is any such thing as a casual injury "lowering the resistance" to such an extent that a week after this trivial injury, or a year after it, the patient had a stroke of apoplexy, or an attack of coronary thrombosis, or developed a cardionephritis

In this law you would set aside a fund for investigation of some of these problems by a representative group of our own, so that the answer would have some scientific background and thus be taken out of the pseudo medicolegal category that is now so besetting and so at variance with our ordinary clinical interpretations

As to most of these foregoing, the majority of practitioners would agree, for in reality these things are already written large in the book of our own experience or in the experience of our forebears Their attainment is not out of reach by any means, and the united opinion of the profession on the *essentials* would lead to agreement on the *details*

The existing law has in one particular sought to safeguard more adequately the physical welfare of the injured, and that is by the provision that a consultant may be procured if desired Here an attempt is advisedly made to apply to the compensation case the same safeguards you and I apply to a noncompensation case The practitioner afraid of a consultation is usually a practitioner afraid of himself In this day of hospital staff conferences and clinical meetings, self-sufficiency is not rated any too high, because group meetings of that sort are virtually management biopsies that show up the defects inherent to us all

You have implicit reliance on certain consultants because you have hitherto sought and profited by their advice in noncompensation cases Now is afforded the same opportunity in compensation cases, and this provision is welcomed by every forthright practitioner An attempt has been made in the new law to appraise doctors as to their ability to manage certain types of injury Virtually this seeks to legally bestow the title of specialist on certain groups, and naturally enough there is complaint as to this feature Compensation practice is the most competitive type of practice, and perhaps the survivors in it will not be those who merit it, so much as those who obtain it by business methods Already there are groups who are well-organized in having cases referred to them by various agencies rather than by the proven merit of professional experience and skill In this day of organized labor, it is not difficult to foresee that certain doctors will become medical attaches of labor organizations and that this group of the profession will become a very definite part of the new order of things However, the time is not far distant when Medical Licensing Boards of the American Medical Association and others in organized medicine will set up standards that will adequately safeguard the injured and thus prevent wholesale exploitation Here it is pertinent to say that graduate medical education is beginning to be valued by practitioners who are actually seeking to increase their knowledge by additional study Many institutions are giving intensive courses in traumatic surgery, and I recommend this type of self-betterment to you The time is coming when every enlightened community will insist on the local doctor taking off time enough to attend some refresher course so that he may return to his own clientele better prepared to manage the medical and surgical needs of his own people

Indeed, in some communities a fund has been set aside for this commendable purpose so that the doctor may not have to bear the entire financial burden while absent from his practice That is as wise an investment for the community as it is for the doctor, and the idea now incipient is bound to grow

because of inherent wisdom and self-interest

There are certain clinical phases of compensation practice in dire need of reappraisal to the end that the responsibility of trauma may be scientifically allotted The situation is now not unlike that in insanity cases, where expert is battling expert, all of which leads to confusion and distrust The hernia situation, for example, is beclouded because one group asserts that this lesion is always traumatogenic, and another group completely dissents There is no responsible authority maintaining that a complete hernia can be *caused* by any single act of trauma, unless muscular disruption occurs. Hence the problem should narrow down to the aggravation of hernia by the injury in question This can and does occur, but in the process certain very definite signs and symptoms appear Personally I believe hernia to be a progressive disease, and on several occasions have spoken and written in support of that conception Many years ago I compared the inguinal canal to the cervical canal, stating that the internal os might be said to resemble the internal ring, and the external os the external ring Given, then, impregnation or a preformed sac, the inevitable progression of time, plus intra-abdominal pressure will give birth to a fetus in the one case, and to a hernia in the other case

Another clinical fog surrounds the relationship of trauma to disease No one has yet claimed that a bump on the chin causes pyorrhea, or that a blow on the abdomen causes typhoid, or a fall on the buttocks causes prostatic hypertrophy But there are claims just as remote as these, and strangely enough they are never heard of outside of the realms of that peculiar hybrid that we can call medicolegal pathology

One of the great problems in compensation practice relates to the effects of injury upon the aged employee Virtually the Compensation Law has become a Pension Law in some instances, and I know of nothing more difficult to appraise than the responsibility of a simple trauma said to have activated or aggravated a process that clinically must have been developing ten years or more Osteoarthritis is in that class, and just now I have a patient who has been sent to me because he has a classical so-called poker-back spine with real disability His vertebral column and his interspinal attachments are definitely calcified and his mobility is greatly restricted All of this is said to be the outgrowth of a relatively trivial injury, and my task is to make an appraisal as to where and when the traumatic effect ceased and the old pathological process was re-established

Then there is the vascular group, the varicose veins, the endarteritis and their complications said to be associated with minor injuries Likewise cardiac crises are often asserted to be linked to a trauma, perhaps in and of itself quite inconsequential

These are phases that are fogged by too much individual opinion, and what we need is a survey by some accredited agency so that the exact relationship can be established Then your opinion and my opinion can heed the voice of experience and be guided by the wisdom of the peers of our profession

Hysteria was once called "the great mimic" because it wove itself symptomatically into so much of the fabric of other diseases Today, trauma has become the successor to hysteria from an etiologic standpoint, and injury is asserted to be the factor in a host of diverse lesions that have hitherto been wholly unrelated This association has been fostered by medicolegal more than clinical experience, and the tendency is to forget that trauma has responsibilities enough without being burdened by specious reasoning that seeks to fasten upon it a causal relationship that belongs elsewhere In the days of the "ambulance chaser" this procedure was quite in fashion, and it now seems evident that this same development is becoming quite prevalent in the compensation field

The responsibility of the profession in relation to the Compensation Law is more binding than ever before, and it rests with us to codify and clarify so that much of the existing confusion will disappear After all traumatic surgery is the most ancient form of surgery, and a broken leg is still a broken leg with known hazards irrespective of the legalistic meshwork that sometimes enshrouds and bedevils

In the dilemma presented by a medicolegal problem, we can often arrive at a saner conclusion if we propound to ourselves the question "What usually and ordinarily happens under the same circumstances?" In other words, the lessons of experience should be our guide just as they are when confronted by any other problem

115 E 64 St

Discussion

Dr. R. J McMahon, *Endicott*—Dr Moorhead has brought to us the homely truth "that there is nothing new under the sun" and that the practice of medicine is or at least should be the same in compensation cases as in noncompensation cases In other words the same principles of ethics hold good no matter who is paying the bill

As has been pointed out by Dr Moorhead, one frequently feels that perhaps there is a new system of medical practice in vogue today when listening to the exaggerated claims of causal relationship between certain trivial injuries and definite pathological entities that have a well-known and natural sequence. This is unfortunate both to the employee and the profession In the former it has led to the discrimination of employers against any man beyond forty getting a new job and this, I believe, is a serious matter To the profession it brings discredit and distrust, because for centuries the physician has been held in the public mind as honorable and above reproach and we should all strive to keep that deserved prestige

Dr Moorhead praises the present law because it permits, at least theoretically, the protection of competent consultants the same as is employed for noncompensation disabilities

I agree with this but wonder how many of the great industries let it be known that it does not help their employees' standing with them when they make use of this legal right.

Dr Moorhead has stressed the necessity of establishing competent committees to study and determine the relationship, if any, of certain injuries to disease, such as traumatic appendicitis, traumatic peptic ulcer, traumatic cancer, traumatic tuberculosis, traumatic diabetes, etc. I believe such authoritative information would be very valuable to the physicians and the courts in handling these difficult problems

The care and management of compensation cases requires as much ability and skill as any other type of cases and Dr Moorhead has correctly stressed the importance of frequent courses in graduate study for physicians caring for these cases I doubt if this is very commonly done The present law permits the classification of physicians as competent in certain fields There is naturally enough reason for complaint in this feature. However, I believe it is a step in the right direction and with the cooperation with such bodies as American Medical Association, American College of Surgeons and Physicians, and other special societies, it won't be long before everyone who claims to be a specialist will have to prove it to one of these organizations

In conclusion, Dr Moorhead summarizes his message to us in the plea for each of us to assume our share of responsibility in the just and adequate administration of the compensation law and that when confronted by these perplexing problems mentioned, to simply stop and ask ourselves the question "what usually and ordinarily happens under the same circumstances?"

ALL NEW ZEALAND SICK TO HAVE THE BEST OF EVERYTHING FREE

Medical practice in New Zealand is "at the crossroads," according to a report in the *AMA Journal* It seems that the government has the ambition of providing a complete health and medical service for the people of New Zealand, whereby the best possible service is available, free of charge, to all members of the community irrespective of their financial situation. The government desires to give every citizen sound physical health and a longer expectation of life through free advice and treatment from the best doctors available As one member of the government, Dr T G McMillan, the member for Dunedin West, expressed the government's ambition "We do not want a medical service geared by the poor man's pocket, but we want the best available to every one."

It is considered that the complete nationalization of public hospitals will be the inevitable outcome of the government in its attitude toward medical services At present in New Zealand the state pays the whole cost of schools, and the education system generally, from taxation funds And the same principle is intended to apply to medical service

BENIGN AND MALIGNANT LESIONS OF THE BREAST

Diagnosis and Treatment

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Assistant Director, Division of Cancer Control

The lump in the breast presents a difficult problem as to proper diagnosis It is the purpose of this paper to chart a direct course of procedure for the examination and treatment of patients suffering from tumors of the breast and to discuss various types of benign and malignant lesions of the breast

The first step, of course, is the history It should be comprehensive and detailed with the idea of bringing out points which may aid in the ultimate diagnosis Age is of some significance The small lumps found in the breasts of young girls before puberty are usually not malignant In the middle-age groups, the lumps may or may not be cancerous while those in the older group usually are malignant. The approximate duration of the lump is important If the lump has been present for a period of years without apparent change and causes no discomfort, it is in all probability a benign lesion If the lump remains quiescent for awhile and then starts to change in respect to size, shape, appearance or feeling, there is undoubtedly a beginning malignancy

In the presence of one lump it must be remembered that cancer is usually a single lesion Multiple tumors are inclined to be noncancerous Undue restraint by tight, binding clothing which is a form of chronic irritation was once considered responsible for congestion of the breasts but that idea is now being discredited as a cause of breast tumor Inquiry should be made regarding chronic irritation due to pregnancy—e g, caked or abscessed breasts If the breasts are not allowed a normal lactating period, the milk will break down forming acid products which act as chronic irritation to the breast tissue The menstrual history should be elicited to determine any irregularity or state of pregnancy Cancer of the breast in pregnant women is usually fatal

The subject of slight injury, chronic irritation, and one single sharp injury, or trauma, and its relationship to cancer of the breast is a highly debatable question Most patients on discovery of a lump will attempt to connect it with trauma, in spite of the fact that the injury, if recalled, was very slight, causing no pain or discoloration of the skin and not requiring a physician's attention In many instances it is learned that the injury was very trivial and in some cases had never occurred

Pain may be a clue in establishing the correct diagnosis in breast tumors Cancer at its inception as a rule is not painful At times a patient will complain of real or imaginary pain shortly after the onset of breast cancer The pain may be associated with menstruation in which case it is usually due to a hormone disturbance affecting the breasts.

The patients should be asked to describe in their own words the appearance of the affected breast and the growth since the first symptom was noted The mental picture thus gained will suggest probable diagnoses The texture and appearance of the skin over the breast should be described The patient should be questioned as to the lump and ulceration Any change in the nipples, such as retraction, ulceration or discharge, is important The nature of the discharge should be ascertained, also whether the discharge can be expressed by pressure of the patient's hand on the breast The patient may complain of lumps in the axilla or supraclavicular region, causing pain and discomfort, in which case she should be asked if the skin over the nodes is red and if there has been any discharge Pain in the arms and legs is an occasional complaint and is usually due to metastases to the dorsal or lumbar spines History of a cough associated with a lump in the

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breast may be a coincidence or a pleural or lung involvement

Former major and minor operations and previous treatment including surgery, x-ray, radium, ultraviolet, electric, and home remedies should be noted This information is highly important to the examining physician and the patient's statements must be carefully checked before further surgery or treatment is instituted The patient's average weight should be compared with the present weight The loss or gain may be significant.

After the history is obtained, a complete physical examination should be done with special emphasis on the affected breast, chest, axillae, supraclavicular regions, spine, and skin Many points will be noted by inspection with the patient in a sitting position One breast may be larger than the other or lie on a higher plane The skin may present the so-called "pigskin or orange-peel" characteristics It may be retracted in areas causing marked wrinkling or ulcerating An ulcerating nipple, however, may be due to Paget's disease or to chronic infection Retraction of both nipples means very little but on noting retraction of one, the cause should be determined, as it may be the outward sign of the tumor of which the patient complains The arms should be inspected for edema caused by blockage of the lymph circulation

Palpation of both breasts is important Often pathology exists in the apparently normal breast although the patient is unaware of it Palpation should be done with the patient sitting upright on the examining table and again with the patient in the supine position The breast should be gently compressed against the chest wall with the palm of the hand, not with the finger tips Bimanual palpation often reveals helpful information These various methods must be used with great care because it has been shown experimentally that rough handling of tumors of the breast will cause dissemination of the cancer cells to distant points of the body via the blood and lymph streams

The nodes in the supraclavicular and cervical regions are palpated with the patient in a sitting position, the physician standing before and then behind the patient The axillary nodes are more easily palpated from the front, the examining hand exploring the entire axilla while the patient's arm is extended outright from the body, brought slowly to the side and then held a short distance away from the body Thus the entire axillary contents are examined to determine the presence of nodes It is not, of course, possible to always tell whether or not the nodes are metastatic by palpation alone Metastatic nodes are usually firm and rather hard There may or may not be periadenitis present When nodes are palpated in the axilla and there is a palpable tumor in the breast, they should be considered cancer until proved otherwise. Occasionally nodes not palpable on examination are discovered only upon operation

Transillumination is a decided aid in differentiating between cystic and solid tumors and is a very simple procedure A diagnostic light is necessary It may be an especially designed lamp manufactured by one of the large electrical concerns or a pocket flashlight The patient is seated on the examining table in a dark room and the light is placed under the breast allowing it to shine through the breast tissue Transillumination is not diagnostic of cancer but it shows whether the tumor is cystic or solid If the cystic fluid is very thick, it appears as a shadow which looks not unlike solid tumor In any event, the microscope is still necessary in making a definite diagnosis

The location of the lump in the breast provides a lead as to where metastases may be found Tumors of the inner half frequently metastasize to the mediastinum and lungs while those in the outer quadrant usually spread first to the axilla The examining doctor should determine definitely if there is more than one tumor in the breast, if the other breast is also affected, if the tumor is hard or fluctuant, if the edges are definitely rolled or clearly defined, if the tumor is diffuse extending into the surrounding tissues, and if it is attached to the skin above or to the muscles beneath.

The tumor should be palpated gently causing slight pressure to determine if

the tumor drains through the nipple Bleeding from the nipple is significant of an interductal growth which may be chronic mastitis, duct papilloma or duct carcinoma Carcinoma metastasizes to the liver and it is therefore important to palpate the liver for size and to learn whether it is smooth or nodular Should the history reveal pain in the extremities or spine, the affected bones should be palpated The doctor should not be satisfied with a diagnosis of arthritis but should insist upon a radiograph to definitely rule out metastases

Auscultation may reveal fluid in the pleural cavity, massive consolidations or collapsed lung Again an x-ray film should be made The value of radiography in the diagnosis of breast tumors should not be underestimated When malignancy is suspected, a radiograph of the chest should be a routine procedure and in the presence of pain in the bones, x-rays of the spine and the long bones are imperative though often neglected

Patients who have tumors of the breast with no demonstrable regional metastases yet complain of pain or neuritis in distant bones may have metastases in the spine causing pain to radiate to these areas Many patients would escape operation if a thorough radiographic study had been done Symptoms are often present previous to the appearance of lesions in the bones, especially in the spine, and the condition is usually revealed through radiograph When this condition exists, radiation therapy should be given

The common types of tumor found in the breast are classified as benign (noncancerous) and true cancer The usual benign tumors are abscess, cyst, fibroadenoma, duct papilloma, chronic mastitis, and tuberculosis The malignant growths are duct carcinoma, adenocarcinoma, Paget's disease of the nipple, myxosarcoma, and fibrosarcoma The pathological differentiation of these tumors will not be discussed in this paper The size of the malignant tumor has no bearing on the type of tumor or degree of malignancy Small tumors may cause metastasis more quickly than some of the larger growths Only time and the microscope can tell the degree of malignancy

Abscess of the breast is usually a fluctuating, diffuse swelling accompanied by pain, rise in temperature, and later reddening of the skin in the affected area At times the temperature may remain normal and the pain be only slight Frequently a diffuse, low-grade abscess has been mistaken for cancer and in one known case, large doses of radiation failed to break down the tumor and the diagnosis of abscess was made after mastectomy At times an abscess of the breast closely resembles the so-called inflammatory carcinoma of the breast and it is difficult to differentiate The best method is to insert a needle to determine if pus is present If it can be obtained, immediate and efficient drainage should be instituted through a small incision which does not extend beyond the areola The adhesions in the abscess cavity are loosened with the finger and a drain inserted In this way a good cosmetic result is obtained, breast damage is diminished, and hasty healing is promoted An inflammatory carcinoma of the breast should not be incised as the result is damaging

Cysts of the breast are encapsulated tumors with rounded borders which are regular in outline and seem to fit into the surrounding tissues They may vary greatly in size and upon insertion of an exploratory needle may be found to contain a dark brown, bloody fluid "Blue-domed" cysts contain blood and cholesterol and cystadenofibromata may contain a milky fluid Cysts are often multiple and scattered throughout the entire breast Fluctuation of the tumor may be absent due to tension within the cyst wall and the cyst may be deeply embedded in surrounding tissue Transillumination does not reveal a cyst unless the contents are thick enough to prevent light from passing through The recognized treatment is removal of the single cyst or withdrawal of the fluid whereas in the case of multiple cysts extending throughout the breast, a simple mastectomy should be performed Along with the cysts might be mentioned the hematoma which resembles the former but usually has a history of ecchymosis following an injury to the organ Radiation does not influence these various cysts

Fibroadenomata are usually very firm,

not painful, with a distinct palpable border which is usually regular in outline It is difficult and at times almost impossible to differentiate between a cyst and a fibroadenoma There are no nodes palpable in the axilla The presence of nodes in the axilla may be due to a simple hyperplasia Transillumination will reveal a dark shadow significant of a dense tumor Treatment consists of surgical removal with microscopic diagnosis

Chronic mastitis manifests itself as multiple nodules scattered throughout both breasts. If, however, upon palpation of the breast, one nodule is found to be harder, firmer, and more discrete than the rest, malignancy should be considered, as it is often associated with chronic mastitis Various forms of therapy including ovarian hormones have been administered in this disease with gratifying results in some instances, in others, the condition has persisted Simple mastectomy is resorted to in some cases and here again radiation has no effect

Tuberculosis in the breast while not common does exist and is sometimes associated with malignancy Seldom does this condition go on to abscess formation but when it does, there will be multiple sinus formations present A diagnosis of chronic mastitis is usually made preoperatively but tuberculosis is found upon microscopic examination The treatment of choice in case of abscess formation is removal by means of simple mastectomy If radiation is used, very small amounts should be given

Teratomas of the breast are occasionally seen as are the osteomas and chondromas The latter two may be classed as teratomas with bone or cartilage predominating Surgery is the indicated method of therapy followed perhaps by irradiation, depending upon the microscopic findings

Syphilis of the breast is rare occurring as a fibrous lesion In spite of the many positive Wassermanns found, luetic lesions of the breast are rare

True cancer of the breast Cancer may be of two types—carcinoma and sarcoma Carcinoma is the more prevalent form Sarcoma which is occasionally seen may be of the myxosarcoma or fibrosarcoma type We sometimes see the myxofibrosarcomas in men as well as in women Cancer of the breast is more frequently found in women but it is our privilege at the clinic to examine from four to six men yearly who are suffering from this malady and from these meager clinical records we feel the disease is just as malignant in the male as in the female

Symptoms of cancer of the breast It is well to divide the symptoms of cancer of the breast into early and late groups Physicians would be well pleased if they were called upon to treat only cancer of the breast which falls in the operable class Of course, it is too much to anticipate at this time but we hope by the present extensive educational campaign that the increase in the number of operable cases will be a reality within a short space of time The early symptoms of cancer of the breast are the lump in the breast, bleeding from the nipple, and ulceration, which if it becomes extensive, may destroy the nipple and the skin surrounding the nipple Late symptoms of cancer of the breast are retraction of the nipple and the skin due to the fibrous contraction of the malignancy below, also the pigskin or orange-peel appearance of the skin due to lymph blockage Patients may complain of a large, firm, palpable mass involving a small section of the breast or the entire breast with or without ulceration Other indications are extension from the breast to the glands in the axillae, supraclavicular regions or mediastinum, also neuritic pains in the extremities due to extension to the spine or even to the bones themselves

Operable carcinoma of the breast Truly operable carcinoma of the breast is one confined to the breast, not attached to the skin above or the underlying tissues with no demonstrable metastases to any of the lymph-bearing areas However, if only these cases were operated upon, about ten per cent of the women suffering from carcinoma of the breast would be subjected to surgery It has been our custom to consider that a breast is operable when there are nodes palpable in the axilla We are all familiar with the textbook description of malignant metastases in the axilla, but

at times nodes that are thought to be malignant, are found upon pathological examination to be hyperplastic and contain no malignancy whatsoever When this occurs, it proves that we are dealing with a truly operable carcinoma of the breast. If these cases are not operated upon, some women would not be given a proper chance of becoming well and in due course of time the cancer would extend to the axillary nodes This carcinoma, then, would no longer be operable and the chances are that it would extend further Consequently, it has been our practice to consider that even though there are nodes palpable in the axilla, such a patient is a good surgical risk

The possibilities of the lump in the breast When a lump in the breast is sharply defined, cancer should be regarded and the lump considered cancer until proved otherwise All of the benign lesions should be carefully eliminated during the course of the examination A lump in the breast should never be merely observed but an effort made to prove the exact nature of this lump The best method at our disposal today is the use of the microscope

Methods of diagnosis Inspection and palpation of the breast will at times give a clue as to the true diagnosis It will surely give the outline of the tumor, its consistency and size If nodes are palpable in the axilla, there is a strong suspicion that the lump in the breast may be malignant Transillumination is not a positive diagnosis for cancer in the breast, but it is an aid It will reveal the size of the tumor, also tell whether it obstructs light and whether it is discrete or diffuse One of the best procedures we have is the insertion of an eighteen-gauge needle attached to a syringe that will give good suction thereby procuring a section of the tumor without causing much discomfort to the patient and little or no traumatization Aspiration biopsy will tell whether the tumor contains fluid If the capsule of the tumor has been distended and is tightly stretched, the feeling of fluctuation will not be obtained and a solid tumor will be suspected, the aspiration needle will give the correct clue The material obtained by means of aspiration biopsy is forced out of the needle by the insertion of a stylet into the lumen of the needle and then placed in a bottle containing ten per cent formalin

At times enough tissue can be obtained from which a frozen section can be made Of all the aspiration biopsies performed in this clinic last year, the pathologist was able to give a definite diagnosis in seventy percent of the cases In our opinion a biopsy can do the patient no harm It will neither stimulate the tumor to grow nor disseminate the tumor causing metastatic involvement Some authorities are fearful of inserting the exploratory needle for fear of causing infection, but this has not been our experience There are many advantages of the aspiration biopsy We do not expect the pathologist to tell us the grade of the tumor or whether it is radioresistant or radiosensitive, only whether it is benign or malignant Naturally, if he is able to give us these factors, this knowledge is always welcome In clinics which practice preoperative radiation, the aspiration biopsy is a distinct advantage because there is definite proof that a cancer of the breast is being subjected to preoperative radiation None of us should expose a patient to this type of therapy unless we know definitely that we do it for a malignant condition

Another method of definitely making a diagnosis of a palpable tumor is to make a wide excision of the tumor either under local or general anesthesia and if possible have a table diagnosis to determine just how much surgery must be performed If the facilities for table diagnosis are not available, no harm can result in the removal of such a tumor if a wide enough area of tissue is removed Often in very early carcinoma of the breast, this has proved sufficient but is rather risky as in the presence of carcinoma in the breast, the entire gland should be removed

Bleeding from the nipple This symptom is caused by cancer in fifty per cent of the women in whom it occurs The other half are suffering either from duct papilloma or chronic mastitis When a palpable tumor is associated with bleeding from the nipple, the diagnosis is not so difficult as the tumor can be removed and the findings substantiated by means

of the microscope When there is no palpable tumor and bleeding from the nipple occurs, it is difficult to determine by palpation and gentle pressure the area of the breast which is the source of the bleeding Removal of a section of the breast is a perplexing question as it is hard to differentiate the offending portion from the rest of the breast tissue This may result in an improper diagnosis if the lesion is too small or the wrong section of the breast may be removed We have x-rayed a few women who complained of bleeding from the nipple but refused us permission to investigate the cause The result in some cases was gratifying and in others the tumor finally appeared and was found to be malignant In order to be on the safe side, I believe this symptom of bleeding from the nipple, especially in women approaching the menopause, should be relieved by simple mastectomy One is always taking a risk when treating with radiation a symptom or a tumor of which the exact cause or nature is not known When a tumor is associated with bleeding from the nipple and nodes are palpable in the axilla, a more radical procedure must be followed

Paget's disease We do not consider Paget's disease a precancerous lesion but a definite malignant growth. There is a controversy as to whether it begins in the skin and grows downward or originates between the milk ducts and grows upward Paget's disease usually manifests itself by an ulceration, excoriation, itching, crusting, and change of color of the nipple If this is allowed to go untreated, it will result in the destruction of the nipple, areola, and also the breast Some patients suffering from this disease where surgery was contraindicated have received an excellent palliation with x-ray and radium An excoriation of the nipple which has not resulted in a palpable tumor mass or nodes in the axilla can be treated best by simple mastectomy If nodes are found in the axilla together with a palpable tumor in the breast, with destruction of the nipple and areola, a more radical procedure is necessary Usually a simple mastectomy will suffice for the cure of Paget's disease when there are no palpable nodes in the axilla

Advanced cancer It is always a problem to definitely determine which method of treatment will best serve the far-advanced cancer of the breast In this stage the disease is very easily diagnosed and the patient usually complains of all the symptoms of advanced cancer or a large number of them At times surgery is indicated for hygienic purposes in order to make the patient more livable with herself and family, especially when there is a large, ulcerating, infected tumor mass The method of choice in the treatment of far-advanced cancer of the breast is radiation in the form of x-ray or radium in any combination That is, (1) a small increment of x-ray may be applied to the breast, axilla and supraclavicular region over a long period of time, (2) several fairly large massive doses may be administered over a short period of time or (3) the radium pack may be used

Inflammatory carcinoma of the breast This particular form of cancer is infrequently encountered and is quite difficult to diagnose It usually manifests itself by a very rapidly growing tumor with inflammatory reaction in the skin of the breast The patient becomes very toxic and nodes are generally found in the axilla It is a mistake to make several stab wounds in such a tumor as is frequently done. The better way is to endeavor to establish a diagnosis by means of the aspiration needle As far as treatment is concerned, no form has proved satisfactory in either the inflammatory carcinoma of the breast or the carcinoma found in a lactating breast Surgery has offered practically nothing and neither have the different forms of radiation

Cancer found in young women under thirty years of age Cancer found in young women under thirty presents a very puzzling problem If the malignancy in these young women is confined to the breast alone and it is purely an operable disease, the results from surgery are quite gratifying, but after it has metastasized the five-year cures are very low averaging about seven per cent. This is a group in which all of us should be interested and we are changing our treatment in this type of malignancy frequently, endeavoring to get some specific results We have tried extensive radia-

tion, castration by means of radiation, and in a few instances, have x-rayed the pituitary gland, but this series has been so small that no deductions can be made at the present time

Treatment of carcinoma of the breast In order to evaluate the results of treatment in carcinoma of the breast, an arbitrary grouping has been chosen

GROUP I Lesion confined to the breast alone with no palpable metastases

GROUP II Lesion in the breast with metastases to the axilla

GROUP III Lesion in the breast with metastases to the axilla, supraclavicular, mediastinum or elsewhere

Preoperative radiation in the treatment of cancer of the breast has been used at our institution since the fall of 1934 with a few exceptions Previous to that time our preoperative radiation as it is known today was very inadequate consisting of 320 r placed on the anterior chest wall endeavoring to cover the breast, axilla, and the supraclavicular region, after which surgery was performed In a small series of cases such as this extending over a period of one or two years only a preliminary report can be made However, we have included three previous cases, one from December 1930, one from December 1933, and one from June 1934 We are using preoperative radiation with the hope that our five-year cures in cancer of the breast especially in Groups II and III will be increased This method may have less merit in Group I, as it has been the experience in most clinics that a five-year cure can be effected by surgery alone in seventy-two to eighty per cent of the cases Group II with metastases to the axilla is the group that we are endeavoring to help as they represent an urgent problem The method now being used is to attempt whenever possible to establish a definite diagnosis by one of the methods mentioned before Then x-ray is applied to the anterior chest wall over a large field about twenty-seven by twenty-seven cm Daily increments of 280 r measured in air or 420 r tissue scattering are given on seven successive days covering the anterior chest wall overlapping the supraclavicular and axillary regions A daily increment of 320 r air and 480 r tissue scattering is administered for three days posteriorly over a field usually ten by fifteen cm This makes a total of 1960 r in air on the anterior chest, 960 r air scattering, and 1440 r tissue scattering on the posterior chest This will cause tanning with desquamation of the skin on the anterior chest wall, also marked desquamation and temporary damage to the skin in the axilla. A healing takes place in about eight or twelve weeks depending upon the human equation and it is at this time that the patient is subjected to a radical mastectomy

There are some arguments against preoperative radiation, namely, the anxiety of the patient in the anticipation of a future operation and the symptoms caused by x-ray reaction on the skin—the itching, burning, and discomfort Operating time is generally increased, more bleeding encountered during the operation, and more fibrosis found in the axilla making the dissection of the axilla more difficult. Postoperative oozing is increased if all the vessels are not carefully ligated

Preoperative radiation, however, has beneficial effects, namely, that it seals off the lymphatics causing fibrosis of the tumor and in some instances causes total disappearance of the tumor Preoperative radiation is given with the idea of increasing our five-year cures Many clinics have reported their results from surgery alone, surgery plus postoperative radiation, and a few have reported on preoperative radiation followed by surgery

A more concise idea of what we have obtained in a small series of cases to date can be illustrated according to groups

Group I Seven cases, all females, between the ages of fifty and seventy, all married The right breast was affected in three instances and the left in four All tumors were discovered by the patients themselves and not one of these cases appeared at the doctor's office for periodic checkup to enable the doctor to discover the lump The first symptom of which these patients complained was the lump, later associated with pain Two complained of a bloody discharge from the nipple, one having extended intermittently over a period of twelve years until the tumor finally made its appearance. The size of

the tumors varied from two to five cm in diameter In one instance the entire breast was involved The average duration of the tumor was twenty-five months Four patients had positive sections by means of needle puncture and three were clinically considered cancer, proved later on by operation The time elapsed between radiation and surgery was from one to ten months, averaging five months The reason for delay in some instances was that the patient refused surgery when the tumor began to regress or the Radiation Department was reluctant to refer some of these cases for surgery Radical surgery was performed on every patient except one elderly lady whose physical condition did not warrant such a radical procedure. Only one tumor which was proved cancer before therapy had entirely disappeared following radiation The pathologist stated that the breast showed no evidence of malignancy but had been replaced by mastitis Six of these patients are clinically well from eight to nineteen months One is at the present time suffering from a recurrence in the scar

Group II Twenty-eight patients, all females except one, ranging in age from thirty-six to seventy-three, all married but four The right breast was involved in fourteen instances and the left in fourteen Again as in Group I all of the lumps were discovered by the patients themselves and not by the physician The lump was the first symptom of which the patient complained with two exceptions in which the patients suffered from pain for two years and five months respectively before the appearance of the tumor An interesting fact concerning this group is that in twenty-three cases the upper outer quadrant of the breast was involved, the upper inner quadrant in one, the lower inner in two, and the entire breast in two cases The tumors ranged from about one cm in diameter to the entire breast. Average duration of the lump was nine months All of these patients presented palpable axillary nodes Sections from the nodes before preoperative therapy were not made and in ten instances following removal of the breast, nodes were found but were not malignant A positive preoperative pathological diagnosis was made in eighteen cases An unsuccessful attempt was made in the remainder, yet clinically they appeared malignant which was proved following removal of the breast The time elapsed between radiation and surgery was from two months to five years and five months, averaging seven months Radical operation was performed in twenty-six cases and simple mastectomy in two Twenty-six patients were operated for palliative purposes and two as hygienic measures Four tumors were sterilized, there being no evidence of cancer in the breast upon removal yet a positive section was obtained before preoperative therapy was instituted. Ten cases showed no evidence of metastatic carcinoma in the glands of the axilla following surgery and one showed metastatic carcinoma in the axilla but no malignancy was found in the breast. The results in this group are three are dead One had an infected ulceration due to interstitial and external radiation, the operation being performed to rid the patient of infection but she died from postoperative pneumonia One died six months following surgery with multiple metastases and the other died from metastases to the umbilicus One patient at the present time is suffering from multiple skin metastases The rest remain clinically well of their disease from five months to two years The one male patient had a partial resection of the breast for a carcinoma He developed a prompt recurrence and was sent to this clinic where he received preoperative radiation followed by radical mastectomy Some difficulty was encountered in healing the skin edges but at the present time there is no evidence of recurrence and he has been clinically well for one year

Group III Ten patients, all females, averaging in age from thirty-three to seventy-nine, all married except one In four cases the tumor was found in the right breast and six in the left. Again, as in the previous groups, all the lumps were discovered by the patient, the average duration of the lump being nine months The location of the tumor was about evenly distributed in all quadrants of the breast. The size of the tumor was from three cm to involvement of the entire breast. Of course, in this group, not only the axillary nodes were involved but also the supraclavicular Eight positive sections were obtained before radiation and two were clinically considered cancer The time elapsed between preoperative radiation and surgery varied from one to seventeen months, averaging six months Six of the operations performed were radical and four were simple Seven were done for hygienic reasons and three with an endeavor to obtain a palliation The results in this group of course are not quite so gratifying in that recurrences were discovered in five cases, one patient died in ten months from lung metastases, one died in one year, one was lost trace of, and another died in eighteen days from pneumonia following removal of

an ulcerating, infected breast. She had received a large amount of radiation which resulted in considerable scarring, telangiectasis, and ulceration necessitating amputation of the breast for hygienic purposes One patient developed a tumor in the opposite breast which was clinically diagnosed carcinoma but no biopsy was performed to substantiate this belief The lesion was treated by x-ray and has apparently disappeared To date she is clinically well The rest of these patients have received palliation from one year and seven months to three years and five months

There are many deductions that can be made from this small group of cases First, there is surely a need of cancer education among the lay people They should be taught how to palpate their breasts and if a lump or any abnormality is discovered to visit their family physician immediately Periodic physical examination should be stressed as a prophylactic measure This study reveals that in none of these cases was the lump discovered by a physician Lay education properly conducted will be a great influence in persuading patients with lumps in the breast to visit their family physicians earlier

This small series of cases proves very little as far as recognized five-year clinical results are concerned However, by instituting preoperative radiation we had the good fortune of converting breasts definitely containing cancer to a benign state Our figures show a slightly higher than nine percent successful destruction of the tumor by preoperative radiation which we realize is somewhat lower than has been reported elsewhere Perhaps preoperative radiation is not the solution for obtaining the best results in carcinoma of the breast but we have decided to continue this practice and at some future time will report our five-year results

113 High St

CLINICS FOR NEWLYWEDS

Approximately 100 premarital and marital clinics in the United States today are performing an invaluable personal and social service in ironing out the difficulties and perplexities that confront young married couples, according to Dr Rachelle S Yarros, Executive Secretary of the Illinois Social Hygiene League, writing in *Health and Hygiene*

Most of the young people who visit these clinics come for information concerning sex problems and birth control, according to Dr Yarros Referring to the work of the League's clinic in Chicago, Dr Yarros says "The premarital group came primarily for scientific contraceptive information as a preparation for marriage Some of the more sophisticated came a few weeks or months before marriage, but most of them came only a week or a few days prior to the date of marriage The majority were referred to the League by physicians, clergymen, social workers, nurses, and other patients Most of the applicants knew something about birth control devices, and many of them, even the least educated, had talked over the matter of contraception with their fiances Indeed, not a small number had been urged by their fiances to seek the information Many of the young women brought their fiances with them either for the first interview or for a subsequent interview, which usually took place about a month after marriage"

JUVENILE TUBERCULOSIS CONFERENCE

The Tuberculosis Sanatorium Conference of Metropolitan New York held a Clinical Session on Chronic Pulmonary Diseases on December 15 at the Cornell University Medical College Amphitheatre. The program, with Edgar Mayer, M D, chairman, presiding, included a symposium on "Pulmonary Tuberculosis in Children" The speakers were Robert A Moore, M D, Assistant Professor of Pathology, Cornell University Medical College, Edith M Lincoln, M D, Assistant Professor of Pediatrics, New York University College of Medicine, and F Maurice McPhedran, M D, Director, Research Department of Respiratory Diseases, Germantown Dispensary and Hospital, Philadelphia, Pa. Discussion was opened by Bela Schick, M D, Director of the Pediatric Division, Sea View Hospital, Brooklyn

POLYCYTHEMIA VERA

Report of Fourteen cases treated with Acetylphenylhydrazine

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Four years ago we reported our results in treating ten cases of polycythemia vera with phenylhydrazine[1] While our paper was still in press, Stone and his associates[2] published an article advocating the use of acetylphenylhydrazine instead of phenylhydrazine hydrochloride Stone's scholarly work convinced us that the acetylphenylhydrazine had certain advantages over the preparation formerly employed, so we decided to give it a trial We now report our results in treating fourteen patients, four of whom were discussed in our former paper We mention them again because they afford an excellent opportunity to compare the effect of the two preparations

Table I records the essential physical signs, symptoms, as well as the first, last, and lowest hemoglobins and red cell counts with a single leukocyte count The weight is omitted as it is frequently misleading Patients may lose because of a variety of reasons, none directly due to the disease, for example, three patients had peptic ulcer, and at least four restricted their diet because of obesity

Case Reports

The histories are limited to the outstanding and important facts and made as brief as possible

CASE 1 Mrs C B, an American woman of fifty-two, office nurse—splendid example of mild erythremia—formerly given phenylhydrazine hydrochloride for three and a half years Before treatment, hemoglobin 138%, red blood cells 7,800,000, leukocytes 13,500 Except for one short bout of jaundice, due to an excess of the drug, she did well Since changing to the acetylphenylhydrazine, there has been no such trouble and only the smallest doses—0 1 to 0.3 gm a month—have been necessary She consumed only 5 3 gm in almost three years Without the medication her red cells tend upward and she has headaches Her only worry now is obesity!

CASE 2 Mrs Y, an Armenian housewife, did well under treatment for about a year Then the liver became large, hard, and tender She failed rapidly, developed fluid in chest and abdomen, jaundice, became comatose, and in spite of treatment, died fifteen days after admission

Liver function test Forty-five per cent retention of bromsulphonephthalein, Blood phosphatase 11 4 (Bodansky units), Euglobin 1 1

Blood chemistry Total protein 6 2, Nonprotein nitrogen 48, Serum bilirubin (6 days after admission) 2 mg %, (a few days before death) 5 6 mg %

Had phenylhydrazine any bearing on final illness? The enlargement of the liver in six months certainly suggested cirrhosis —one of the things one fears when using phenylhydrazine—but results have shown that the liver is rarely injured It must be remembered that these patients often have cirrhosis *without* any medication

ANATOMICAL DIAGNOSIS (Autopsy by Dr Self)
Polycythemia vera
Splenomegaly
Extramedullary erythopoesis—spleen
Thrombosis of hepatic vein—old and recent
Central necrosis of liver
Ascites
Hydrothorax—right
Fibrous peritoneal adhesions
Arteriosclerosis of aorta—mild
Fibromyomata of uterus
Adenomata of liver

Final note (Dr A. M Pappenheimer) Splenomegaly and thrombosis of the branches of central veins followed by ascites Many of the thrombi show early organization and are associated with edema and fibrous thickening of the vein walls They amply explain the central hemorrhagic necrosis of liver lobules, and make unnecessary the assumption of a toxic action of acetylphenylhydrazine.

CASE 3 A H, Swedish woman, age seventy, was first admitted seven years ago Came into the wards six times and visited

Read at the Annual Meeting of the Medical Society of the State of New York Rochester, May 26, 1937

TABLE I—FOURTEEN PATIENTS WITH POLYCYTHEMIA VERA TREATED WITH ACETYLPHENYLHYDRAZINE

Case No	Age	Sex	Race	Occupation	Chief complaint	Spleen	Hemoglobin		RBC		WBC	Acetylphenylhydrazine		Complication	Result
							First	Lowest	First	Lowest	Last		Amount given grams	Duration of treatment months	
1*	52	F	American	Office work	Headache	4 cm below CM**	105 %	95 %	6 9	5 1	5 1	10 000	5 3	34	Improved
2	57	F	Armenian	Housework	Vertigo	At CM	150	90	8 9	4 8	6 8	8,300	7 3	14	Cirrhosis	Died Autopsy
3	67	F	Swede	Housework	Vertigo	4 cm below CM	130	97	10	6 3	8 9	34 500	16 8	20	Arteriosclerosis. Cardiac gastric ulcer	Died. Autopsy
4	39	M	American Jew	Dentist	Poor memory	8 cm below CM	160	97	9 1	4 5	5 6	16 800	30 7	24	Epilepsy, gout	Improved
5	44	F	Canadian	Actress	Vertigo	At CM	153	109	11 7	5 4	6 2	13 033	6 5	6	None	Improved
6	39	M	American Jew	Salesman	Dyspnea	Not felt	150	110	8 3	5 7	6 1	6 030	8 2	5	Thrombi	Died No autopsy
7	69	M	Roumanian Jew	Painter	Vertigo	4 cm. below CM	135	120	9 8	4 7	7 6	17 800	1 6	24	Duodenal ulcer cardionephritic	Unimproved
8*	51	M	Hungarian Jew	Plumber	Headache	9 cm below CM	140	100	9 6	5 0	5 5	12 030	6	35	Rhinitis	Improved
9	53	M	American	Univ prof	Vertigo	12 cm. below CM	132	78	10 8	7 7	2 9	4 6	14 600	51 8	35	Gout	Improved
10*	62	M	Turk	Insurance	Pain in feet	9 cm below CM	112	98	5 4	4 6	4 6	21 400	11 9	32	Arthritis	Improved
11	63	M	Russian Jew	Painter	Stomach ache	1 cm. below CM	147	93	8 5	4 8	4 9	14 000	20 6	36	Duodenal ulcer	Unimproved
12	36	M	American Jew	Plumber	Hives	3 cm. below CM	145	104	8 2	4 4	5 7	9 700	10	24	Urticaria	Improved
13	54	M	American	Merchant	Fatigue	Not felt	112	88	10 8	6 7	4 7	8 400	0 7	34	Nephrectomy	Improved
14	46	M	American	Univ prof	Vertigo	Not felt	120	77	10 6	6 3	4 7	19 000	3 1	34	None	Improved

*Old patient. ** Costal margin

the clinic between admissions when possible. During her course she had several phlebotomies with temporary relief and splenic extract which had no apparent effect. She responded well to acetylphenylhydrazine when she took it regularly, but because of economic difficulties, her visits became all too few. She suffered from many ailments besides erythremia—advanced cardiac disease including aortic stenosis, arteriosclerosis, and towards the last, large ulcers of the legs. Necropsy revealed gastric ulcers. During life, this condition was suspected but never proved. The severity of leg ulcers may well have been the cause of this apparent oversight. While under our immediate care for almost two years, she complained only of her legs. When admitted for the last time she was semi comatose, temperature of 105° F and far too ill for any exhaustive study. She died five days after admission. Death was thought to be due to erysipelas, coronary occlusion, and possible cerebral accident. Necropsy revealed no cerebral hemorrhage.

ANATOMICAL DIAGNOSIS (Autopsy by Dr Keim)

Polycythemia vera
Splenomegaly
Thrombosis of coronary artery, anterior descending branch of left—organized
Infarct of heart—left ventricle—healed
Thrombosis of common iliac artery—left
Thrombosis of external iliac vein—left
Pulmonary embolism
Infarct of lung—R.L.L
Varicose ulcer—left leg
Erysipelas—left leg
Abscess of left cheek—staphylococcus aureus
Acute bacterial endocarditis—aortic valve—organism unknown
Calcification of aortic valve
Aortic stenosis
Cardiac hypertrophy
Ulcers of stomach—acute
Generalized arteriosclerosis—mild
Medial calcification of aorta
Tuberculosis of lung—R U.L
Tuberculosis of lymph nodes (tracheobronchial obsolete)
Chronic blepharitis—bilateral
Adenoma of parathyroid gland
Congenital malformation of kidneys (double pelvis)
Congenital malformation of aorta (anomalous origin of left inferior thyroid artery)
Congenital malformations of heart
(Patent foramen ovale)
(Anomalous distribution of coronary arteries)

Final note (Dr A. M Pappenheimer) Death finally resulted from infection of her varicose ulcers and probably as a contributory factor, from coronary occlusion with fibrosis. This occlusion may have followed a thrombosis not dependent upon sclerosis of the wall, but a part of the general tendency to thrombosis which was evident in this case.

CASE 4 Dr "X", a Jewish dentist of thirty-nine years, went to the Neurological Institute because of "fits" The neurologist found, among other symptoms, personality changes, defects in memory, and loss of libido They sent him to us because of the blood count. He seemed to be a neurological rather than a hematological problem, but because of the erythremia we prescribed phenylhydrazine. As the red cells went down, he improved, the convulsions became less frequent—from one every day or two, to only one a month After two years, because of epilepsy, we sent him to Dr Geyelin, who found the blood uric acid high (6 0 mg per 100 c.c) On questioning, the patient recalled several severe attacks of pain, limited to the great toe. Hence we made the diagnosis of gout.

Although he improved and was able to follow his profession, the loss of sexual power remained unchanged. It may be assumed that the erythremia is not wholly responsible for the epilepsy but probably is a contributing factor

CASE 5 Miss O'C presented the picture so often seen of innumerable minor symptoms She did well and probably would have continued to improve but she left the city She had the highest red cell count (11,700,000) of any patient in this group The erythrocytes dropped to 5,400,000 after exactly two months, during which time she took three gm of acetylphenylhydrazine. The improvement in her general health paralleled the blood picture

CASE 6 A B, a Jewish salesman, aged thirty-nine, came into the general medical clinic July 13, 1933, complaining of asthma and severe dyspnea of seventeen years duration After a routine work-up, he went to the Asthma Clinic, where Dr Stevens thought the cyanosis out of all proportion to the signs of asthma and suggested hospitalization The patient refused and came to us because of high red cell count (R.B C 8,300,000, Hgb 150%)

On July 24, 1935, without enthusiasm, we prescribed acetylphenylhydrazine, at first 0 1 gm a day, four times a week, with weekly blood counts, the most given in seven days was 0 6 gm For five weeks his condition did not change Then after a drop of a million red cells, he felt better In five months we ordered 8.2 gm of the drug but he probably took considerably less

On December 20, he had a cerebral accident, affecting his left hand, left leg, and right eye. After unavoidable delay he entered the ward on February 10, 1936 with temperature 101, pulse eighty, respiration twenty-two, blood pressure 110/70 He was extremely cyanotic and clouded mentally, eyes exophthalmic, mucous membrane congested Thyroid not enlarged *Chest* marked emphysema, respiration limited, breath sounds faint, rales at both bases, expiration prolonged *Heart* right border six cm to right of sternum, left border four cm to left of nipple line. The sounds were of fair quality and regular rhythm The liver came down four cm below costal margin, the spleen not palpable and indeed was felt on only one occasion Venous pressure 165 mm Blood nonprotein nitrogen fifty-one Wassermann negative Plasma CO_2 seventy-seven per cent. Urine normal Film of chest showed mottling of both lung fields, and large heart Electrocardiogram suggested poor heart muscle function He responded to oxygen, but on the second day, developed a right hemiplegia and died in eight days, death apparently due to a thrombosis of the left brachial artery Autopsy was not permitted.

This man probably had Ayerza's disease. Of this uncommon condition Harrop[3] says "The clinical picture is one of chronic cyanosis, of varying but often extreme degree, usually associated with pulmonary emphysema, and with evidence of dilation and hypertrophy of the right heart. The patient often gives a history of attacks of asthma or bronchitis extending over many years and has marked dyspnea on exertion The cyanosis and the pulmonary symptoms may be of very long standing, as well as the dyspnea, before evidences of heart failure appear"

Cheney[4] has discussed several of these cases in considerable detail He, however took the position that in addition to the cardiac and pulmonary lesions, the patient always had syphilis—a radical view and one which would tend to limit considerably the diagnosis of an already rare disease Barker[5] questions Cheney's conclusion and reports a case similar to ours Barker's patient improved on phenylhydrazine We, therefore, assume that we did our patient no harm However, we readily admit that Ayerza's disease must be considered a secondary form of erythremia and hence, phenylhydrazine, if used, must be administered with care

CASE 7 J W, a Jewish painter of sixty-nine, suffered from a long list of ailments The surgeons removed his right eye for glaucoma, his prostate because of benign hypertrophy, and a basal cell epithelioma from his forehead The physicians made the following diagnoses nephritis with

hypertension (blood pressure up to 250/140), myocardial and valvular disease of the heart, duodenal ulcer We cautiously prescribed phenylhydrazine in July 1934 In two months he received 1 6 gm and no more since then Hemoglobin dropped from 135 to 128 per cent and red cells from 9,800,000 to 7,700,000 He showed no ill effects, but stopped coming regularly—we saw him occasionally until January 1, 1936 At that time, he came into the ward because of a severe hemoptysis X-ray of gastrointestinal tract showed a duodenal ulcer Hemoglobin 143%, red blood cells 7,700,000 He made a surprisingly good recovery and went home In two months, his hemoglobin fell to 116% with 8,100,000 red cells—a strange picture, doubtless due to loss of blood But stranger far, was the next blood count with hemoglobin of only sixty-seven per cent and red cells 4,700,000 Aside from weakness, he had no complaints His appearance suggested a patient on the verge of cardiac decompensation and we treated him accordingly He has improved and gets along fairly well if he avoids all exertion There have been no symptoms or signs pointing to the duodenal ulcer and he was not aware of any bleeding

This record shows what may happen in erythremia without treatment The medication certainly had nothing to do with the drop in red blood cells

CASE 8 M G, Hungarian Jew, was treated for four years with phenylhydrazine hydrochloride before we started the present course three years ago At first he required large doses of phenylhydrazine hydrochloride—three to four gm a month At present two gm a month suffice to keep his red cells within normal limits We think the smaller dosage is due rather to the new preparation than to any change in his tolerance. He was jaundiced once when taking the hydrochloride but not since taking the acetylphenylhydrazine

CASE 9 Prof F is known to have had the disease for about eighteen years This man has tried every form of treatment and we gave him from two to four gm of phenylhydrazine hydrochloride a month for three years Now he requires only 1 5 gm of the acetyl in the same length of time

While under observation he had several attacks of gout The low point of seventy-eight per cent hemoglobin and 2,900,000 red cells may have been due to the fact that he was also taking colchicum for his gout. We think it possible that the two drugs acted very drastically on the red cells He was only taking 1 2 gm of acetylphenylhydrazine a month at the time The red cells and hemoglobin returned to normal within a month and symptoms of slight cerebral anemia lasted only for a few days At present he is active and far better than formerly but not quite up to academic duties

CASE 10 S A, a Turk of sixty-two years, was treated with phenylhydrazine hydrochloride for 2½ years prior to beginning the present course. His chief complaint for some time has been arthritis He responds well to acetylphenylhydrazine and needs much less than he did of the hydrochloride The spleen is larger, sometimes fourteen cm below the costal margin As a rule his red cells average around 6,000,000 and his hemoglobin around 110 per cent. At this level he experiences no symptoms referable to erythremia

CASE 11 J R is a Russian Jew of sixty-three years Besides erythremia, he has duodenal ulcer, arteriosclerosis, and chronic sinusitis By far the most important condition is the duodenal ulcer At present his chief complaint is abdominal pain, which does not respond to treatment or diet He never required more than 2 3 gm a month of acetylphenylhydrazine, he has had none for eight months, and still his red cells continue to go down This drop is undoubtedly due to his ulcer, although there has never been any evidence of bleeding He is the third patient in these series with peptic ulcer

CASE 12 E S, an American Jew, came to the clinic because of urticaria It is, of course, doubtful if the allergic tendency has any connection with the blood He does well on moderate doses of acetylphenylhydrazine—from 0 5 to 0 8 gm a month keeps his red cells near normal Obesity has always been a real threat and he is one of those who has to exercise constant care about his diet.

CASE 13 E McL is a successful business man of fifty-six with only slight elevation of red cells We consider his record important because of his susceptibility to acetylphenylhydrazine This reaction to the drug may be due to the fact that eight years ago, Dr J Bentley Squier removed his right kidney (tuberculous pyonephrosis) The first blood count showed only slight elevation in red blood cells The following week, however, they were 7,200,000 and hemoglobin 120 per cent He complained chiefly of "mental fatigue and grogginess" The leukocytes, low at first, usually averaged 11,000 to 13,000, reaching as high as 19,000 on one occasion The spleen could never be palpated but absence of splenomegaly does not, of course, exclude the disease

We ordered the usual initial dose of 0 1 gm a day for three successive days After three doses he felt better but the red cells went up instead of down The second week he took 0.2 gm for a total of 0 5 gm in twelve days—certainly not an excessive amount. At this time he complained of feeling "achey," chilly and feverish—thought he was "catching cold" No physical signs could be found but he did have a temperature of 99 6° He went home and took 0 1 gm and returned in three days saying that he felt worse and had fever every afternoon Temperature at that time was 100° by mouth This subsided and after three days he felt perfectly well (hemoglobin 88%, red cells 5,000,000) Six weeks after this episode he again took 0 1 gm of acetylphenylhydrazine and within six hours shot a chill, followed by a temperature of 101° In all, he had taken 0 7 gm of the drug and we decided that that was plenty! With no medication, on a diet consisting chiefly of vegetables, milk, eggs, and fruit, he has thrived —plays golf, paddle tennis, swims, and dances without the least fatigue

Case 14 Prof J R. McG, a patient of Dr T L Tyson (to whom we are indebted for this record), complained of fatigue and dizziness His symptoms had incapacitated him for a year Rest and travel did not help He was given 0.2 gm a week, then 0 2 gm every two weeks and now he takes only 0 1 gm every three weeks Although red cells 4,700,000 and hemoglobin seventy-seven per cent are a little low, at this level he feels splendidly and is able to keep up with a stiff academic schedule. Sometimes, after taking the drug he feels chilly but has never noted any fever This suggests the more severe reaction of case 13 To avoid any ill effects of the medication he takes the drug during the week-end when he can rest without curtailing his professional activities

Technic

When constantly doing hemoglobin determinations, a simple and reasonably reliable method becomes necessary For years we have used the Sahli (standardized 100% to 14 9 gm hemoglobin) The modern trend is towards making all reports in grams of hemoglobin, and our reason for not changing is the confusion that would result in our records

In all of our work two standardized pipettes are used for each determination of hemoglobin or blood count.

Discussion

Although this paper deals with therapy, a few words about diagnosis may be permitted In 1921, Weber[6] divided all polycythemias into three classes

1 Relative, due to concentration of the blood

2 Secondary due to high altitude, cardiac or pulmonary disease, blood stasis, caused by chronic disease, poisoning, etc

3 True erythremia with unknown etiology

When so little is known about a disease it behooves us to be cautious in making rules for diagnosis The consensus of opinion, however, suggests three points to bear in mind (1) High red count, (2) leukocytosis, (3) palpable spleen

Of our fourteen patients, only three failed to meet these requirements True, some of our old patients show only a moderate increase in red cells, but this is due to a former course of treatment

Case 6 had neither leukocytosis or palpable spleen He therefore failed in two out of three counts This is important as he probably had Ayerza's disease

Two other patients (13 and 14) did not have enlarged spleens and both may be considered relatively early cases Although we expect to find a palpable spleen, it is absent in a small proportion of cases probably the early, or less severe Furthermore, neither of these men had leukocytosis at first but in both it appeared later A high count seems to depend rather on the severity of the process than the therapy

Six of our patients were Jews, we also had one Turk and one Armenian Retznikoff[7] has already called attention to the large number of Hebrews subject to erythremia. Two were painters and two were plumbers Before considering lead poisoning as an etiological factor, we hasten to say that these patients were also Jews

Three patients, two of whom were Jewish, had peptic ulcer The literature contains a wealth of speculation as to the relationship between ulcers and erythremia. (Recent contributors include Boyd[8] and Kraemer and Asher[9])

Our patients react quite differently to their intestinal lesions One after a single hemorrhage had no symptoms directly referable to the ulcer, one man suffers constantly in spite of diet, drugs, and rest, while the diagnosis in the case of the third patient was only made at necropsy

To successfully catalogue *all* of the complaints of these patients is impossible, but certain symptoms cannot be overlooked For example, vertigo, headache, and pain in the extremities, are almost always present. Sometimes the discomfort is hard to describe and we hear such terms as "mental fatigue," "heaviness in the head," and "uncertainty" The patients fear that they may fall, but rarely do so, they dread coming to the hospital lest they lose their way, but generally get back and forth with only slight delay

The pain in the feet and toes is often severe, with nothing but the patients word to show for it, no redness, swelling, or anything demonstrable with roentgen ray This pain should not be confused with arthritis, gout, or thrombosed vessels There may, of course, be small thrombi but they cannot be demonstrated Perhaps it is due to changes in the arteries as described by Retznikoff,[7] or chronic congestion in the smaller vessels may account for it Often worse in winter, suggesting chilblains, but wool socks and warmer weather are by no means always curative This pain will certainly test the therapeutic ingenuity of the physician

One of our patients had arthritis in the joints of the feet and two had gout Weber,[11] from his wealth of experience, says that gout occurs "not infrequently" in polycythemia We wonder if that is true in this country because Davis[10] reported a case but could find no references in the literature

Insomnia can also cause a lot of trouble Many of our patients are "nervous" but only one (case 4) has evidence of an organic neurological condition Patients with polycythemia must be constantly watched for evidence of mental disturbances Concerning this the literature affords considerable diversity of opinion Adams[14] takes the broad, general view of the medical man, impressed with the numerous "nervous manifestations" seen in the study of nine cases Levin,[15] a psychiatrist, reports a case of psychosis due, he thinks, to erythremia He believes mental disorders are rare in this disease Winkelman and Burns[16] agree that nervous diseases are the exception in polycythemia They report two cases, one of which showed, at necropsy, a condition of the cerebral vessels sufficient to have caused "neuropsychiatric features"

Treatment

The literature is replete with reports about phenylhydrazine (usually the hydrochloride) Some observers have found it toxic and report instances where the results were unfortunate All agree that the drug is far from harmless but, not dangerous with proper supervision Eggleston and Weiss[12] give an excellent survey of the whole subject

We start our patients on 0 1 gm of the acetylphenylhydrazine once a day for two or three successive days A blood count is done once a week We like a rest period before examining the blood because we get a better opportunity to study the effect There is no rule to govern the amount required The only safe method is to continue for three or four weeks without changing the dosage, then, if necessary, gradually increase to 0 4, 0 5, or rarely to 0 6 gm a week When there is *any* drop in the erythrocytes and hemoglobin, the drug should be stopped at once for a week, then given again if the red cells have not decreased more than 1–200,000, too great a drop contraindicates therapy for several weeks, or until regeneration appears After a time, the individual tolerance of each patient becomes apparent There is undoubtedly an accumulative effect, often hard to estimate This may be helpful when properly understood, but when disregarded may cause trouble. To state our case so simply would seem to indicate that after a month or so the problem of each individual is satisfactorily solved This is far from true What usually happens is that the patient has a satisfactory drop in red cells and the dosage is reduced, maybe stopped altogether The patient feels splendidly and goes his way for a week or two

Meantime, the red cells and hemoglobin have shot up rapidly The chart of the red cells of a patient taking phenylhydrazine often strongly resembles an old-fashioned cross-cut saw The best way to avoid this is to proceed cautiously and keep on the low side of the patient's tolerance

After observation, an intelligent and cooperative patient need not be seen more than once a month It should be a rule never to let anyone take phenylhydrazine, except in the smallest amounts, without a monthly blood count Sometimes, as little as 0 1 gm every two weeks, will prevent a sudden rise

Danger signs

Any form of phenylhydrazine must be used with care but most of the ill effects reported were caused by the phenylhydrazine hydrochloride We have noticed much less jaundice since using the acetylphenylhydrazine (only one case) This is significant because three of our four old patients (1, 8, and 10) all became jaundiced when taking the hydrochloride

Jaundice, gastrointestinal disturbance, and a sudden drop in red cells are among the danger signals There also appears to be a real susceptibility which may be characterized by fever but no jaundice (cases 13 and 14)

We try to keep the red cells near normal but undoubtedly some individuals do better with the erythrocytes higher or lower than the usual figure With so much still to be learned about this disease, we hesitate to give so potent a drug except when the patient has real discomfort, hence regardless of the blood picture, we treat only those who have symptoms Once we have started therapy we continue it as long as necessary Long remissions do occur but whether these are due to treatment or the course of the disease, it is impossible to tell

Some patients with erythremia develop anemia, usually late in the disease Rarely this phase is accompanied with the well-known but rare leukemic blood picture, which has nothing to do with therapy The anemia may, of course, be the result of some intercurrent disease such as nephritis, peptic ulcer, or cirrhosis of the liver With this knowledge in mind, we wonder if frequent bleeding may not sometimes be accompanied by unfortunate results Stephens and Kaltreider[13] have recently found phlebotomy most successful and this method is without doubt useful when phenylhydrazine is contraindicated At best we are dealing with an incurable, obstinate disease and the odds are against us, so that any therapeutic agent must be powerful Our observations indicate that the acetylphenylhydrazine is far less toxic and more efficacious than the phenylhydrazine hydrochloride

Results

Nine patients were improved
Two patients were not improved
Three patients died

Unimproved The two men that were not improved were both over sixty years old and had peptic ulcers

Deaths Case 2 had a ward diagnosis of cirrhosis of the liver, cholemia, and cerebral accident Necropsy showed central cirrhosis of the liver, fibrous peritoneal adhesions, and slight arteriosclerosis of the aorta (Examination of the head not allowed) Dr Pappenheimer did not think the cirrhosis resulted from the drug

Case 3 was seventy years old Death followed a number of serious conditions among them extensive infection of varicose veins, erysipelas, and a partially occluded coronary artery Nothing was found on postmortem to indicate any toxic effect of phenylhydrazine

Case 6 probably had Ayerza's disease—a condition for which little can be done therapeutically We may have erred in using the drug but similar cases have been benefitted by phenylhydrazine Necropsy was not allowed

Summary

1 Fourteen cases of polycythemia were treated with acetyphenylhydrazine

2 Nine cases were helped, two others helped only temporarily (both had peptic ulcer), and three died Two necropsies did not indicate toxicity of drug The other patient probably had Ayerza's disease, postmortem was refused

3 One patient became jaundiced Two showed a susceptibility to the drug, in usual doses

4 From this series we feel justified in believing that the acetylphenylhydrazine is probably more effective and certainly less toxic than the phenylhydrazine hydrochloride

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Discussion

DR. D J STEPHENS, *Rochester*—In attempting to control the symptoms of polycythemia, two general types of therapeutic approach have been considered One of these is to attempt to alter the fundamental pathology of the disease, namely the bone-marrow overactivity, which is presumably on the basis of anoxemia With the possible exception of the production of an iron deficiency state, attempts to influence the bone-marrow directly have been disappointing Increasing the amount of oxygen in the inspired air, limitations of iron and proteins in the diet, the use of Fowler's solution, and the repeated aspiration of the gastric contents in an attempt to limit hematopoiesis have not been sufficiently successful to warrant general acceptance as therapeutic measures The second approach has been palliative in nature, directed at the reduction (by chemical or mechanical means) of the number of circulating erythrocytes and therefore of the hematocrit, blood viscosity, and blood volume—increases in which are responsible for the symptoms and signs of the disease The most popular method of treatment has employed one of the phenlyhydrazine preparations, whose action depends on destruction of erythrocytes by hemolysis In the hands of those who are familiar with the dangers and limitations of the drug, many cases of polycythemia may be satisfactorily controlled for periods of many years by this means, as Dr McAlpin has demonstrated There is, however, a certain number of patients in whom the phenylhydrazine preparations cannot or should not be used—those patients who are elderly or who have had vascular thromboses, those who do not tolerate the drug, and those in whom it is ineffective for one reason or another It is in such patients, in particular, that we have been interested in studying the effect of systematic venesection Dr Kaltreider and I have been able to confirm the observations of Reimann and Breuer, in Germany, to the effect that venesection, repeated at frequent intervals until the hematocrit reaches a normal or subnormal level, results in prolonged hematologic and clinical remissions of from several months to two years or more and apparently does not result in evidences of increased bone-marrow activity We believe that these prolonged remissions are due to the production of a state of relative iron deficiency by the withdrawal from the body of relatively large amounts of iron and other potential blood building materials and perhaps to a temporary inhibition of bone-marrow activity A decrease in cell size usually occurs after repeated venesection and is interpreted as evidence of the production of some degree of iron deficiency It has been demonstrated in both man and the experimental animal that the hemolytic action of a single course of phenylhydrazine is followed by retention of hemoglobin iron within the body, by reticulocytosis, by relatively rapid regeneration of blood, and in some instances, by increase in red cell volume and size In practice these changes are not of great significance because hemolysis may be continued by the administration of small maintenance doses of the drug If I may, I should like to show one slide which may illustrate some of these points This is a patient with polycythemia vera, in whom a remission was induced by means of repeated venesection and which lasted for something over a year before further treatment became necessary The second remission, induced by phenylhydrazine, was followed by a reticulocyte response and by

increase in the hematocrit and blood viscosity to the previous levels within two months I was particularly interested in Dr McAlpin's patients with peptic ulcer, because this patient was unable to take further amounts of phenylhydrazine because of an exacerbation of ulcer symptoms which accompanied the use of the drug This, of course, is not a fair therapeutic comparison because maintenance doses of phenylhydrazine were not continued after the initial period of hemolysis Due to limitations of time and number of patients, we have made no attempt to compare directly the therapeutic efficiency of phenlhydrazine and venesection The point is rather to emphasize the usefulness of venesection as an alternative therapeutic procedure which, contrary to general opinion, seems safe and efficient, and which may be found particularly useful in those patients in whom one hesitates, for one reason or another, to use chemical means of treatment

MEDICAL EXHIBITS AT THE GOLDEN GATE FAIR

In the Hall of Science at San Francisco's 1939 Golden Gate International Exposition, thirty of America's research laboratories will tell the story of the progress made in the prevention and treatment of disease

Led by such institutions as the Mayo Clinic, the Jackson Clinic, the American Medical Association, and the American Society for the Control of Cancer, these laboratories will present a picture of the latest advances in medicine and its related fields The plans will also have the cooperation of the country's leading universities, notably the University of California, Stanford University, the California Institute of Technology, University of Southern California, Harvard University, University of Oregon, and the University of Washington The exhibits will place major emphasis on prevention of disease rather than treatment.

A new and improved model of the transparent man will be shown, particularly emphasizing the digestive apparatus Other material will show the technic attained in plastic surgery Displays showing the prevention and treatment of appendicitis have also been promised and educational exhibits pertaining to diabetes, asthma, and experimental dentistry are contemplated The Mayo Clinic will participate in the cancer exhibit and the embryological exhibit.

The Jackson Clinic of Madison, Wis, will center all its efforts on the story of the thyroid gland This display will show the normal activity of the gland and how it secretes thyroxin Special consideration will be given to the achievement in preventing physical and mental destruction through the impairment of this gland and the importance of iodine in keeping the gland functioning Attention will also be focused on the so-called goiter belt stretching across northern United States, and exhibits will demonstrate the prevention of goiter and cretinism.

Dr Eben J Carey of Marquette University, who was in charge of medical exhibits at the Century of Progress, is heading a group planning an exhibit on embryology, "How Life Begins"

At the University of Wisconsin an exhibit is being prepared to show the modern use of drugs and chemicals to alleviate pain In a cooperative exhibit, University of Wisconsin pharmacologists and anesthetists will collaborate with similar groups from the University of California in a demonstration of modern anesthesia

An unusual cancer exhibit will have the cooperation of the American College of Surgeons and other groups Use of radium, x-ray, and surgical treatment will be demonstrated as well as modern preventive measures

Other important subjects to be covered by the American College of Surgeons include the treatment of bone injury, particularly the new plastic bone surgery Directing the American College of Surgeons activities at the Exposition will be a committee composed of Dr Howard Naffziger of the University of California, president-elect of the association, Dr Frank Lynch, also of the University of California, vice-president, Dr Emile Holman of Stanford, and Dr Malcolm McEachern of Chicago

The story of teeth and their connection with general health will be vividly portrayed in the Hall of Science by the exhibit of the American Dental Association As a central feature of these booths a moving model will demonstrate in a novel way how teeth are formed and grow in the mouth A series of illustrations will also show how apparently healthy teeth can decay and how many dental troubles can be prevented from spreading to other parts of the body, particularly the heart, kidneys, and bones Of especial interest to the layman will be a portrayal of the history of dentistry from its earliest beginnings

PERSISTENT VOMITING IN EARLY LIFE

With Special Reference to Obstructions of the Gastrointestinal Tract

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The purpose of this paper is to call attention to the importance of anatomical obstructions of the gastrointestinal tract as a cause of severe vomiting in early life We are not considering at this time the type of transitory vomiting due to acute general disease or acute disorders of the stomach or intestine, but to those types of vomiting which are prolonged or recurrent, and in which large quantities of food are lost For our purpose, an analysis was made of all cases of severe vomiting observed at the Strong Memorial and Rochester Municipal Hospitals in the ten year period ending January 1937 We are presenting in this paper our observations on all the infants, ninety in number, and on the twenty older children considered to have "recurrent" or cyclic vomiting We have excluded the cases of children (all of them over 2 years of age) in whom severe vomiting was due to inflammatory adhesions, recurring appendicitis, and scarring of the esophagus from ingestion of corrosive substances The cases were "selected cases" in the sense that most of them had been referred to the hospital because they had failed to respond to routine therapeutic measures In the study of these patients the pediatric staff enjoyed the active collaboration of the surgical staff Most of the operations were performed by Dr John J Morton

The diagnoses are shown in Table I

The most frequent cause of severe vomiting in the infants was congenital obstruction of the gastrointestinal tract —complete, partial, or intermittent (63 5% proven, 4 5% probable) The next most frequent cause was pylorospasm (23 5%) Errors in feeding were never the sole cause (Table II)

The more frequent causes of severe vomiting in the infants require brief consideration The clinical picture of *pyloric stenosis* is so well-known that only the briefest summary of our twenty-nine cases is necessary Twenty-one of the patients (73%) were boys The vomiting began between the ninth and twenty-seventh day in twenty-four (80%), the average day of onset was the eighteenth Two infants began to vomit on the day of birth Usually the vomiting began as simple regurgitation, but soon acquired great force in all Gastric peristalsis was observed in all cases, a pyloric tumor was palpated in sixty-one per cent. In most of the others, the pylorus was found at operation so completely covered by the liver that it was beyond the reach of palpation Prompt surgical treatment was carried out in twenty-eight infants, one of whom died of massive pulmonary collapse The vomiting ceased promptly after the operation in sixty-five per cent of the cases, slight vomiting continued for a few days in twenty-three per cent, but severe vomiting continued on the average for five days in twelve per cent Two patients ultimately died of uremia, following hydronephrosis An older infant died of pneumonia and starvation because we failed to diagnose pyloric stenosis before the autopsy

Pylorospasm was observed in nineteen infants and in two older children We have taken as our criteria for the diagnosis of pylorospasm, projectile vomiting, gastric peristalsis, the absence of a palpable pyloric tumor, and the relief of symptoms by atropine in large enough dose, by sedatives, or by thick feedings Obviously, we may have included in the series several cases of pyloric stenosis Adequate visualization of the pyloric canal by x-ray would doubtless have improved our diagnosis The fact remains, however, that medical therapeutic measures alone failed to cure—or greatly relieve—the cases in which pyloric ste-

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 25, 1937

nosis was found at operation Among the infants, eleven were boys, eight were girls Vomiting began in six on the first day of life, in one, on the forty-second, the average day of onset was the thirteenth Atropine relieved ten patients, thickened feeding, five, a combination of both, fifteen patients Two patients died of other conditions, two were inadequately observed Ten patients were free of vomiting by four months, and twelve by eight months Nine became perfectly healthy Four had attacks of vomiting at long intervals, three were described as "nervous"

Duodenal obstruction was present in fourteen infants—eight girls and six boys The cause in eleven was hyperfixation by so-called congenital bands, or faults in migration and rotation of the intestine The duodenum was frequently twisted or kinked, in two of this type, internal hernias were found Two infants had occluding diaphragms within the duodenum, one had complete atresia of the third portion of the duodenum Constitutional defects were relatively frequent in cases of duodenal obstruction Other members of the families of three had congenital intestinal obstructions Two of

TABLE I—PERSISTENT VOMITING IN EARLY LIFE

	Boys	Girls	Total
ANATOMICAL OBSTRUCTIONS IN INFANTS			
Obstruction of esophagus	4	2	6
Pyloric stenosis	21	8	29
Duodenal obstructions	6	8	14
Obstructions below duodenum	4	4	8
OTHER TYPES IN INFANTS			
Cardiospasm (with other conditions)	(5)	(5)	(10)
Pylorospasm	13	8	21
Vomiting of newly born	3	2	5
Duodenal obstructions — probable	2	2	4
Rumination	0	3	3
RECURRENT VOMITING OF OLDER CHILDREN			
Gastrointestinal obstruction—probable	8	3	11
Gastrointestinal obstruction — unlikely	6	3	9
	67	43	110

TABLE II—CONGENITAL OBSTRUCTIONS OF GASTROINTESTINAL TRACT OBSERVED IN A SERIES OF NINETY INFANTS WITH SEVERE VOMITING (CASES OF PYLORIC STENOSIS ARE OMITTED)

Case	Type of Obstruction	Other Significant Anomalies	Treatment	Outcome
1	Tracheoesophageal fistula.		Gastrostomy	Died, age 3½ months
2	Tracheoesophageal fistula.		Gastrostomy	Died, age 30 days
3	Stenosis of esophagus		Dilatation	Died, bronchopneumonia
4	Stenosis of esophagus	Cardiospasm.	Dilatation	Recovery
5	Stenosis of esophagus	Mental retardation	Dilatation at 8–10 years.	Improved
6	Atresia duodenum	Mongolian idiocy	Operation at 2 days.	Died pneumonia, 2 years
7	Diaphragm in duodenum	Alkalosis	Operation	Relief marked, slight vomiting 2 years
8	Diaphragm in duodenum	Cardiospasm Mongolian idiocy	Operation at 14 days.	Relief of vomiting, died, sepsis, 1 month
9	Cystocele duodenal membrane Rotation of duodenum	Cardiospasm. Mental retardation	Operation at 3 months	Relief
10	Hyperfixation duodenum at Treitz ligament	Hare lip. Cleft palate	Operation at 9 days	Died. Shock after operation on mouth at 25 days
11	Hyperfixation of duodenum		Operation at 35 days.	Relief
12	Hyperfixation and torsion of duodenum		Operation at 11 months	Relief
13	Hyperfixation and torsion of duodenum	Entire small intestine not rotated, and retroperitoneal. Alkalosis	Operation at 4 months	Relief
14	Hyperfixation and torsion of duodenum	Cardiospasm.	Operation at 15 days.	Relief
15	Multiple bands obstructing duodenum	Adhesions constricting ileum. Alkalosis	Operation at 4 months	Relief
16	Hyperfixation and angulation of duodenum	Cardiospasm.	Operation at 1 month	For 3 months, periods of vomiting, then relief
17	Rotation of duodenum, multiple obstructions	Redundant sigmoid. Hypospadias	Operations at 11 days, 2 months, 3 months	Relief partial
18	Hyperfixation duodenum	Cardiospasm. Hernia jejunum into lesser peritoneal cavities	Operation at 19 days.	Relief
19	Hyperfixation duodenum	Cardiospasm. Hypospadia.	Operations at 25 days, at 2 months	Relief
20*	Atresia jejunum	Pancreatitis.		Died, 7 days
21*	Atresia jejunum	Fetal peritonitis	Operation at 2 days.	Died, 14 days
22**	Internal diaphragm obstructing ileum	Impacted meconium	Operation at 2 days.	Died
23**	Atresia of large bowel	Impacted meconium	Operation	Died
24	Constriction of colon due to congenital bands	Mongolian idiot	Medical	Relief
25	Multiple congenital bands obstructing ileum		Operation at 15 months	Recovery from vomiting, died, scarlet fever 3 years
26	Volvulus due to malformation of mesentery		Operation at 6 months	Died
27	Hirschsprung's disease		Medical treatment.	Relief from treatment

* Brothers.
** Case 22 was sister of case 23



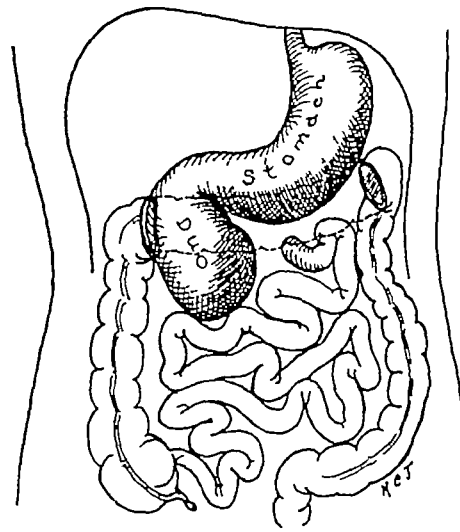


Fig 1 Atresia of duodenum Relief by operation

the infants were Mongolian idiots Hypospadias was present in two, cleft palate in one Two of the patients had redundant sigmoids Seven of them had demonstrable cardiospasm One patient was found to be retarded in mental development Another became a stammerer

The vomiting began early, on the first day of life in eleven, on the third, fifth, and ninth in the others All patients vomited with great frequency, and lost a large amount of material The vomitus often contained blood, in three patients, it contained bile The vomiting was "projectile" in ten In the seven patients with cardiospasm, the vomitus at times contained no acid or curds, a circumstance which at first caused great confusion in diagnosis In six patients, the vomiting increased steadily, in four, it was alarming from the first In four, the vomiting was intermittent—at irregular intervals

These latter patients—and some of the others—were treated for long periods of time by changes of formula In most of the cases of duodenal obstruction, fullness was observed in the epigastrium, due to distention of the stomach, in about half of the cases, gastric peristalsis was observed The x-ray plates in cases of partial duodenal obstruction were frequently misinterpreted as showing pyloric obstruction In several, the dilated duodenum was apparent As medical treatment relieved none of these patients, operation was performed in all Following operation, vomiting promptly ceased and did not return in five Severe vomiting continued in nine—for an average of five days, in seven of these infants, slight vomiting was observed from time to time In two, the vomiting steadily increased, a second operation was required in one, and a second and a third in the other, to relieve obstructions below the site of the first operation Six patients are known to have recovered completely, three had occasional vomiting for a year One of the Mongolian idiots —who had had atresia of the duodenum —died of pneumonia at the age of two years The other Mongolian idiot died of septicemia following a skin infection Another infant, relieved of vomiting after operation, died of pulmonary collapse following operation for cleft palate

It is our impression that duodenal obstruction of moderate degree may have been present in four other infants, whose symptoms were intermittent vomiting In fact, the x-ray examination indicated enlargement of the duodenum in three, but the vomiting, although considerable in amount from time to time, did not result in failure to gain, and gradually

stopped in all For this reason, operation was not indicated

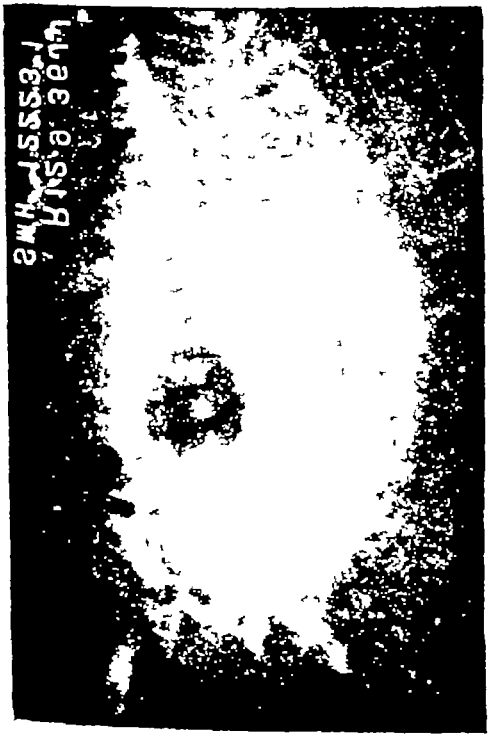
Less frequent causes of severe vomiting in infancy Tracheoesophageal fistula occurred in two infants in the series, stenosis without fistula in three, cardiospasm without other evidence of obstruction in one, and cardiospasm with other obstructive lesions in ten The vomiting began early in each case. The vomitus was free of gastric juice. In the cases of fistula, vomiting, choking, and cyanosis occurred with the first attempt at giving water Great caution is necessary in administering radiopaque material to cases suspected of having esophageal obstructions, for the material is liable to enter the lung, barium sulfate should not be used, it is much safer to use skiodan or lipiodol, better yet, to attempt to pass a catheter through the esophagus into the stomach The prognosis of complete obstruction of the esophagus is absolutely bad, even with gastrostomy, because there is usually a communication between the stomach and the lung through the lower end of the esophagus Dr Merle Scott performed transection of the cardia in our cases, with prolongation of life Incomplete obstructions of the esophagus may require dilatation of the esophagus for long periods Cardiospasm associated with obstruction in the duodenum required only occasional feeding by tube

Severe vomiting in the first two weeks of life may be due to some of the causes already mentioned, or to injudicious feeding In five of our cases, the cause was not discovered, and the vomiting ceased abruptly in all

Congenital obstruction below the duodenum was observed in eight cases Two of these patients were cured by operations which relieved obstructions of the large bowel The obstructions in the others included atresias—often multiple—and fetal peritonitis Two infants in one family had internal bands obstructing the terminal ileum, and causing the retention of enormous quantities of meconium of a rubber-like consistency None of the six survived

Rumination was the sole cause of severe vomiting in three neurotic infants

Diagnosis The review of our cases shows that congenital obstruction of the



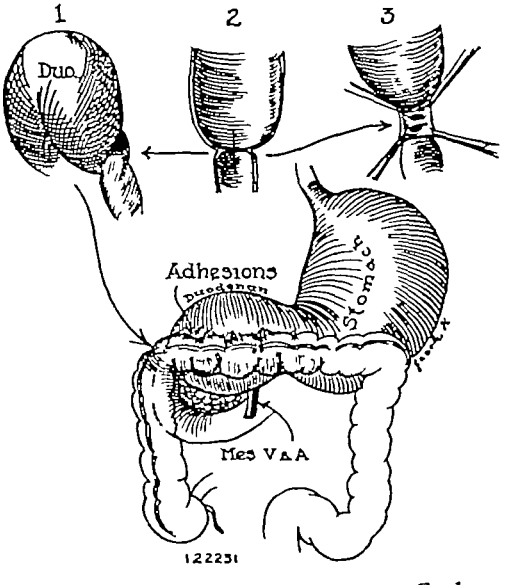


Fig 2 Diaphragm within duodenum. Cardiospasm Cure.

intestinal tract is a frequent cause of severe vomiting in infants, and should be suspected whenever the vomiting is not relieved by correction of errors in diet The majority of these infants cannot be cured without surgical treatment Exact diagnosis is important before operation The type of vomiting often gives most important diagnostic information Choking, cyanosis, and regurgitation through the mouth and nose immediately after



Fig 3 Duodenal obstruction due to construction by peritoneal bands Cardiospasm Operation—Cure.

feeding indicate that food has entered the trachea, and suggests tracheoesophageal fistula Vomiting of uncurdled milk, often with large amounts of mucus, indicates obstruction of the esophagus Vomiting which becomes forcible indicates obstruction at the pylorus or high in the duodenum Blood, usually changed in color by the action of gastric juice, may be found in the vomitus of infants with high intestinal obstruction, and does not necessarily indicate ulcer Bile in the vomitus indicates obstruction below the entrance of the bile-duct into the duodenum, but it must be remembered that in congenital lesions of the intestine, the bile-ducts may enter the duodenum at abnormal sites The stool in cases of complete obstruction resembles meconium, lanugo hairs are absent In partial obstruction, the stool may be small and constipated In cases suspected of esophageal obstruction, valuable information in regard to the site of the obstruction may be obtained by gently introducing a catheter into the esophagus In cases of complete obstruction of the esophagus, air may sometimes be demonstrated in the stomach, this sign, suggested by Dr W J Merle Scott, indicates a communication between the stomach and the trachea The x-ray gives valuable information in regard to the site of intestinal obstruction The clinician should insist upon being present while fluoroscopic examination is being made Observations should be made before the introduction of radiopaque material, otherwise, a foreign body may be overlooked, as in one case not in this series As a rule, x-ray examination is not required in cases of pyloric stenosis, but in cases of duodenal obstruction, it may show delayed emptying time of the stomach, enlargement of the first portion of the duodenum, narrowing below the site of a partial obstruction, and in certain cases, internal hernias Radiopaque material used as an enema may aid in the diagnosis of partial obstructions of the lower intestine

Prognosis The immediate prognosis in cases of severe vomiting depends upon (1) the state of nutrition of the patient and (2) the possibility of removing the cause of vomiting As a rule, the acute metabolic disturbances—such as dehydration, hypochloremia, alkalosis—yield readily to appropriate treatment but malnutrition of marked degree due to prolonged starvation can only be relieved after the vomiting has been stopped The outlook in tracheoesophageal fistula, and in multiple atresias of the bowel, is absolutely bad Obstructions at the pylorus due to spasm yield to medical treatment, undoubtedly, many cases of hypertrophic pyloric stenosis can be cured eventually by medical treatment alone It is our experience, however, that the mortality is lower, and that the cure is immediate by

operation in the hands of a skilled surgeon Stenosis of the esophagus requires dilatation which may have to be repeated often Uncomplicated cardiospasm in early infancy may sometimes be cured by means of feeding by stomach tube Duodenal obstruction, complete and partial, may be cured by operation We have been impressed by the fact that the patient with congenital obstructions of the gastrointestinal tract withstands operation well, even when the nutritional condition is poor, provided that the patient is suitably prepared for operation, and that no infection is present The remote prognosis depends in part upon the presence or absence of other anomalies, such as mongolism, mental retardation, and nervous instability Repeated vomiting in later childhood may follow that in infancy, we have not observed our patients long enough to know how frequently this may occur in the various types of congenital obstruction A partial answer can be given by examining the histories of twenty older children with recurrent vomiting These cases fall into two groups

1 Nine, in whom the attacks were accompanied by severe ketosis, and in whom no evidence could be found for intestinal obstructions Severe hypoglycemia was present in six. Migraine in one of the parents, and allergy or eye strain in the patient, were often present. The average age of onset was 4 3 years, the attacks usually ceased by the twelfth year, on the average, by the eighth year

2 Eleven children in whom the attacks were accompanied by moderate ketosis only, and in whom evidence was obtained of intermittent intestinal obstruction. (Table III)

The evidence was conclusive in four patients who were cured by operation, and was suggested by x-ray in seven The average age of onset was 2 1 years, but the onset occurred in only three during the first year of life No case formerly diagnosed as pylorospasm or pyloric stenosis was observed The evidence from the study of older children although not very extensive, suggests that severe vomiting in infancy may sometimes, but not often, be followed by recurrent vomiting in later childhood In all likelihood, cases of spasm of the cardia and pylorus, and possibly cases of milder duodenal obstruction recover spontaneously Children with severe obstruction in the first year are likely to succumb if they are not subjected to operation Obviously we cannot yet be certain that operation, even if apparently successful will assure a permanent cure in all forms of serious congenital obstruction

TABLE III—RECURRING VOMITING IN OLDER CHILDREN

Nine cases of Acetonemic Vomiting showed no evidence of anatomical obstruction.
Eleven cases showed evidence of anatomical obstruction

	Case	Sex	Site of Obstruction	Age—years Onset	Cure	Last Exam	Special treatment
A		M	D C	5	9	10	Hygienic
B		F	D ? C	9m	10	15	Sedatives
C		M	D ?	1	7	10	Sedatives
D		F	D ? C.	2		7	Not treated
E		M	D	6m	5?	5	Desensitization for allergy
F		M	D ?	6m	9	10	Sedatives
G		M	D ? C	11	26	26	Operation
H		F	C	5	10	10	Operation
I		M	C.	2		6	Not treated
J		M	Hernia of diaphragm	3	5	5	Operation
K		M	Meckel s Diverticulum	5	6	6	Operation

C Obstruction of colon. D Obstruction of duodenum.

Treatment of Severe Vomiting in Infants

From what has been said, it is obvious that surgical treatment is required in cases of severe organic obstruction But it is also obvious that medical treatment is essential in all cases We can outline here only a few of the more important medical measures The immediate problem is one of correcting the *results* of vomiting—dehydration, loss of chloride, and starvation Normal salt solution or Ringer's solution should be administered by subcutaneous injection in sufficient quantity to relieve dehydration, as shown by return of normal tissue turgor, and to replace

plasma chloride, as shown by the presence of chloride in the urine If the loss of chloride is very great, alkalosis with convulsions is likely to occur, in this case, magnesium sulfate or calcium gluconate should be injected into the muscle, and, in addition, normal salt solution should be injected beneath the skin Intravenous injection of glucose—ten per cent solution—is of immediate value in acute starvation Venoclysis is indicated in cases of acute anhydremia with symptoms of shock, and in children unable to retain any of the fluids given by mouth The transfusion of blood is of value in cases with severe malnutrition, anemia, or infection In cardiospasm, feeding by tube may not only meet the immediate requirement for food, but, in young infants, may relieve the cardiospasm In pyloric obstruction, not obviously due to hypertrophic stenosis, it is advisable to use atropine in full doses, feedings thickened with cereal, and sedatives, especially phenobarbital In our opinion, operation is the best method of treatment of pyloric stenosis Infants with severe vomiting due to obstruction below the pylorus must be treated by operation When operation is indicated, it should be carried out as soon as possible, delay results only in loss of weight and liability to infection In preparing the infant for operation, the loss of fluid and chloride must be restored After the operation, transfusion of small amounts of blood may be required The first fluid offered after operation should be water, diluted salt solution, or glucose If this is retained, small feedings of whey, human milk, or an appropriate milk formula may be used It is much safer to proceed slowly, for the infant at this time can withstand underfeeding better than it can withstand an intestinal upset, and the requirements for fluid can readily be met by infusions The full caloric requirement of the infant can usually not be offered before the seventh or tenth day We have found that whole milk and corn syrup mixtures are suitable The caloric requirements of greatly undernourished infants may be considerable Thick feeding has no advantage after operation

Summary

1 In a series of ninety cases of severe vomiting in infancy, congenital obstructions of the gastrointestinal tract were found in fifty-seven, or 63 5 per cent.

2 Forty-one of the patients with organic obstruction were relieved by operation, the relief was usually prompt in pyloric stenosis, but in duodenal obstruction, the relief was often delayed

3 Sixteen of the infants with organic obstruction died, five because operation could not correct the defect, four died immediately after operation, although the defect had been corrected, seven died a considerable time after operation, usually as a result of other congenital defects

4 The ultimate prognosis in the infants relieved of vomiting by operation is not known For this reason, a series of twenty cases of recurrent vomiting in older children was analyzed Congenital partial obstructions of the gastrointestinal tract was present in four, and probably present in seven None of these children had had pyloric obstruction in infancy In nine, no evidence for organic obstruction of the gastrointestinal tract was found

5 Adequate medical treatment of cases of severe vomiting in infancy is essential, particularly those requiring operation

6 In the treatment of congenital obstructions of the alimentary tract in infants, close cooperation between the pediatrician and the surgeon is essential

STRONG MEMORIAL HOSPITAL.

TRUTH WILL OUT

A clinic was once suing on a long overdue account and the *business head of the* clinic was giving the evidence "But I assure you," said the defending lawyer, "that many of these fees were made for visits that were entirely unnecessary, and that your partner continued these visits long after the patient was out of danger" "Indeed, no," indignantly replied the doctor, "I am quite certain that the patient was in very grave danger so long as my partner continued his visits"—*Medical Record*

"It is said that General Hugh Johnson has been employed as a radio commentator by the Bromo Quinine outfit to enlarge the demand by increasing headaches"—*Roentgen Economist*

TRAUMATIC SUBDURAL HEMATOMA

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From the Department of Surgery, Morrisania City Hospital, Dr G E Milan, Director

In recent years several excellent contributions have been made to the study of subdural hematoma Many of these reports, however, have been published in neurological journals so that the subject has not had as much dissemination among general practitioners as its importance warrants

A subdural hematoma is a collection of clot, or the fluid resulting from the disintegration of a clot in the subdural space—a potential space between the arachnoid and inner surface of the dura This collection of clot or fluid is surrounded by an outer connective tissue membrane which is adherent to the dura, and an inner thin membrane of proliferated arachnoidal cells

Subdural hematomas are formed, when, following an injury to the skull, usually of a mild nature, a vessel entering the longitudinal sinus is torn These vessels are peculiarly susceptible to injury since they enter the longitudinal sinus at the right angles and are relatively unsupported by surrounding structures The pressure in the venous sinuses and the veins entering the sinuses is low, so bleeding occurs slowly and the appearance of symptoms after the initial trauma (which is often forgotten) is delayed for several days or weeks As the clot forms there is a proliferation of fibroblasts on the surface of the clot next to the dura, forming an outer membrane, while the inner membrane is formed from the arachnoid Thus the clot becomes encysted If the original encysted clot is small, the appearance of symptoms is delayed until this mass increases in size as fluid is drawn into the hemorrhagic cyst by osmosis Gardner[1] believes that as the molecules of hemoglobin forming the clot are broken down into simpler organic compounds, the osmotic tension is altered to favor the passage of fluid into the hematoma, forming a cyst-like structure containing a yellowish or greenish-yellow clear fluid Hematomas may produce symptoms within a few days after the injury In these cases a well-defined tents of the hematoma in the early cases is of the consistence and appearance of currant jelly

In the past eighteen months the authors have observed five cases of subdural hematoma which were operated upon at the Morrisania City Hospital During this period about seven hundred cases of head injury of sufficient severity to warrant hospitalization were seen

Case Reports

CASE 1 A S, colored, married, forty-eight years old, was admitted to the hospital on February 5, 1935 She was stuporous, confused, and a history could not be obtained. She was in extremely poor physical condition She answered questions when aroused but it was impossible to find out anything definite concerning her illness A subconjunctival hemorrhage was present in the right eye. Both eyes deviated spontaneously to the right. She had a right hemiparesis with a positive Babinski on the same side The left pupil was larger than the right and both reacted poorly to light The fundi showed blurring of the nasal disc margins The pulse was sixty and the membrane has already formed The conblood pressure 160/100 The next morning it was impossible to awaken the patient and her hemiparesis had become more marked A lumbar puncture yielded a clear fluid under slightly increased pressure containing ten lymphocytes and a slight increase in globulin The patient was taken to the operating room, and because of the right hemiparesis a trephine opening was made in the skull in the left temporal region The dura bulged but was not discolored When the dura was opened the brain was tense and did not pulsate, but was otherwise normal The patient was immediately turned over, the right side of the skull prepared and an opening made in the right temporal region The dura on this side was also tense and bluish When the dura was opened a large subdural hematoma was disclosed It was cystic and contained a large amount of yellowish fluid The patient regained consciousness on the table and it was necessary to give her ether to quiet her The

clot was removed On her return to the ward the patient improved rapidly and she was discharged three weeks after admission She has been back at work for some time and is entirely symptom-free

Comment No history was available at the time of the patient's admission An exploration was considered advisable because of the slow pulse and the progressing hemiplegia with a dilated pupil on the side opposite to the hemiplegia It is interesting that the hematoma was found on the side opposite the large pupil, and ipsolateral with the hemiplegia The usual localizing signs were, therefore, entirely misleading This case demonstrates the importance of exploring both sides when a hematoma is suspected and not found on the side first explored. When the patient recovered she told of having received several blows on the head during the five weeks preceeding her operation A blood Wassermann taken postoperatively was four-plus, though the spinal fluid serology was negative

CASE 2 M S, single, white, waiter, twenty-five years old was admitted on December 20, 1934, because of occipital headaches, vomiting, and failing vision On November 17, 1934, he was struck on the jaw during an altercation He was "knocked out" for a few minutes but he soon recovered completely and continued at work He remained well and worked to November 29, when a severe occipital headache suddenly appeared In a few days the headache was accompanied by vomiting These head pains increased in intensity and finally became almost intolerable He was admitted to another hospital where a diagnosis of "meningo-encephalitis" was made

On his admission to the Morrisania City Hospital no evidence of injury to his head was noted An x-ray of his skull was negative, the fundi showed bilateral severely choked discs with hemorrhages and exudate The visual fields showed no defects The neurological examination was normal except for a slight right central facial weakness The spinal fluid was clear and colorless with a pressure of 500 mm of water The patient was considered a brain tumor suspect and a ventriculogram was done to aid in localization of the lesion The ventriculogram showed a shift of the entire ventricular system towards the right The left lateral ventricle was depressed from above

A left parietal cranotomy was done When the dura was opened a large purplish mass was seen When this mass was incised a large amount of chocolate-colored fluid and degenerated clot was found The outer membrane of the hematoma was about 3/16" thick. The inner membrane was yellow in color and very thin A complete removal was done. Following the operation the patient made a rapid recovery and has since returned to work entirely symptom-free

Comment This patient presented several unusual features As often happens, the patient did not tell us of his injury until after the operation The high-grade choked discs without localizing signs led all observers to the diagnosis of a cerebral neoplasm The ventriculogram localized the lesion accurately, but its nature was not apparent until the dura was opened A complete removal of the hematoma was possible since a large flap had been made. Had a diagnosis of hematoma been suspected, clinically, it could have been satisfactorily treated through a much smaller opening in the skull

CASE 3 M B, white, male of forty-five, was admitted in coma on March 12, 1936 About twelve days previously he had been kicked in the head during a fight. For a few days he had a swelling in the left parietal region Following this injury the patient's behavior altered. He remained at home, and often spoke incoherently He gradually became increasingly drowsy, and soon began to complain of right frontal headaches On March 11, the patient's wife was unable to arouse him The patient was a chronic alcoholic. In 1930 he had a fractured skull, followed by headaches, insomnia, poor memory, and occasional convulsive seizures

On admission to the hospital the patient was deeply comatose with a pulse of fifty The optic discs were normal, there was a left facial, central in type Both upper extremities were spastic, the right more than the left The plantar responses were extensor, bilaterally Lumbar puncture yielded a clear colorless fluid under pressure of 180 mm of water

A diagnosis of subdural hematoma was made and an immediate operation was advised The consent for operation was withheld for twenty-four hours, during which time the patient became less stuporous for only short intervals following especially the administration of hypertonic glucose He had convulsive movements in the right upper extremity with turning of the head and eyes to the right The right pupil was larger than the left. Both reacted to light

On March 14 consent for operation was granted An opening was made in the skull in the left temporal region The procedure employed was similar to that used in subtemporal decompressions except that the

opening in the skull was somewhat higher A large subdural hematoma was disclosed It had a tough outer membrane which was adherent to the dura The hematoma was extensive and two to three cms thick. The hematoma was removed by irrigation and suction Following the operation the patient remained comatose and had frequent right-sided seizures The patient's condition remained poor, and fearing a hematoma on the opposite side had been overlooked, or that a new collection of blood had occurred on the left side, the patient was returned to the operating room the next day However, a hematoma was not found on the right side, nor had a new clot formed on the left The brain was markedly edematous however, and did not pulsate The patient expired on March 16, at 9 30 A M

Comment This patient had been comatose at home for a day before his admission to the hospital There was a further delay of twenty-four hours before consent for his operation was granted During this time the patient's pulse was always slow, ranging between forty-four and fifty most of the time. The extreme bradycardia was an important fact in arriving at a diagnosis of subdural hematoma rather than prolonged coma which sometimes follows a series of convulsive seizures The failure for the patient to recover in spite of the removal of the hematoma was no doubt due to the prolonged severe compression of the brain associated with irreversible damage to the medullary centers The power of the vital centers to recover diminishes rapidly with prolonged compression When a diagnosis of subdural hematoma is made, immediate operation is demanded

CASE 4 F D, male of forty-four, was admitted to the hospital on July 10, 1936 While at work as a roofer he suddenly became dizzy, had a severe headache, and collapsed Two weeks before admission, while intoxicated, he was struck on the head with unconsciousness for an unknown period of time The next morning he felt well and continued to work up to the time of admission to the hospital The patient recovered rapidly in the hospital and he was thought to have suffered a "heat stroke" He left the hospital at his own request on July 13

On July 16, headache, vomiting, and diarrhea suddenly appeared The next day he became drowsy and was readmitted to the hospital On examination the optic discs showed blurring of the margins, there was a left central facial weakness and the tendon reflexes in the left upper extremity were increased The pulse rate was forty and the blood pressure 140/80 The spinal fluid was clear and colorless with a pressure of 140 mm of water The patient became increasingly stuporous When roused he complained of severe headache

A diagnosis of subdural hematoma was made and an operation was done immediately under local anesthesia The usual right subtemporal decompression incision was employed, although the opening in the skull was made somewhat higher in position The dura was blue, and did not pulsate A dark brown membrane was present under the dura When this was opened considerable fluid and semi-fluid dark brown clot escaped The outer membrane of the hematoma and all the clot were removed The brain began to pulsate normally, and the patient became alert and free of headache almost as soon as the hematoma was opened The patient made a rapid, uneventful recovery and was discharged on August 8 with no complaints and no objective evidence of focal disease of the nervous system

Comment This patient was operated upon a few hours after a diagnosis of subdural hematoma was made Signs of severe compression of the brain had existed only twelve hours The early operative intervention undoubtedly accounts for the patient's speedy and complete recovery In this case the neurological signs were of localizing value, the hematoma occurring on the side opposite to the central facial weakness and the tendon hyperreflexia Bilateral exploration was planned, but since a marked improvement took place on the operating table as soon as the hematoma on the right side was evacuated, exploration of the left side was not considered necessary

CASE 5 C W, white, widow of 49, was admitted to the hospital on May 23, 1936 She fell and struck her head three days previously while intoxicated, and had been unconscious for a short undetermined period She seemed fairly well until three days later when she became confused and drowsy The stupor increased and on admission to the hospital it was extremely difficult to rouse her Her pulse was sixty-four and the blood pressure 162/110 She had a mild stiff neck. The pupils were equal but reacted sluggishly to light. The neurological status was otherwise normal A lumbar puncture yielded a xanthochromic fluid under a pressure of seventy mm of water On the second day of her admission she was irrational though less drowsy On May 27, the patient had a Jacksonian seizure involving the right side of the face the right upper and lower extremities When examined at 2 00 P M on this day she was stupor-

clot was removed On her return to the ward the patient improved rapidly and she was discharged three weeks after admission She has been back at work for some time and is entirely symptom-free

Comment No history was available at the time of the patient's admission An exploration was considered advisable because of the slow pulse and the progressing hemiplegia with a dilated pupil on the side opposite to the hemiplegia It is interesting that the hematoma was found on the side opposite the large pupil, and ipsolateral with the hemiplegia The usual localizing signs were, therefore, entirely misleading This case demonstrates the importance of exploring both sides when a hematoma is suspected and not found on the side first explored When the patient recovered she told of having received several blows on the head during the five weeks preceeding her operation A blood Wassermann taken postoperatively was four-plus, though the spinal fluid serology was negative

CASE 2 M S, single, white, waiter, twenty-five years old was admitted on December 20, 1934, because of occipital headaches, vomiting, and failing vision On November 17, 1934, he was struck on the jaw during an altercation He was "knocked out" for a few minutes but he soon recovered completely and continued at work He remained well and worked to November 29, when a severe occipital headache suddenly appeared In a few days the headache was accompanied by vomiting These head pains increased in intensity and finally became almost intolerable He was admitted to another hospital where a diagnosis of "meningo-encephalitis" was made

On his admission to the Morrisania City Hospital no evidence of injury to his head was noted An x-ray of his skull was negative, the fundi showed bilateral severely choked discs with hemorrhages and exudate The visual fields showed no defects The neurological examination was normal except for a slight right central facial weakness The spinal fluid was clear and colorless with a pressure of 500 mm of water The patient was considered a brain tumor suspect and a ventriculogram was done to aid in localization of the lesion The ventriculogram showed a shift of the entire ventricular system towards the right The left lateral ventricle was depressed from above

A left parietal cranotomy was done When the dura was opened a large purplish mass was seen When this mass was incised a large amount of chocolate-colored fluid and degenerated clot was found The outer membrane of the hematoma was about 3/16" thick The inner membrane was yellow in color and very thin A complete removal was done Following the operation the patient made a rapid recovery and has since returned to work entirely symptom-free

Comment This patient presented several unusual features As often happens, the patient did not tell us of his injury until after the operation The high-grade choked discs without localizing signs led all observers to the diagnosis of a cerebral neoplasm The ventriculogram localized the lesion accurately, but its nature was not apparent until the dura was opened. A complete removal of the hematoma was possible since a large flap had been made. Had a diagnosis of hematoma been suspected, clinically, it could have been satisfactorily treated through a much smaller opening in the skull

CASE 3 M B, white, male of forty-five, was admitted in coma on March 12, 1936 About twelve days previously he had been kicked in the head during a fight. For a few days he had a swelling in the left parietal region Following this injury the patient's behavior altered He remained at home, and often spoke incoherently He gradually became increasingly drowsy, and soon began to complain of right frontal headaches On March 11, the patient's wife was unable to arouse him The patient was a chronic alcoholic In 1930 he had a fractured skull, followed by headaches, insomnia, poor memory, and occasional convulsive seizures

On admission to the hospital the patient was deeply comatose with a pulse of fifty The optic discs were normal, there was a left facial, central in type Both upper extremities were spastic, the right more than the left The plantar responses were extensor, bilaterally Lumbar puncture yielded a clear colorless fluid under pressure of 180 mm of water

A diagnosis of subdural hematoma was made and an immediate operation was advised The consent for operation was withheld for twenty-four hours, during which time the patient became less stuporous for only short intervals following especially the administration of hypertonic glucose He had convulsive movements in the right upper extremity with turning of the head and eyes to the right The right pupil was larger than the left Both reacted to light

On March 14 consent for operation was granted An opening was made in the skull in the left temporal region The procedure employed was similar to that used in subtemporal decompressions except that the

opening in the skull was somewhat higher A large subdural hematoma was disclosed It had a tough outer membrane which was adherent to the dura The hematoma was extensive and two to three cms thick The hematoma was removed by irrigation and suction Following the operation the patient remained comatose and had frequent right-sided seizures The patient's condition remained poor, and fearing a hematoma on the opposite side had been overlooked, or that a new collection of blood had occurred on the left side, the patient was returned to the operating room the next day However, a hematoma was not found on the right side, nor had a new clot formed on the left. The brain was markedly edematous however, and did not pulsate The patient expired on March 16, at 9 30 A M

Comment This patient had been comatose at home for a day before his admission to the hospital There was a further delay of twenty-four hours before consent for his operation was granted During this time the patient's pulse was always slow, ranging between forty-four and fifty most of the time The extreme bradycardia was an important fact in arriving at a diagnosis of subdural hematoma rather than prolonged coma which sometimes follows a series of convulsive seizures The failure for the patient to recover in spite of the removal of the hematoma was no doubt due to the prolonged severe compression of the brain associated with irreversible damage to the medullary centers The power of the vital centers to recover diminishes rapidly with prolonged compression When a diagnosis of subdural hematoma is made, immediate operation is demanded.

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ous Moderate neck rigidity was present The pupils were equal The deep reflexes on the left side were increased with a positive Babinski on this side The patient improved slightly following the administration of hypertonic glucose However, by 5 00 A M the next morning she was deeply comatose

An exploration for a subdural hematoma was undertaken A linear fracture was disclosed in the right temporal region The dura appeared normal, the pia-arachnoid was edematous, but the brain otherwise was normal An opening was then made in the skull in the left temporal region The dura was tense, bluish, and did not pulsate The dura was opened and an extensive currant-jelly clot disclosed and removed

Following the operation the patient became somewhat more alert, but she developed rales in her chest, became cyanotic, and died twenty-four hours later

Comment This patient developed signs of cerebral compression three days after her injury Her physician at first attributed her stupor to alcoholism, but when she failed to rouse after several hours he suspected an intracranial injury The progressively increasing stupor with a slow pulse made diagnosis of subdural hematoma probable The right-sided convulsion pointed to the left hemisphere as the probable localization The increase in reflexes and Babinski on the left side along with x-ray evidence of a fracture on the right side led to an exploration on the right side When a hematoma was not found on the right, the left side was immediately explored and the suspected lesion discovered

Discussion

Several publications concerning this entity bear the title "Chronic Subdural Hematoma," following the lead of Trotter[2] who in 1914 reported four cases and discussed the relationship to pachymeningitis hemorrhagica interna A review of our case histories and those of other observers reveals that often only a few days may elapse from the injury to the development of symptoms, and yet at operation the findings which heretofore have been described in cases of "chronic" subdural hematoma are disclosed—a well-formed thick outer membrane and a thin arachnoidal inner membrane, with clot in various stages of disintegration intervening It is our belief that the rapidity with which symptoms appear depends primarily on the size of the initial hemorrhage, though there may be other, as yet unknown factors

Cases reported from neurosurgical clinics tend to have relatively long histories This may be explained by the fact that patients with intracranial lesions referred to neurosurgical clinics most often have choked discs and are brain tumor suspects Thus, the impression gained was that subdural hematomas were of necessity slow in evolution The experience in large city hospitals where many acute head injuries are admitted is at variance with that gained on a neurosurgical service In our series the average interval from the injury to the time of operation was about four weeks The shortest interval was eight days and the longest eleven weeks

The pulse rate was slow in four of five of our cases In one case it was as slow as forty We have found the pulse rate of great value in evaluating the indications for exploration in a case suspected of having a subdural hematoma A slow pulse with increasing stupor is almost an absolute indication for exploration Contrary to the observations of others,[3] the pupillary signs have not been of great value In two patients the clot was found on the side opposite the dilated pupil, whereas in the other three cases the pupils were equal

Pyramidal tract signs are notoriously misleading in patients with subdural hematomas In one patient with a marked right hemiparesis the hematoma covered the right hemisphere, whereas in only one case was the hematoma found contralateral to the side with tendon hyperreflexia

Convulsive movements were present in two cases and in both were on the side opposite to the hematoma Convulsions are relatively infrequent in the reported cases of subdural hematoma. The spinal fluid findings were not at all characteristic. In four cases the fluid was clear and colorless Only one had a xanthochromic fluid, and in only one was the pressure above 180 mm of water Only one patient had papilledema, two had blurring of the disc margins, and two had normal fundi

Four of the patients were very drowsy or comatose All these patients had very

slow pulse rates The diagnosis of subdural hematoma must be seriously considered in every patient with increasing stupor and bradycardia even in the absence of focal signs or pupillary disturbances

X-rays of the skull have usually been negative in cases of subdural hematoma Coleman[4] reported twenty-four cases, of which only two had x-ray evidence of fracture of the skull In our own series, only one case of five had a fracture of the skull

We believe an exploration should be done as soon as a subdural hematoma is suspected Delay may jeopardize the chances of recovery Patients who are operated upon after prolonged compression of the brain rarely recover Our two fatalities, we believe, may have been averted by earlier operation

Both sides of the head should be prepared An incision similar to that employed in a subtemporal decompression is made The dura is then inspected through a small opening in the skull In cases of subdural hematoma the dura is tense and has a bluish-green color If an abnormal dura is found the opening in the skull is enlarged to about the size of a half-dollar the dura is incised and the outer thick membrane of the hematoma is opened The contents of the hematoma may be fluid, or jelly-like, and can easily be removed by irrigation and suction A small rubber tube drain is placed to have its exit at the lower angle of the wound which is closed in layers with fine silk sutures If the hematoma is not found on the side first explored, or if a bilateral hematoma is suspected, the patient should immediately be turned over and the other side explored In favorable cases the patient most often regains consciousness on the operating table The drain is removed after twenty-four or forty-eight hours Since the brain has been compressed, and its volume is smaller than normal there is no point in restricting fluids, or using hypertonic solutions intravenously As a matter of fact, it has been our practice to give normal saline by vein either during or shortly after the operation

Summary

1 A subdural hematoma should be suspected in every patient who has suffered a head trauma, however trivial, who begins to complain of headache a few days to several weeks after the injury, and who has a slow pulse and disturbance in the state of consciousness

2 In patients admitted to the accident ward in coma where no history is obtainable, subdural hematoma should be included in the differential diagnosis, especially if the pulse is slow

3 When a diagnosis of a subdural hematoma is made, exploration should be done without delay according to the principles above outlined

57 W 57 St
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References

1 Gardner, W J *Arch Neurol and Psych*, 27 847 1932
2 Trotter, W *Brit J Surg* 2 271 1914
3 Kaplan A. *Brain* 54 430 1931
4 Coleman, C. C *Amer J Surg* 28 341 1935

DIABETES LECTURE COURSE

On January 20 at 4 P M, the New York Diabetes Association of the New York Tuberculosis and Health Association will open a series of six weekly lectures for physicians on "Modern Treatment of Diabetes Mellitus and Its Complications" These lectures have been endorsed by the New York Academy of Medicine and will be given in Room 20 of the Academy's building

There will be no registration or admission charge and all physicians and medical students are cordially invited to attend.

The program of the entire series is as follows

January 20—"Physiology of Carbohydrate Metabolism," William Chambers, Ph.D
January 27—"Dietetic Management of Diabetes," Herman O Mosenthal, M D
February 3—"Insulin and Protamine Insulin," James Ralph Scott, M.D
February 10—"The Treatment of Diabetic Ketosis," Dana W Atchley, M D
February 17—"Gangrene, Infection and the Management of the Surgical Diabetic," Beverly Chew Smith, M.D
February 24—"Cardiovascular Diseases and Diabetes," George Baehr, M D

BACILLUS ALCALIGENES INFECTIONS

L H GOLDBERG, M D, *Nyack*
From the Medical Division, Nyack Hospital

The bacillus fecalis Alcaligenes, ordinarily a saprophytic intestinal organism, had been isolated in the past as the causative agent in rare and peculiar manifestations of disease states Sloboziano and Nasta[1] describe a case of fetal peritonitis in bivitelline twins born at term Both succumbed to the disease—one three days and the other five days postpartum The mother had been well throughout the entire period of gestation The fluid obtained by paracentesis during the life of the twins yielded pure cultures of the Bacillus Alcaligenes Autopsy findings in the face of an absence of enteritis and pulmonary and pancreatic infarcts were sufficient for the investigators to conclude that the peritonitis was of a primary character

Stanisevskaya, Egger, and Nikolenko[2] report on thirty-six cases of B Alcaligenes infections during a typhoid epidemic in 1927 Insofar as in eighty per cent of the cases studied the B alcaligenes was isolated from the bloods of serologically proven typhoid and paratyphoid patients, and that in the remainder it was a parainfection in typhus, malaria, influenza, and questionable malaria the authors came to no definite conclusion They are of the opinion, however, that the B alcaligenes group may be responsible for some complications and may be agents which favor the development of infectious diseases

Morosoff,[3] apparently commenting further on this above group of cases, states that he is of the opinion that the B fecalis alcaligenes plays only a role of a secondary invader in typhoid infections Whether this is uniformly true for all cases cannot be stated

Anderson[4] describes two cases in which B alcaligenes recovered from the blood stream was the causative pathogen It is particularly noteworthy on two counts The first is that in both cases the clinical course was that of acute rheumatic polyarthritis The second is that under the assumption that the organism entered the blood stream through the intestinal tract, both cases recovered on the administration of tablespoon doses of one per cent mercurochrome

Krais, in a thesis presented to the University of Muenchen in 1913 discussed the Bacillus Fecalis Alcaligenes as an inciting organism of disease He reported a case of a nineteen year old nurse who suffered from lancinating pains during defecation, two to three mucous mixed formed stools daily, before admission to the hospital Her condition in the hospital followed a febrile course of an acute gastroenteritis with herpes labialis, tenderness generalized over entire abdomen and temperature ranging to 102-104°F rectally After about three weeks during which time she improved and the temperature dropped to normal by lysis, cultures from the blood on bouillon gave a growth which was proven to consist of members of the B alcaligenes group

Mason[5] describes a case of acute meningitis in which the invading organism was B fecalis alcaligenes The patient was a twenty year old girl with a meningocele six cm in diameter in the lumbosacral region Two days after admission to the hospital she began a course of illness characterized by definite signs of meningitis The leukocyte count varied from 8,000 to 14,000 with a predominance of neutrophiles She made an uneventful recovery and is well twenty months after her discharge from the hospital

The organism isolated in pure culture from the cerebrospinal fluid, proved to be of B fecalis alcaligenes group It could not be found either in the blood, stools, or urine of the patient

W Moir Brown[6] and Stewart review two cases by Gracey[7] from Malaya of proven hematologic infections, and both of which recovered They also review Anderson's cases and others reported in this paper Their conclusions seem to warrant the assumption that, although the morbidity in B alcaligenes infections is severe, the mortality rate is apparently low

Bacteriologically the organism had been known since 1889 when it was iso-

lated from spoiled beer by Petruschky In 1904 Altschuller reported a case of typhoid fever from the blood of which typhoid bacilli were recovered, and from the spleen of which the B fecalis alcaligenes was recovered At that time it was felt by workers that there existed some sort of mutation of the typhoid bacillus within the body to that of the B fecalis alcaligenes This had never been proven A later laboratory report comes from the New York State Department of Health Hazen and Mortholaro[8] present an "hitherto undescribed microorganism of the alcaligenes group" It was recovered from a blood specimen of a suspected clinically typhoid fever

The woman, age forty-one, suffered from chills, profuse sweats, extreme prostration, and abdominal distention. The temperature range was 99 to 104°F , leukocyte count, 13,500 with ninety-one per cent neutrophiles Undulant fever, Tularemia, B Abortus, and the Typhosus group were ruled out by the laboratory She died on the forty-sixth day of her illness

This particular organism differed from the B alcaligenes group generally in being nonmotile, in not possessing flagella, and in producing only a slight alkalinization of milk Yet it fulfilled the general requirements to be classified with the B alcaligenes group It was a gram-negative organism, it did not ferment carbohydrates, and it did not form acetyl-methyl-carbinol

The strain isolated from the case reported in this paper belonged to the general group of the B fecalis alcaligenes, and showed no such differences as in the above cultures, yet it appears that the two cases seemed to have run a similar course while the disease state lasted *

Comment

When the Bacillus Fecalis Alcaligenes does assume the role of that of pathogenic micro-organism to man, man's reaction to that particular organism is as varied as man is himself In one group the signs and symptoms are like those found in the variety of typhoid bacilli infections, in another it seems to have simulated acute rheumatic polyarthritis, in another primary peritonitis was the dominant syndrome, while in another it provoked a reaction like that of an acute gastroduodeno enteritis Having entered the spinal fluid, this organism caused the typical acute meningitis as reported by Mason

In attempting to arrive at a clinical picture which would tend to bring it out as a disease entity one is hard put The diagnosis will invariably have to be made on the laboratory's investigation of the blood culture There is one distinguishing characteristic that may be emphasized It is a different picture In the rheumatic expression it is quite some shades different from the large run of rheumatic fever one sees clinically In the typhoid expression it is likewise markedly different in shades from the general run of typhoid infections No matter what forms or expressions it simulates, it is different That difference encountered clinically should be the incentive to a careful hematological investigation In one of Anderson's cases blood cultures were positive only with the rise in temperature On the days when the temperature was normal the blood cultures were sterile

There is a strong probability that there is a serological variation of various strains of B fecalis alcaligenes Some authors feel that immune serum can agglutinate only its homologous strain However, the clinical cases so far reported tend to show that some strains are markedly pathogenic and fatal, while others are less so Surely the majority of the strains of that organism are definitely nonpathogenic.

The B fecalis alcaligenes infection is an accidental one at most The question is far from settled and until further cases are reported—cases which would appear more satisfactorily worked up than the ones in the literature at present—we will still be dealing with a vague, unclear clinical entity Speculations as to its portal of entry should be held in abeyance until the primary stage in the mechanism of such an infection is definitely established in the bacteriological laboratory Nevertheless, in the case reported by Mason and in the history of the case reported in this paper,

*This comparison is made upon the description of the clinical findings as reported by Hazen and Mortholaro [8]

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Bacteriologically the organism had been known since 1889 when it was iso-

it would appear that the organism entered the blood stream and the spinal fluid through a direct contact with the rectal and anal discharges

Case Report

A F, an Italian aged thirty-eight, called the writer to his home on July 19, 1934 He complained of headaches, nausea and vomiting, chills and fever, and pain about the lower lumbar region

He stated that about a month earlier he felt a pain at the coccygeal area whenever he sat on a chair This discomfort lasted but two days and until his day of illness he felt comparatively well On July 18 he returned to his room about 2 00 A M , he awoke on the morning of the nineteenth with chills and fever, nausea, and vomiting

His examination at that time revealed scattered rales over the entire right lower lobe At no time during the course of his illness was there any cough or any productive mucus No points of tenderness were elicited anywhere, his temperature was 102°F by mouth and his pulse, 100 No other pathology could be discovered He was admitted to the hospital the following day The course of his illness during his stay in the hospital is best illustrated by the accompanying temperature, pulse, and respiratory curves (Chart I) From the very beginning he refused his food, the nausea persisted and he vomited frequently Within forty-eight hours the nausea and vomiting ceased, but the temperature began to rise to precarious heights, followed by profuse sweats Ordinary antipyretics were without any effect upon the temperature. The water balance was maintained by intravenous glucose and saline drips and fluids by mouth Except for the chill, temperature, and sweat sequence, he remained fairly comfortable After three days he became very irritable and began to complain of migratory evanescent pains in the back of his neck, and over his sternum, and refused all fluids given to him He grew more and more apprehensive and uncooperative On July 25, the physical signs revealed a pulmonary infiltration in left base The x-ray showed this infiltration, but failed to reveal any pathology in the right lung Three days later, the x-ray reported negative findings in both lungs, although scattered rales could still be heard throughout the entire chest wall His chills lasted from five to thirty-five minutes He was constantly distended abdominally, and he became more and more moribund

On July 27, the metatarsophalangeal joint of his left big toe became red, tender, and swollen There was no culture made from this manifestly septic embolic phenomenon It improved somewhat, did not go on to suppuration and it was not disturbed

On July 30, he was given 200 c c of whole blood by a direct transfusion This had little or no effect upon him That night he began to show evidences of cerebrospinal irritation by twitchings of the arms and face His breathing became shallow and labored. He became irrational and sank into a semiconscious state on the morning of August first, and died that noon of cardiac collapse

One noticeable feature of the case was the marked alteration in the skin pigment As the disease progressed it turned from the usual swarthy color typical of the inhabitants about the Mediterranean basin, to a darker brown At his terminus his skin color resembled the faded brown of a shriveled autumn leaf

Laboratory Data

Stool Consistently negative for typhoid, paratyphoid, and B Dysenteriae

Agglutination tests Consistently negative for B Typhosus and B Abortus

Blood culture—I (July 20) Negative for ninety-six hours

Blood culture—II (July 22) Eighteen hours negative Forty-eight hours—many gram negative Bacilli Transferred to Russell's medium and Litmus Milk.

(July 26) Litmus milk alkali, Russell's Medium, no gas but slightly acid, Slant Alkali

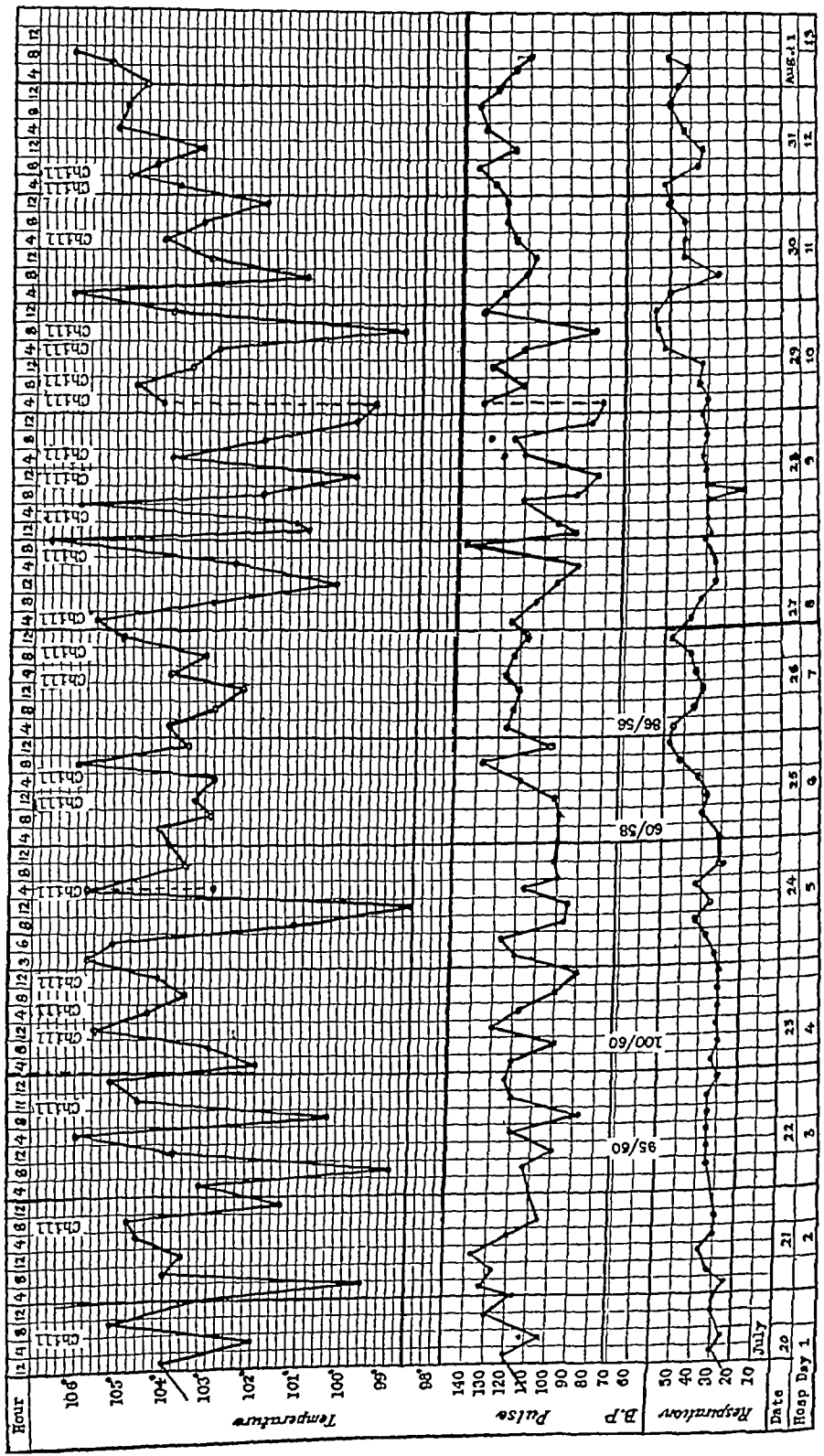
Blood Culture—III (July 28) Twenty-four hours—many gram negative Bacilli Transferred to Russell's Medium

At this stage our laboratory organization became handicapped to a degree that we could not continue our investigation under our own roof We transferred our cultured material to the State Laboratories in New York City for further study Accordingly they reported to us on September 17, that the cultures submitted for identification resembled members of the B Alcaligenes group Further study of the organism proved them to be the typical B alcaligenes

Further laboratory data of significance are as follows

July 21 Urine—Faint trace albumin Indican, four plus Two to three granular

CHART I


Hour
Temperature
Pulse
B.P
Respiration
Date
Hosp Day
July
Aug.
86/56
100/60
95/60
60/58

Preventive Medicine

By-Products of Periodic Health Examinations

CHARLES H GOODRICH, M D, *Brooklyn*

Presidential Address

There is no large group in the State who in the former decade worked more diligently for the development and popularizing of Periodic Health Examinations than our own. There is no group with greater interest and knowledge in this department. To consider its desirability today would be superfluous were it not for the fact that some new thoughts and idealisms might recreate former enthusiasm and lead in re-establishing leadership in this most essential department of Preventive Medicine

The main object of these annual or semi-annual audits is, of course, the preservation of Health This is accomplished by recording the normal and abnormal conditions found and giving instructions so that the abnormal may be eliminated before physical or mental handicaps ensue. Health has long been the subject of consideration and expression by wise men and women Today the people at large are more health conscious than ever before. Many philosophers and other nonmedical scholars have offered opinions regarding Health and a few of these may interest us as inspirational dicta, even though incomplete or inaccurate scientifically For all suggest that in this latter day, Periodic Health Examinations may develop a variety of values

An old Arabian proverb states "He who has health has hope, and he who has hope has everything"

Another suggests "For life is not to live—but to be well" (Martial)

Ameil says "In Health there is liberty! Health is the first of all the liberties"

We find that lay writers often emphasize the wisdom of corporeal care and development especially of muscular effort as Lytton remarks "Half our diseases come from neglect of the body in overwork of the brain" Wendell Phillips, the orator, thunders "Health lies in labor and there is no royal road to it but through toil" Once more it is said "From labor health—from health contentment springs" (Beattie) Sir William Temple concludes "The only way for a rich man to be healthy is by exercise and abstinence—to live as if he were poor" Dr Johnson offers "Health is so necessary to all the duties as well as the pleasures of life that the crime of squandering it is equal to the folly"

Carlyle stung us a bit when he wrote "The healthy know not of their health—but only the sick This is the physicians' aphorism and applicable in a far wider sense than he gives it." Perhaps he was suggesting Periodic Health Examinations! It remained for Voltaire to become even more suggestive in the remark that "The fate of a nation has often depended on the good or bad digestion of a Prime Minister"

Aside from their peculiar and impressive benefits to the individual examinees there are certain by-products which recommend these inventories to the mind of the earnest scientific physician

For instance, if we consider the growths of the breast, both male and female, we can acquire opportunity to study a large field Some years ago in one of our best Metropolitan hospitals a rule was established that whenever a woman was examined, whatever the reason or complaint, the breasts should be investigated. In the first seventeen hundred cases so examined twenty-one tumors were found—which had not been discovered by the patients All were removed Seven were found to be malignant—all apparently encapsulated, therefore early The balance were benign of varying types Seven lives were saved in the first group In the benign group those with adenomatous elements who might have escaped detection until malignant changes occurred, were also probably rescued from a measure of danger If we practiced Periodic Health Examinations consistently among all of our patients regardless of sex, pathologic studies of early breast tumors could be made on so large a scale as to give us hitherto unknown knowledge of incidence, of pathologic se-

Read at the Annual Meeting of the Second District Branch, Garden City, November 17, 1937

casts per field Occasional W B C *Blood Count*—W B C 27,400 Polys eighty-five per cent, Lymphocytes, Eleven per cent, Mononuclears, four per cent

July 23 Urine—Albumin and granular casts Many R B C W B C—9,000 white

It may be noted that all of our efforts were directed toward recovering and classifying the offending micro-organism We were clinically confident that the case presented unusual features of a definite bacteremia, and we could not overlook the similarity to an infection caused by a member of the colon group

Summary

A review of the literature appertaining to the clinical forms of B Alcaligenes infections is presented

A case is described and presented illustrating the unusual manifestations of a fatal B Alcaligenes Blood Stream infection

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WHILE DINNER WAITS

"My woman wanted I should come
And get this bottle filled
If she has a spell and don't have some
In the house she thinks she's killed

"All right, Doc, just set it down
On the book an' then some day
When I'm a comin' overtown
I'll see't you get your pay"

* * *

"Dinner ready?" Yes, My Own,
I hear you calling me
Hang it! There goes the telephone!
Who is it? I might 's well see

Hello! Hello! Yes, Mrs Drake,
How are all the little ills?
Oh, I see Well, did you take
Six of the purple pills?

You took 'em and they made you worse?
Well, take six more Don't worry
If you don't improve we'll get a nurse.
Good bye I'm in a hurry

* * *

"Please-a, Mr Doc, — excusa me
You no hear-a de bell?
Please-a, Mr Doc, — you come-a see
My wife He sick like hell

"You gotta no dinner? Bye an' bye
You eat-a him, but please —
Before my wife he go and die —
You make-a him more ease"

—Paul B Brooks, M D

PATIENTS, NOT DISEASES, ARE TREATED

Sir Auckland Geddes, in an address delivered at the Bicentenary of the Royal Medical Society (reported in the *Edinburgh Medical Journal*, 44 366, 1937 and quoted in *Economics of Radiology*), said

Time and again, when, in various parts of the world, I have found myself ill or injured and confined to bed, I have been attended by doctors who never even found out that I had any medical training, in fact, they never found out anything about me at all They were concerned to treat "The Injury" or 'The Disease" and not me, the patient, they were, in short, dealing with a pure abstraction and thinking that they were being very scientific. The more I have seen of life and death, of pain and suffering, the more clearly I have realized that there is never in the real world outside the walls of the Medical School and teaching hospital "A Disease" to be treated, there is never "An Injury" to be dealt with, there is just a sick child, woman, man to be helped to get well In short, the real business of clinical medicine is not science It is, in the case of each sufferer, a personal relationship into which sincerity and medical knowledge are suffused by the physician, and trust and some dependence by the patient.

and cardiovascular disease and the definite responsibility of some focus for the combination

Recently in speaking of the prevention of various types of cardiovascular disease we concluded Considering the notorious incidence among physicians we might well begin by preventing these vicious killers in the medical students and hospital interns of today and in the young practitioners, by periodic examinations Let this be a part of their training—to make them prevention minded.

If we do this for each other and thus reduce the incidence among ourselves, publication of records may interest the people at large Thus through periodic health examinations and abiding by their indicated care we may prevent much of the now increasing cardiovascular disease.

An unusual opportunity to initiate the practice of Mental Hygiene occurs during a leisurely deliberate review of anatomical and physiological conditions at a periodic health examination While answering the questions propounded by the examiner the examinee will reveal much of the quality, color, attitude, and facility of mind which can form the basis of suggestion and influence greatly needed. Year by year the examiner can determine the disappearance of undesirable mental phases and the development of new and priceless powers, partly by elimination of physical handicaps, partly by suggestion so adroitly maneuvered as to avoid consciousness of management by the patient. This by-product alone is worth the price in time and effort. For the fate of the world may be dependent upon how and how much we develop the practice of mental hygiene. *We* must learn the role of emotions and conflicts in the production of *physical* symptoms and complaints The bulk of responsibility in prevention must be borne by parents, teachers, clergymen, physicians and hospital personnel (for sick bodies are usually crowned by sick minds), business executives, shop and other foremen, radio and cinema producers, authors, newspaper writers, publishers, and last but far from least all government officials, national, state and municipal who are elected to accomplish great good *for the people* If we except ten per cent of parents, many clergymen, twenty per cent of physicians, and a scattered hospital personnel, the bulk of these responsible people are not practicing mental hygiene but its antithesis Common attitudes toward mental illness are indifference, evasion, perplexity, or useless sometimes detrimental fussing

It is of almost emergency importance that the general practitioner interest himself in mental hygiene as an outstanding feature in Preventive Medicine His practical value to the community will be greatly enlarged if during health examinations he incidentally coaches the mind so that it can play the game of life with greater poise and elasticity

In many instances there is a wide gap in our knowledge of the facts, concerning some lesion, between the normal and the disease as we commonly first find it. This wide gap—of time or development of lesion—markedly lessens the continuity of our thoughts and abilities in considering a particular disease This interval, short or long, is an important temporal area In its confines, our knowledge and our ability to serve our patients may be so increased that the most valuable by-product of periodic health examinations would be this knowledge of the progressing pathologic processes and the steps between the normal and disease. The phases in which we discover tuberculosis is an outstanding example We find some early tuberculosis Now the question is, how early is it? If we get it much earlier by health examination there will be less mortality, less morbidity, less disability, and less likelihood of recrudescence. Moreover, we know more about *earlier* tuberculosis and its susceptibility to cure or arrest

Other wide gaps in our knowledge of the facts between the normal and diseases as we commonly first find them occur in various intra-abdominal lesions which give a history of long- or shortstanding constipation before they are brought up to a short turn by significant *pain* or a definite *emergency* If the *constipation* reported or discovered at the periodic health examination were *studied,* many of the preceding grades of disease would become familiar Examples are new-growths of the colon, new growths of the small intestine, new growths of the ampulla of Vater, diverticulosis, reduction in caliber of intestine or colon by constricting adhesions, uterine and ovarian growths causing pressure and widespread metastases, chronic appendicitis, chronic cholecystitis, and a number of other conditions of which

quence, and of the line of demarcation between probable success and futility of operative removal of the various grades of carcinoma Moreover, the possibility of the discovery of some of the elements in etiology of breast tumors might reasonably be expected

Nutritional problems, if studied with the aid of annual or semiannual examinations of apparently healthy persons, could be more frequently and fruitfully solved. In persons "undernourished" the cause would often be determined and promptly corrected or eliminated as in tuberculosis, hyperthyroidism, the various anemias, achlohydria, and other gastric functional disorders as well as unsuspected ulcer, constipation with copremia, the dystrophies and many other ills

Again we might learn of comparative incidence, habits of eating, habits of life, and many other facts which might lead to efficient public education ultimately preventing a goodly fraction of such conditions

Obesity, so proudly paraded by a supposedly physically prosperous group, could be largely accurately classified and, besides correcting the causes and preventing sequelae, we could determine more definitely how many *obese persons* become *diabetics* We know about what percentage of diabetics are previously obese, but we do not know what proportion of fat people become diabetics Again how many roly-polys are already diabetics of slight or greater degree? In other words how many of them have merely a slight or moderate deficiency of function in their islands of Langerhans, and can be controlled and guided for many years on a mixed diet with moderated use of carbohydrates without other treatment, because we reduce the excess of wear and tear upon these islands?

Mild hypothyroidism is probably present for years in many instances without correction During these years there is a degree of diffidence, low ambition, physical and mental deficiency which lessens learning, accomplishment, and satisfaction in life It would be an important gain if we could establish how many such cases there were in a thousand of obese persons Such knowledge and an incidental benefit to humanity can only be determined by generalized Periodic Health Examinations

We all know members of the third outstanding group of corpulenti, those universal enthusiasts about everything Often these are cases of so-called essential hypertension (when we first observe them), which is so frequently a factor in cardiovascular disease. In essential hypertension there is discoverable no gross basic lesion. Yet if the hypertension exists long enough fibrotic tissue alterations invariably take place in heart, arteries, brain, liver, and kidneys. These cases are mostly busy, keen male workers, who do everything "hard" especially physical or mental work, exercising, eating, drinking, smoking, and other indulgences The ratio of female cases increases as women lead similarly tense lives In these cases Periodic Examinations would not only help us to direct them into paths where the going would be safer and more graceful, but our records would ultimately divulge the relative importance of avoiding each of the excesses, which they are including in their regime For individually they would vary in the degree of their enthusiasms for *certain* excesses although indulging in most or all of them.

While preventing a modicum of early disability or death from cardiovascular disease, we could learn to specify and define more accurately the paths which humanity should avoid, as a basis of authoritative public education

The discovery of focal infections at Periodic Health audits may afford us finer chances of determining the *value* of early elimination of infected teeth, tonsils, gallbladder, bronchiectases, infective skin lesions, and similar centers

In many instances the patient is oblivious of the infection and of its effect until examined—whereas the sequelae evident later shows grosser development and sometimes irreducible structural changes A considerable period of such observations would provide records plainly demonstrating the degree of responsibility assignable to focal infections in the production of several serious conditions notably arthritis and hypertension with or without generalized cardiovascular disease Some hold that the focal infection is an etiological factor *sine qua non*—others that it is a very uncommon cause of either More accurate knowledge is desirable and we believe obtainable through a multitude of anticipatory analyses of conditions observed long before the generalized diffusion of infection or its products Also in this stage might well be demonstrated the inter-relation of arthritis

home from school for lunch he starts a commotion, hollering at the top of his voice, calling his mother all kinds of vile names Nothing that she prepares for his meal suits him The mother is becoming a nervous wreck, dreading the moment when he is home He gets such tempers and spells several times daily Our boy is physically well-developed, about 5 feet 8 inches tall and weighs 135 lbs but, his mentality is not developed, he is a problem and hard to handle

"Hoping that you will advise us what to do I thank you, and remain "

This letter preceded the visit of both parents and their boy to the clinic. The short description was correct, but one-sided It gave no idea of how the *parents* behaved Their answer to the boy's misconduct was to punish him severely In fact a vicious circle had developed so that it was difficult to tell who was the cause of the boy's violence and whether this was not the effect of *their* misbehavior

Subnormal individuals are often gentle, submissive, and debonair But those who are not may become ugly and sometimes swell the ranks of the criminals Mostly there is nothing to be done or the solution is internment in an institution

In this case kindness and an entirely new approach was of great help Not that the patient's intelligence made any progress That was out of the question But he soon became easier to manage and to get along with.

Doctors, Beware!

Except in very pronounced cases it is quite difficult to diagnose *mental retardation* and it is altogether a mistake to prognosticate *in the very young*

A girl of fourteen months was sent by a colleague because she was much behind and because of symptoms of a "mongolian type" She was not able to sit up, to stand up or to say anything But I did not dare to prophesy Her smile seemed to be a contrast to the rest of her behavior It showed some understanding I thought I had caught some signs of intelligence.

One year later there was much improvement without any treatment, which the parents had refused Four years later she was not entirely normal, but *superior* to the average child of the same age

A child of five Mentally *retarded*

Learned to walk early, but first talked at three

Restless, irritable, speaks fast, jumps from one thought to another Acts like a younger child Although he is spoiled and overprotected and has no initiative, prognosis is good because he is partly cooperative and shows much interest in things around him and in what he is told, even though he understands but imperfectly

The parents are instructed how to behave, to avoid oversolicitude, to allow him much freedom to work and do and see things, to help him only when it is absolutely necessary—all principles to be followed in the upbringing of the normal child as well

Two years later much improvement

Four years later, although somewhat duller than other children of his age, he is regarded as normal in school and among his friends and is making progress

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AMERICAN PUBLIC HEALTH ASSOCIATION

The officers of the American Public Health Association announce that the 67th Annual Meeting will be held in Kansas City, Mo, October 25-28

Dr Edwin Henry Schorer, Director of the Kansas City Health Department, has been appointed Chairman of the Local Committee

He will be assisted by a large group of city and state officials and community leaders

A long list of affiliated organizations meet habitually with the American Public Health Association They include The American Association of School Physicians, The Association of Women in Public Health The Conference of State Laboratory Directors, The Conference of State Sanitary Engineers, The American Association of State Registration Executives, Delta Omega, and The International Society of Medical Health Officers

The attendance at the 67th Annual Meeting will exceed 3,000 professional public health workers from every State in the Union, Canada, Cuba, and Mexico

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Patient "The newspapers should inform patients what to do until the arrival of the doctor"

Doctor "They had better inform the doctors how to live until the arrival of a patient."—*Medical Record*

constipation may be a leading symptom for months or years before pain or emergency symptoms jar the judgment of the patient into consulting a physician

We might cite a single example where our helplessness and powerlessness were especially disheartening A young, unmarried woman of thirty-one years consulted us for enlargment of the abdomen which she noticed three or four months before It had now become embarrassing and there was a little pain Examination showed that she had some mass in the lower abdomen and generalized collection of fluid within the peritoneal cavity Exploratory operation was arranged immediately and bilateral carcinomata of ovaries were discovered with metastases over bladder, coils of intestine, colon, practically every observable area of the peritoneum This lady gave a history of constipation covering a period of several years Had her case been studied at periodic health examinations she might have been saved Relief would have been undertaken at an entirely different stage than that in which it is usually offered Hence one of the most important by-products of periodic health examinations would be knowledge of those *silent stages* of destructive or crippling diseases concerning which, at the present time, we know little or nothing

A universal by-product of periodic health examinations for the *patients* is the disposal of thought, suspense, anxiety and worry concerning health until the next examination (excepting, of course, accidents and acute infections) This freedom is desirable for us all and can be secured in no other way

The most important by-product of periodic health examinations in the personal experience of the *practitioner* will be increased powers of observation For he will be looking for conditions hard to find in a field where normalcy pervades the scene. If he is to discern the tiny beginning with no proportions to speak of and little if any variation in color or function, his eye must be extraordinarily keen, his mind alert, and his ability to draw accurate conclusions from little evidences masterly His powers of observation will thus happily grow He will be a greater and a more useful physician

BETWEEN MENTAL HEALTH AND MENTAL DISEASE

B LIBER, M D, DR P H, *New York City*

Editorial Note Under this title will appear short summaries of "transition cases" from the service of this author in the New York Polyclinic Medical School and Hospital The descriptions are not complete clinical studies, but will accentuate situations from the point of view of individual mental hygiene such as crop up in the every day practice of medicine

Compelled to Steal

A young employee in a Federal Government office opened an envelope which he had no right to touch and removed some money—a small sum He was caught in the act and he confessed

Why did he do it? He was not poor Beside his salary, which was sufficient, he received weekly allowances from his father

But a month before another boy, in the same office, had done the same thing and, although the offender was promptly arrested, our patient felt a strong urge to imitate him and he succumbed to it Only an abnormal individual could behave that way

His lawyer could not help him much and the punishment was one year and a day in a Federal penitentiary, which, being more or less of a school for criminals, might have graduated him into full-fledged crime

But the mother remembered that when this young man was a small child and I saw him for some acute illness, I mentioned the fact that the boy was mentally subnormal, which she had not noticed I re-examined him now and, when called to Court before sentence was pronounced I testified or certified as to the boy's mental state, just in time to help him gain a respite of one year and a day under probation

Government employes, by the way, should be mentally and physically thoroughly examined before being given a job, especially one to which some responsibility is attached

Mind and Behavior

"I am writing to you, dear Doctor, to ask you to kindly give us advice regarding our son who is past fourteen years of age He is unruly and uncontrollable He is mentally deficient and attending an ungraded class Each and every day when he comes

malingering and chronic invalidism that European nations have found to be an inevitable concomitant of obligatory prepayment

With excessive demands for service, either rates must go up or benefits must be reduced As a rule, the latter is considered more expedient Even in our brief experience with group hospitalization, there has already been "a noticeable increase in the number of limitations in service contracts" The majority of plans disclaim liability if overcrowding born of war, epidemics or other public disasters makes it impossible for them to furnish the promised service Here again is a parallel with compulsory sickness insurance In periods of widespread unemployment or disease, precisely when the need is greatest, medical service under the insurance systems is necessarily degraded or curtailed

This is not to say that group hospitalization shares all the defects of compulsory sickness insurance and is as lacking in virtues In normal times at least and when properly administered, the former provides an easy means of payment for satisfactory institutional facilities Compulsory sickness insurance has always furnished inferior care at high cost

Patent Law and Ethics

The altruistic basis of the Principles of Medical Ethics is nowhere more evident than in the rulings governing medical patents In accordance with its ancient history of sacrifice for the public good, the profession forbids the selfish exploitation of medical discoveries by its members "It is unprofessional to receive remuneration from patents for surgical instruments or medicines"

Physicians have always considered it their duty to make their finds, however valuable, freely available to all mankind As medical research has grown more complicated and remedies more complex, however, there has developed the danger that unscrupulous individuals and organizations might exploit new discoveries for their selfish gain without regard for the purposes and ideals of the discoverers

To prevent this, there has been a growing tendency among physicians to patent their discoveries and then turn over the patent to a university or research organization to ensure its use in the public interest In this way the quality of the product can be protected, its manufacture standardized, and the price kept down

Perhaps the most notable example of this is the administration of the insulin patent by the University of Toronto As Dr Morris Fishbein avers in a recent article in the *J.A.M.A.*, without this "it is doubtful that a high quality, standardized product at a minimum price would have been made available nearly so soon

Moreover, there is no question but that inferior products in vast numbers would also have been offered for general use" At it is, quality has been maintained with a steady drop in price

Unfortunately, this arrangement has not always worked out so well Some patent-holding universities and foundations have hampered continued research by secretiveness and excessive jealousy of their legal rights with respect to other bona fide investigators

The control of medical patents is undoubtedly desirable to prevent unscrupulous exploitation of new discoveries by commercial interests The present method of transferring patents to individual universities and research organizations cannot, however, be considered wholly satisfactory The rivalries and non-cooperation engendered thereby lend weight to Dr Fishbein's proposal for a central, disinterested body to assume responsibility for the administration of all medical patents

By-Products of Periodic Health Examinations

Our President, continuing his campaign for the enhancement of Preventive Medicine, delivered a noteworthy address at Garden City on November 17, 1937,

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EDITORIALS

Instructive Analogies

Business people who like to think in terms of mass production and large scale merchandising find it difficult to believe that private practice is cheaper than most organized medical service systems Yet evidence to this effect is constantly coming to light

"Overhead," in private medical practice, consumes no more than a third of the physician's gross income In group practice the American Medical Association has found that operating costs eat up forty to forty-two per cent of the total intake Even in universities with medical colleges "the cost of health services per student is not appreciably less than the cost for similar services in the private purchase of medical and hospital care"

The reasons for this are apparent Administrative expenses, high fixed charges for rent and plant maintenance, and an increased demand for unnecessary services more than nullify any economies made possible by joint purchasing

The situation is no different under medical insurance systems—merely somewhat worse As the Bureau of Economics of the American Medical Association observes in its survey of group hospitalization, "Insurance never lowers cost, it simply distributes the costs among a group of persons The expenses for the administrative machinery to effect such a distribution are also distributed along with the basic costs"

This would be insignificant if there were a proportionate rise in the quality of service, but such has never been the case Quantitative attacks on a host of unimportant maladies do not lower mortality or lengthen life—and a quantitative increase in services rendered is all that compulsory sickness insurance has ever accomplished

Advocates of the system in this country like to believe that Americans would react differently to the promise of benefits, that they would be less prone to magnify petty ailments in order to get a return on their payments The experience with group hospitalization fails to bear out this hope On the whole there has been a greater amount of hospitalization for minor ailments than had been expected "It was reported for one large plan that the subscribers were stricken with the desire to spend the week-end in a hospital" Another had to raise the rate for teachers "because they were inclined to take 'rest cures' during the summer vacations" Human nature is pretty much the same the world over, and there is no doubt that under compulsory sickness insurance this country would experience the same rise in hypochondria,

sulfanilamide The dosage which may cause such an aberration in the blood picture varies in different individuals Idiosyncracy to the drug may also play a part Furthermore, its chemical structure (p-aminobenzene-sulfonamide) in itself indicates that it is potentially capable of acting as a marrow poison

The patient who is receiving sulfanilamide requires the closest kind of observation The appearance of clinical signs of toxicity may often be averted by spectroscopic estimations of the blood for the detection of sulfhemoglobinemia and repeated blood counts for the study of the cellular elements Should immature red cells be noted, or a leukopenia appear, the therapy should be discontinued, at least temporarily, until the evidences of marrow poisoning have disappeared Where prolonged administration of sulfanilamide is contemplated, blood studies should be started with the onset of the treatment

CURRENT COMMENT

"HEALTH CAMPAIGNS ARE MAKING headway in many countries It is almost a crime nowadays not to be physically fit and the personal health of the individual is engaging the attention of several governments It is recognized that good health generally implies happiness, as it is certain that ill health is a main source of unhappiness Therefore it is obviously to the best interests of those who are chiefly responsible for the direction of a country that its people are as healthy as possible. Dictators are able to insist to a large extent upon the population making use of the facilities provided for gaining and maintaining the sound mind in the healthy body Democracies in this respect are in a less fortunate position They cannot compel, only advise, and it too frequently happens that advice is neither appreciated nor taken The result is that many disabilities which, if dealt with in time, might be prevented from going further, are neglected and may become a serious handicap"—Ideas which, because of their timeliness, cannot be presented too often The above comes from an editorial in *Medical Record* of December 15, 1937

"IF WE HAD JUST ONE GENERATION of properly born, adequately educated, healthy children, developed in character, we would have Utopia itself—even if we don't succeed with planned economy"—A succinct statement made recently by former President Herbert Hoover

"STATISTICAL EVIDENCE THAT THE health physical characteristics and social and economic backgrounds of children as well as their mental abilities have significant effect upon their rate of progress in the city (New York City) schools was presented in a survey made by the Board of Education Children who lagged behind in their school progress were generally those having poor health, small stature and most physical defects and those whose families had the lowest socio-economic status in the community Just the opposite conditions were true of pupils who advanced more rapidly than normal, conclusions were based upon case studies and statistical records covering 785 children in thirteen elementary schools in varied areas of the city "—The preceding is from a report in the *New York Herald Tribune* of December 19, telling of a study made by Eugene A Nifenecker, director of the bureau of reference, research and statistics of the Board of Education

"His research into children's physiques blasted the common notion that bright students are generally thin, frail and sickly while dull pupils are usually robust and overdeveloped physically

"He found instead that retarded boys and girls were lighter, shorter and less healthy than children whose educational progress was normal or rapid. The former also showed more sight and hearing defects and nutritional deficiencies and were generally less well behaved in their classrooms"

"THE VERY ABUNDANCE CREATED by science threatens periodically to ruin us because our social and economic situations are not equal to distributing it where it is needed," claimed Dr Gove Hambidge of the United States Department of Agriculture before the American Association for the Advancement of Science, meeting in Indianapolis

"Necessitous individuals," he said, "live lives of misery, necessitous nations sometimes seem to be on the way to smashing civilization This cannot be a matter of indifference to scientists, nor can they absolve themselves from their share of responsibility They, too, are part of the social organism, and *the fact that a man is a scientist is no guarantee that he may not be narrow, prejudiced, ignorant and stub-*

when he spoke before the Second District Branch Society

In summation of periodic health experiences, he points its advantages not only in detecting early lesions, but also in the accumulation of records which conceivably enough might clear unsolved etiologic factors Likewise from exercising his talent of observation, the examining physician will increase the penetration and power of his observations Finally, Dr Goodrich comments on the inclusion in the periodic health survey of the mental state, when evaluation the physical

The address is published elsewhere in this issue (page 127), and while all of us think we know all about the periodic health examination, we venture the prediction that all who read this address will find stimulating and thought-provoking suggestions so presented, that from the realignment of old observations new deductions are possible

Choline and Prostigmin for Gastric Hyperacidity

The pharmacological studies of the action of prostigmin have demonstrated that the parasympathetic stimulation induced is in reality the result of an inhibition of the esterase which inactivates acetylcholine That physotigmine and acetylcholine are synergists has been known for some time as the result of physiological experiments on muscle and nerve tissue Myerson, Rinkel, and Dameshek[1] investigated the action of these drugs on the gastric secretions

Following the use of acetylcholine or its derivatives, there was an increase in the amount of mucin produced and in the volume of the gastric juice Hydrochloric acid and pepsinogen, on the other hand, were markedly inhibited thereby greatly decreasing the acidity of the secretion A tonic effect on the entire gastrointestinal tract was also evident These results were also obtained with the use of prostigmin but to a lesser degree than noted with the choline group When combined in small doses, however, a maximum alkalizing effect was obtained due to the synergistic action of the two

The action of atropin in connection with the combined use of acetylcholine and prostigmin is of interest Where atropin is administered after the combined therapy has been started, only the amount of gastric secretion is diminished but the chemical alterations induced by the synergists is not changed Where, however, atropin has already been given the induced alkalinity is diminished to a considerable extent

In translating these findings into clinical medicine, they offer a means for the treatment of hyperacidity with or without an associated ulcer The authors themselves favor the administration of these drugs by the method of iontophoresis since by this means an increased secretion of mucin and a moderate alkalinity can be maintained for a long time

1 Myerson, Rinkel and Dameshek *New Eng J*

Agranulocytosis From Sulfanilamide

The introduction of a new therapeutic measure always calls for extreme caution during the early period of its use and until such time as its effects and side effects are fully known and understood Particularly is this true of a chemical which possesses the mass sterilizing properties exhibited by sulfanilamide We have heretofore commented upon many of the untoward reactions which accompany the administration of sulfanilamide Recently still another toxic effect from the use of this drug has been reported[1]

In one instance a complete agranulocytosis was noted and in three others there was distinct evidence of abnormal activity of the bone-marrow associated with anemia Erythropoiesis and leukopoiesis may both be interfered with by

1 Jennings G H and Southwell Sander, G *Lancet* 2 898 1937

City, in his letter captioned, "Pneumonia Serum Treatment Warning" He has voiced a warning incontestably sound, but there are other warnings, I think, that should be heard if the bugle call to action is to come to the practitioner with all its notes correctly proportioned and sounding clear and true and full

One part of the call by itself might possibly be misconstrued For instance, might not Dr Maddox's letter be interpreted as throwing more doubt on the efficacy of serum than is justified?

To pin one's faith on serum to the exclusion of good nursing and feeding, to the exclusion of full attention to the individual's physical make-up—and indeed personality needs—to the exclusion of "sustaining measures," would be, as Dr Maddox says, deplorable. So, also, would be failure to use oxygen where anoxemia is a factor of great moment. On the other hand, it would be most unfortunate—and I believe equally so—if, in a Type I case proven insensitive to horse serum, a chance of cure were to be lost by withholding serum Should not a note be in the call, a new note in an old call, to "use serum when called for"? I think so, and to me it should be as strong and as long a note as that of Dr Maddox stimulating the sense of caution. Indeed, I consider it justifiable to suggest that this new note be of such tone-color as to arouse hope and enthusiasm for cures never before possible

Speaking as one who sits on the Advisory Committees on Pneumonia Control of both State and City Departments of Health as from the State and County Medical Societies, I can assure Dr Maddox that very great care has been taken to do several things that bear on the points he has made. The danger of producing in the public mind overconfidence in the value of serum has been deliberately avoided as much as possible by emphasizing to the press the points that it is not useful in all cases and that it is not a certain remedy Also there was issued to the profession of the State as a pronouncement of the program preceding full public information a State Department of Health Circular No 20, "The Clinical Aspects of Pneumococcus Pneumonia," which described all means of treatment with use of serum as but one of the procedures now accepted Following that came the "Hand-book on Nursing Care of Pneumonia" which emphasized the value of nursing and sustaining measures With these facts in mind I do not believe either the public or the profession will fall into the error—at least, not to any great extent—of regarding antipneumococcus serum as a panacea which can replace time-honored methods of management.

Treatment of pneumonia has always been full of dangers It has today, though new hopes exist, even more dangers The dangers of delay in diagnosis, of incorrect typing, of sensitivity of patient, of overshadowing of other care by serum therapy, of failure to regard the disease as an emergency, all these dangers have been added It is quite a challenge

In conclusion, I submit the notion that the newly composed bugle call, which I dared to use as a simile, might well convey all these dangers and at the same time accent the emergency feature, the hope and enthusiasm serum therapy has roused and at the same time, just as strong and long the fine old note of proper general management. Thus, I think, the physician can be best aided to exercise his finest judgment while stepping lively in his attack

PETER IRVING, M.D

December 27, 1937

A Help to the Mute—Additional

22 W 74 St.
New York City

To the Editor

Kindly add the following paragraph to my letter of November 23, 1937

"When necessary, and in order to avoid any ambiguity, the end of a word is marked by strong sniff"

MAURICE SCIAKY

December 28, 1937

(The original letter appeared in the December 15, 1937 issue of the JOURNAL, page 2114)

The following story was told by Professor Nobl of the Policlinic in Vienna. An old Viennese professor was about to give his daughter in marriage to a young dermatologist. When asked what dowry he was bestowing with his daughter, the old professor replied "My boy, I can give you no money but I will give you two *psoriasis* patients"—*Medical Record*

Patient "and about my heart"
Doctor "Don't worry, it will hold out as long as you live."—*Medical Record*

"I don't like the looks of your husband," said the doctor "Neither do I," the wife replied, "but he's good to his children"—*Colorado Medicine*

born in fields outside his own specialty" (Italics ours)—Fuller excerpts from Dr Hambidge's speech, including the above, can be found in *The New York Times* of December 29

"'LAST YEAR THE INSURANCE PRACTITIONERS prescribed 60 million bottles of medicine, the largest number on record It is immaterial to my present argument whether this ocean of medicine did more good than harm, or whether it was prescribed necessarily or unnecessarily, but it is obvious that those persons who received these bottles of medicine either were sick or thought they were Based upon the amount of medicine sold, 1936 was the most unhealthy year which has occurred in the history of mankind Based upon the more exact methods which we use in vital statistics it was the healthiest.'

"Dr Dunstan Brewer, Medical Officer of Health, Swindon, England, in his latest annual report claims that the amount of serious disease in the population has dropped enormously during the present century, roughly about 50 per cent, while from the reports of the insurance commissioners we find that sickness has steadily increased."—The foregoing item and quotation from Dr Brewer's report come from the Medical Economics Abstracts department in the *Journal of the American Medical Association* for January 1, 1938

Correspondence

[THE JOURNAL *reserves the right to print correspondence to its staff in whole or in part unless marked 'private' All communications must carry the writer's full name and address which will be omitted on publication if desired Anonymous letters will be disregarded*]

Pneumonia Serum Treatment Warning

115 E 61 St.
New York City

To the Editor

In view of attempted control of pneumonia largely by serum treatment it seems appropriate to precede the attempt by a note of warning against overconfidence in this line or method of treatment.

Nothing to date has been found that has reduced the mortality rate of pneumonia I say this boldly and advisedly

If improved serums can accomplish what is desired in the treatment of this dread disease it will be a great boom to humanity It is fortunate that so much money has been provided to insure obtaining the correct serum for each individual case. That is indeed an important factor The danger lies in the tendency of overenthusiastic dependence and sole reliance on the serum *per se* That is to be deplored and must be guarded, empirical treatment avoided.

If there is any value or virtue in long service, observation, and experience, allow me to revert through the long years of practice as far back as 1892 when grip and pneumonia were rife throughout the land The mortality rate was high Coal tar derivatives were very much in evidence in the treatment of pneumonia Antipyrine and acetanilid were very generally used Being greatly perturbed over the use of these drugs because I doubted their efficacy but felt they were doing much harm, I wrote a paper on a compilation and tabulation of thirty-eight cases of lobar pneumonia I had recently treated, and read it before the West Virginia Medical Society This was afterward published in the *Medical News* (Philadelphia) Aside from antagonizing and discouraging the use of the coal tar derivatives, particular stress was laid on management of the patient Good nursing and feeding were of paramount importance to maintain cardiac integrity As Weir Mitchell aptly said in one of his poems, "It's the man that's sick."

I appeal especially to young men in hospitals and in private practice to heed the warning that sustaining measures in conjunction with correct serum are all important. Last year the mortality rate in New York City was astoundingly high Let us hope that can and will be averted this coming season

ALBERT S MADDOX, M D

December 20, 1937

Other Pneumonia Treatment Warnings

2 E 103 St
New York City

To the Editor

I count it a privilege to have the opportunity to respond to the note of caution sounded by Dr A S Maddox, veteran of forty-five years of practice in New York

the need of same, and after consultation with the local medical profession in the area affected"

6 That in the allocation of public funds existing private institutions should be utilized to the largest possible extent and receive support as long as their service is in accord with the above proposals

"a That so far as the allocation of funds is concerned for these institutions, they should not be on a pro rata population basis, but should be limited strictly by the needs of given institutions in specified localities, and the allocation should have the approval of the medical profession in the locality in which the institutions are located"

"b That in the section of existing institutions to which public funds may be allocated their rating and their needs shall be measured by the standards of the Council of Medical Education and Hospitals of the American Medical Association, and that no public funds should be made available to existing institutions against and contrary to the majority opinion of the medical profession in the locality in which they exist"

7 That the investigation and planning of the measures proposed and their ultimate direction should be assigned to experts

"a It is recommended that the various subdivisions of the American Medical Association, namely, its national state and county components furnish to the Government, upon request, lists of experts in their communities to carry out their principles and proposals"

"b We regard the word "expert" to mean a man especially qualified by experience in his specific field The nominations of these "experts" should be by units of organized medicine. The nominations and recommendations by organized medicine should be given preferential consideration by Government in making its selection"

8 That the adequate administration and supervision of the health functions of the Government, as implied in the above Proposals, necessitate in our opinion a functional consolidation of all federal health and medical activities, under a separate department.

* * *

We, who subscribe to the above principles, proposals and recommendations held the view that compulsory health insurance does not offer a satisfactory solution on the basis of these principles and proposals and repeat our objections to its enactment in this country

Your Committee recommends the adoption by the House of Delegates of the above and *further recommends* to the House of Delegates that it authorize the creation of a Committee to confer with government agencies and other organized medical groups so that differences in conception, definition of terms and applicability of principles and procedures may be ironed out in conference This committee shall function for matters concerning the State of New York

We further recommend that the House of Delegates of the American Medical Association be asked by our Delegates to create a similar committee to act nationally

Arthur W Booth, *Chairman*	Elmira
Edward E. Haley	Buffalo
Samuel J Kopetzky	New York
Thomas A McGoldrick	Brooklyn
Andrew Sloan	Utica
Edward T Wentworth	Rochester
Floyd S Winslow (ex-officio)	Rochester
Peter Irving (ex-officio)	New York

THE SPEAKER Referred to Reference Committee B

Report of Reference Committee B on report of Special Committee to consider provision of Medical Care

DR. MCGOLDRICK Your Reference Committee endorses the report of the special committee to consider the provision of medical care The principles and proposals therein laid down should afford a good working basis towards the accomplishments in mind. Your reference committee will especially emphasize the proposal that the first necessary step towards the realization of the principles given is to minimize the risk of illness by increasing preventative efforts through the extension of public health service, federal, state, and local

And that the extension of federal, state, and local preventive health measures is approved provided it meets the needs of a given situation in the opinion of the medical profession in the locality affected

And provided that it integrates to the greatest possible extent the private practitioner of medicine in the development of preventive health service.

And that in the allocation of funds for any purpose in any localities the approval of the local medical profession be required The reference committee approves and emphasizes the principles that the problem of economic needs and the problem of providing medical care are not identical and should be approached separately

Your reference committee endorses and approves the proposal that the adequate administration and supervision of the health functions of the government as implied in the report of the special committee necessitates functional consolidation of all federal health and medical activities under a separate department.

And that the head of such department should be a doctor of medicine having the approval of the medical profession of the United States

Your reference committee recommends that a committee be appointed by the president of the Medical Society of the State of New York to formulate the principles and problems for a state health policy

For the establishment of a working definition of the term "adequate medical care"

And for the purposes of conferring with the government agencies and other organized medical groups so that differences in conception of definition of terms and applicability of principles and procedures may be ironed out in conference. This committee shall function for needs concerning the State of New York

It further recommends that the Medical Society of the State of New York urge the House of Delegates of the American Medical Association to create a group which shall formulate

Society Activities

Repeated inquiries have been made concerning the action taken May 24, 1937 by the House of Delegates of this State Society on what has been called "Principles and Proposals" Many of these questions betray a misunderstanding of the action, and it is, therefore, considered advisable to republish the pertinent portions of the minutes which originally appeared in the JOURNAL of July 1, 1937

PETER IRVING, M D, *Secretary*

• • •

National Public Health Policy

THE SPEAKER The chair recognizes Dr Booth For your information, gentlemen, this is a special committee appointed by President Winslow to make certain recommendations The Committee has met a number of times and Dr Booth as chairman of the Committee, is again reporting

DR. BOOTH, *Elmira* The Special Committee appointed by President Winslow to consider Provision of Medical Care begs to submit the following report

Principles

1 That the health of the people is a direct concern of the Government, and a national health policy, directed toward all groups of the population, should be formulated

"a In the formulation of such policy the opinions and suggestions of organized medicine should be given preference."

"b We recommend in line with the above principle that the Medical Society of the State of New York appoint a group to formulate the principles and proposals for a State Health Policy, and we also recommend that the Medical Society of the State of New York urge the House of Delegates of the American Medical Association to create a group which shall formulate the principles and proposals of a National Health policy to be submitted to the Government."

2 That adequate medical care is an essential element of public health, and local state and federal governments need to supplement present efforts of the medical profession in providing it.

"a. We recommend to the Medical Society of the State of New York that a Committee approved by the Council present a definition of the term "adequate medical care" for adoption by the House of Delegates, which shall be a "yard stick" in its use for all purposes connected with matters dealing with medical care, etc., henceforth."

"b That the House of Delegates of the Medical Society of the State of New York recommend to the House of Delegates of the American Medical Association the establishment of a working definition of the term "adequate medical care", suitable for the purpose of discussing national legislation and social legislation.

3 That the problem of economic need and the problem of providing adequate medical care are not identical and may require different approaches for their solution.

Your Committee understands principle No 3 to imply the following

"That the problem of providing the individual with the means for securing medical care—that is the economic needs—and the problem of distributing medical services are not identical, that these problems of economic needs should be approached separately from those of distributing medical services to the people."

Proposals

1 That the first necessary steps toward the realization of the above principles is to minimize the risk of illness by increasing preventive efforts through extension of public health services, federal, state and local.

"That the extension of federal, state and local preventive health measures is approved provided it meets the needs of a given situation in the opinion of the medical profession in the locality affected, and provided it integrates to the greatest possible extent the private practitioner of medicine in the development of preventive health service"

2 That an immediate problem is provision of adequate medical care for the medically indigent, the cost to be met from public funds. (This is in line with the provisions of the Booth Report of 1933)

3 That public funds should be made available for the support of medical education and for studies, investigations and procedures for raising the standards of medical practice. If this is not provided for, the provision of adequate medical care may prove impossible.

4 That public funds should be available for medical research as essential for high standards of practice in both preventive and curative medicine.

5 That public funds should be made available to hospitals that render service to the medically indigent and for laboratory diagnostic and consultative services.

With the provision—

That these consultative and laboratory diagnostic services shall be established only in regions where the medical profession approves

in official position in Washington, and the attention of constituent state medical associations was especially called to the action of the Board, as follows

"Recognizing that committees of the Senate and of the House of Representatives of the United States government and a special committee appointed by the President are at this time concerning themselves with the reorganization of government activities with a view to greater efficiency and economy, and recognizing also that the President, in his opening address to Congress, indicated that he would shortly present to the Congress recommendations for such reorganization of government activities in the executive branches, and recognizing moreover the great desirability that all activities of the federal government having to do with the promotion of health and the prevention of disease might with advantage be consolidated in one department and under one head, the Board of Trustees of the American Medical Association would recommend that such health activities as now exist be so consolidated in a single department which would not, however, be subservient to any charitable, conservatory or other governmental interest. It has been repeatedly said that public health work is the first problem of the state. It is the opinion of the Board of Trustees that health activities of the government, except those concerned with the military establishments, should not be subservient to any other departmental interests This reorganization and consolidation of medical departments need not, under present circumstances, involve any expansion or extension of governmental health activities but should serve actually to consolidate and thus eliminate such duplications as exist It is also the view of the Board of Trustees that the supervision and direction of such medical or health department should be in the hands of a competently trained physician, experienced in executive administration"

Since the House of Delegates during this session has already approved this action of the Board of Trustees, your reference committee deems it unnecessary to submit for your consideration that portion of the resolutions which deals with this subject

Your reference committee recognizes that certain principles stated in the resolutions presented by Dr Kopetzky have been considered by the House of Delegates on previous occasions and are matters of record These include, for example, the recognition of the primary importance of public health, the opposition to compulsory sickness insurance and the separation of the problem on economic need and the distribution of medical service.

The Board of Trustees has given careful consideration to the extension of medical service to the indigent, as indicated in the following statement, which was contained in the report of the Board of Trustees as printed in the Handbook and which was approved by this House during its session June 8, 1937

"In the past, the medical profession has always been willing to give of its utmost for the care of those unable to pay The available evidence indicates that today throughout the United States the indigent are being given a high quality of medical care and medical service. Nevertheless, the advances of medical science have created situations in which a group of the population neither wholly indigent nor competent financially find themselves under some circumstances unable to meet the costs of unusual medical procedures The Board of Trustees of the American Medical Association points out the willingness of the medical profession to do its utmost today, as in the past, to provide adequate medical service for all those unable to pay either in whole or in part Members of the medical profession, locally and in the various states, are ready and willing to consider with other agencies ways and means of meeting the problems of providing medical service and diagnostic laboratory facilities for all requiring such service and not able to meet the full cost thereof These are problems for local and state consideration primarily rather than problems of federal responsibility The willingness of the medical profession to adjust its services so as to provide adequate medical care for all the people does not constitute in any sense of the word an endorsement of health insurance, either voluntary or compulsory, as a means of meeting the situation"

The American Medical Association is cognizant of the medical needs of the people of the United States and is genuinely interested in all plans for providing and distributing medical care. The records, reports, source material and experience of the Association are of great value. They are at the service of agencies contemplating the development and operation of plans for medical care. These factual data, source material and experience are readily available for use in promoting and protecting the health of the American people.

Your reference committee recommends that the bureaus, councils and committees of the Association continue their studies of the need for and the methods of distributing medical care, to the end that the American Medical Association shall continue to do everything possible to promote and to protect the health of the American people.

The American Medical Association reaffirms its willingness on receipt of direct request to cooperate with any governmental or other qualified agency and to make available the information, observations and results of investigation together with any facilities of the Association

With respect to proposals for a National Department of Health, your reference committee refers to the report of the Board of Trustees in the Handbook, page 107, which has just been read.

Your reference committee believes this fully covers the subject

Respectfully submitted.

T A McGoldrick, Chairman
E F Cody
E H Cary
J H Fitzgibbon
J H Cannon

On motions, duly seconded and carried, the report of the reference committee was adopted section by section and as a whole

the principles and problems of a medical health policy to be submitted to the government.

And that the American Medical Association establish a working definition of the term "adequate medical care" suitable for the purposes of discussing medical and social legislation.

I move the adoption of this report.

(Motion seconded and carried.)

In accord with these instructions there was appointed by the President, with the approval of the Council, on June 17, 1937, a committee "On Matters Pertaining to Medical Care," charged with the following duties

1 To formulate the principles and problems for a State health policy

2 To establish a working definition of the term "adequate medical care"

3 To confer with government agencies and other organized groups so that differences in conception of definition of terms and applicability of principles and procedures may be ironed out

The Committee was directed to "function for needs concerning the State of New York" The personnel is Walter W Mott, M D, *Chairman*, Frederick M Miller, Sr, M D, David B Jewett, M D, James A Miller, M D, Charles D Post, M D, Louis A VanKleeck, M D, John E Wattenberg, M D, Homer L Nelms, M D, and William L Russell, M D

Advisory Committee Charles Gordon Heyd, M D, Frederick E Sondern, M D, Arthur W Booth, M D, Thomas A McGoldrick, M D, and Bertran W Gifford, M D

Already, after considerable preparatory study of the many different phases of the matter by the individual members, the Committee has had two discussion meetings, and in collaboration with the Council, is progressing steadily toward its objectives A final report will reach the next meeting of the House of Delegates on May 9, 1938

* * *

Also, as instructed, a resolution was introduced by the New York Delegation in the House of Delegates of the American Medical Association on June 7, 1937, as follows

Resolutions on the Development of a National Health Program

Dr Samuel J Kopetzky, New York, presented the following resolutions, which were referred to the Reference Committee on Executive Session

WHEREAS, The house of delegates of the Medical Society of the State of New York in annual session at Rochester, 1937, adopted certain resolutions which carried instruction to its delegates to the House of Delegates of the American Medical Association, and

WHEREAS, These resolutions concern the following principles and proposals anent the development of a national health program and the special circumstances under which the delivery of a high quality medical care to the American people may be evolved under conditions within the framework of adopted policy of the American Medical Association, and

WHEREAS, These principles and proposals are as follows

(Here followed exactly the same phraseology as presented in the New York Booth Committee report—see page 138)

Resolved, That the House of Delegates of the American Medical Association endorses the principles, proposals and recommendations just cited, and be it further

Resolved, That the House of Delegates authorize the formation of a committee which shall, in comformity to the above, formulate a national health policy for submission to the government, and further be empowered to confer with government agencies and also with any other medical groups so that differences in conception, definition of terms and applicability of principles and procedures may be ironed out in conference regarding those matters in the above principles and proposals which are of national scope and to the end that they may be enacted.

The course of this resolution is shown in the action on the Reference Committee's Report at Atlantic City on June 8, 1937

Report of Reference Committee on Executive Session

Dr Thomas A. McGoldrick Chairman, presented the following report

Your reference committee has carefully considered the Resolutions on the Development of a National Health Program, introduced by Dr Samuel J Kopetzky in behalf of the New York delegation, and has held hearings at which the details of the principles and proposals were freely discussed.

The Board of Trustees has already reported to this House of Delegates its considered opinion pertaining to the reorganization in one consolidated department, of the activities of the federal government having to do with the promotion of health and prevention of disease Copies of this statement, as printed in *The Journal* [*A M A*] and in the Handbook of the House of Delegates were transmitted to the President of the United States and to others

Yerushalmy himself was surprised when he discovered that the father's age apparently influences the survival of his offspring The influence followed closely that already found to be exercised by the mother's age Perhaps it is due to the fact that young women usually marry young men? But no! "When age of mother is held constant the variation of neonatal mortality with age of father is very marked. the optimum age of father for first and second births is 25-29"

This interesting paper has not yet been published, but of course it will be. Requests for reprints may be addressed to Dr Jacob Yerushalmy at the New York State Department of Health or to the editorial office of this JOURNAL.

SERUM IN PNEUMONIA

That the physicians of the State may have concrete examples of different phases of antipneumococcus serum treatment of pneumococcus pneumonia, there will appear here case reports selected from the large number received by the State Department of Health on the use of antipneumococcus serum produced and distributed by it

In order that physicians practicing in New York City or those using effective serum from other sources may also be represented, we hope that physicians who may have had particularly significant experiences with serum will submit short reports to the Pneumonia Editor, New York State Journal of Medicine, 33 W 42 Street, New York City—Editor

Cases 10 and 11

Reports from the records of Dr George B Van Doren, Watertown, and Dr Joseph Kriegler, Lackawanna

"D D, a forty-eight year old white male adult was perfectly well until February 12, 1937 when he had an onset of a shaking chill followed by fever, prostration, and a cough productive of mucopurulent sputum The patient felt very anxious about his condition, and on the day following the onset of his illness, February 13, he called his physician who had him admitted to Mercy Hospital, Watertown.

"On admission the patient was extremely ill with a temperature of 103°, pulse of 96, and respirations of twenty-eight Physical examination of the chest revealed slight dullness and moist rales over the entire right side anteriorly and posteriorly with a few rales heard over the upper portion of the left side of the chest A diagnosis of bronchopneumonia was made and the sputum was immediately typed Pneumococcus type I was found and the patient was tested for serum sensitivity At 5 P M on the day of admission, the second day of illness, the first dose of forty c c (50,000 units) of type I antipneumococcus serum was given intravenously 'Directly after the first dose of serum the patient's condition began to improve.' At 1 A M on the morning of the third day, February 14, another dose of forty c.c. (50,000 units) and at 10 A M twenty c.c (25,000 units) were given The patient's temperature fell constantly by lysis and became normal on the morning of the fifth day, February 16 At the same time the patient's general condition continued to improve, while pulse and respirations gradually fell to normal

"From that time convalescence was uneventful and on February 23, the patient was discharged from the hospital, at which time the cough and expectoration had completely disappeared and physical examination of the chest was negative"

* * *

"Y S, a fifty-three year old male adult felt perfectly well except for a slight unproductive cough for two days duration, until April 3, 1937 when he had an onset of severe shaking chill followed by fever and difficulty in breathing On that day the patient's physician found signs of patchy pulmonary involvement, and a diagnosis of bronchopneumonia was made. The patient was immediately hospitalized. There was difficulty in obtaining a satisfactory specimen of sputum for typing until April 5, when a type I pneumococcus was recovered During that interval the patient had become progressively worse so that at the time serum was started (April 5) on the third day of the disease, the patient was in very poor condition There was marked delirium, a severe grade of abdominal distension, signs of diffuse bilateral patchy pulmonary involvement, and the patient had to be catheterized at regular intervals The temperature was 103 8, pulse 104, and respiration thirty Serum therapy was started at 3 P M on the same day One hundred thousand units of type I antipneumococcus serum were given during the following twelve hours The patient improved rapidly, and the following morning, April 6, the fourth day of the

Public Health News

A Study of Neonatal Deaths

J Rosslyn Earp, L R C P, Dr P H
New York State Department of Health

The department was represented at Atlantic City on December 28, when the American Statistical Association held its ninety-ninth annual meeting, by Jacob Yerushalmy, Ph D of the division of Maternity, Infancy, and Child Hygiene

Dr Yerushalmy presented a paper on neonatal deaths and has used material supplied by hundreds of New York physicians during 1936 to distill by statistical procedure conclusions of great interest to biology, sociology, and preventive medicine His study is symbolical of the progress which may be won by cooperation between clinical observers in private practice and state employees like ourselves Previous studies on neonatal mortality have been made mostly by obstetricians with a strictly limited series of cases and their conclusions have been subject always to the limitations which statistics must suffer when they operate upon a small number of observations

Dr Yerushalmy has had the advantage of the data obtained from 82,138 birth certificates and 2,566 certificates of death for babies less than four weeks old, all relating to events in 1936 He must be given credit for originality in combining the information from both the death certificate and the birth certificate on a single punch-card This procedure has made possible the mechanical sorting and tabulation of data from this very large experience Accompanying is one of the tables obtained.

Frequency of Premature Births, and Neonatal Mortality for Full-Term and Premature Infants by Order of Birth New York State (Exclusive of New York City), 1936

Order of Birth	Frequency of Premature Births*	Neonatal Mortality Rates*		
		Premature Births	Full-Term Births	Full Term Single and Legitimate Births
1	49 2	329 4	16 8	16 5
2	37 9	389 6	11 6	11 3
3	36 1	393 9	12 6	12 1
4	37 6	403 7	15 0	14 7
5	36 0	524 7	20 0	19 0
6 & 7	51 5	481 2	16 5	15 9
8 & 9	46 1	490 6	18 2	16 4
10 & over	49 8	644 4	24 4	22 0
Total	42 9	389 0	15 2	14 7

* Per 1 000 live births in each specified group

Notice in this table (a) the very great difference in neonatal mortality between full-term and premature infants (a striking justification of the current campaign by Dr Julius Hess), (b) the higher risk both of prematurity and of neonatal death suffered by first babies (but premature first babies seem to suffer no extra risk!), (c) the increasing risk both of prematurity and of neonatal death with multiparity

Neonatal mortality has not decreased in New York State or elsewhere as rapidly as has infant mortality In this state, exclusive of New York City, there has been in the last twenty years a reduction of sixty-six per cent in the death rate of infants aged one month to one year and only thirty-six per cent in neonatal mortality More than half of these neonatal deaths are of infants prematurely born More than half of them occur within twenty-four hours of birth Improvement of the extrauterine environment cannot be expected greatly to modify their fate In seeking to reduce this mortality we look, therefore, for significant factors in the health of the mother as well as to improvements in obstetrical technique We suspect that too many and too frequent pregnancies are harmful Dr Yerushalmy's statistics confirm this suspicion and add the information that too great a spacing of pregnancies is also deleterious We suspect that older mothers may be less successful mothers Dr Yerushalmy tells us that this is so not only because older mothers have borne several children but also because of their age whether they have borne children or not. Dr Yerushalmy isolates (statistically speaking) a group of mothers who begin bearing children at a very early age and who, with exceptional fertility, continue to give birth at short intervals The group is responsible for a relatively high proportion of neonatal deaths and demands more than ordinary exercise of antenatal care

We look, as I have written, for significant factors in the health of the mother But most of us would not have looked so carefully at the health of the father Dr

Yerushalmy himself was surprised when he discovered that the father's age apparently influences the survival of his offspring The influence followed closely that already found to be exercised by the mother's age Perhaps it is due to the fact that young women usually marry young men? But no! "When age of mother is held constant the variation of neonatal mortality with age of father is very marked the optimum age of father for first and second births is 25-29"

This interesting paper has not yet been published, but of course it will be Requests for reprints may be addressed to Dr Jacob Yerushalmy at the New York State Department of Health or to the editorial office of this JOURNAL.

SERUM IN PNEUMONIA

That the physicians of the State may have concrete examples of different phases of antipneumococcus serum treatment of pneumococcus pneumonia, there will appear here case reports selected from the large number received by the State Department of Health on the use of antipneumococcus serum produced and distributed by it

In order that physicians practicing in New York City or those using effective serum from other sources may also be represented, we hope that physicians who may have had particularly significant experiences with serum will submit short reports to the Pneumonia Editor, New York State Journal of Medicine, 33 W 42 Street, New York City—Editor

Cases 10 and 11

Reports from the records of Dr George B Van Doren, Watertown, and Dr Joseph Kriegler, Lackawanna.

"D D, a forty-eight year old white male adult was perfectly well until February 12, 1937 when he had an onset of a shaking chill followed by fever, prostration, and a cough productive of mucopurulent sputum The patient felt very anxious about his condition, and on the day following the onset of his illness, February 13, he called his physician who had him admitted to Mercy Hospital, Watertown

"On admission the patient was extremely ill with a temperature of 103°, pulse of 96, and respirations of twenty-eight Physical examination of the chest revealed slight dullness and moist rales over the entire right side anteriorly and posteriorly with a few rales heard over the upper portion of the left side of the chest A diagnosis of bronchopneumonia was made and the sputum was immediately typed. Pneumococcus type I was found and the patient was tested for serum sensitivity At 5 P M on the day of admission, the second day of illness, the first dose of forty c.c. (50,000 units) of type I antipneumococcus serum was given intravenously 'Directly after the first dose of serum the patient's condition began to improve' At 1 A M on the morning of the third day, February 14, another dose of forty c.c (50,000 units) and at 10 A M twenty c.c. (25,000 units) were given The patient's temperature fell constantly by lysis and became normal on the morning of the fifth day, February 16 At the same time the patient's general condition continued to improve, while pulse and respirations gradually fell to normal

"From that time convalescence was uneventful and on February 23, the patient was discharged from the hospital, at which time the cough and expectoration had completely disappeared and physical examination of the chest was negative."

* * *

"Y S, a fifty-three year old male adult felt perfectly well except for a slight unproductive cough for two days duration, until April 3, 1937 when he had an onset of severe shaking chill followed by fever and difficulty in breathing On that day the patient's physician found signs of patchy pulmonary involvement, and a diagnosis of bronchopneumonia was made The patient was immediately hospitalized There was difficulty in obtaining a satisfactory specimen of sputum for typing until April 5, when a type I pneumococcus was recovered During that interval the patient had become progressively worse so that at the time serum was started (April 5) on the third day of the disease, the patient was in very poor condition There was marked delirium, a severe grade of abdominal distension, signs of diffuse bilateral patchy pulmonary involvement, and the patient had to be catheterized at regular intervals The temperature was 103 8, pulse 104, and respiration thirty Serum therapy was started at 3 P M on the same day One hundred thousand units of type I antipneumococcus serum were given during the following twelve hours The patient improved rapidly, and the following morning, April 6, the fourth day of the

disease, the temperature was 97, pulse 80, respiration eighteen, and general condition was good. The mental symptoms and abdominal distension rapidly disappeared, convalescence was uneventful, and patient was discharged well on April 23"

The above cases are examples of the value of specific antipneumococcus serum in the treatment of bronchopneumonia caused by type I pneumococcus They illustrate the fallacy of the disappearing but still prevalent misconception that serum is only of value in the treatment of lobar pneumonia

The traditional distinction between lobar and bronchopneumonia is important as far as the niceties of accurate anatomical physical diagnosis are concerned However, the etiological diagnosis is much more important since the intelligent treatment of the patient depends upon it Furthermore, it is often very difficult and at times impossible by either physical examination or chest plate to ascertain the anatomical conformation of the lesion Indeed, on pathological examination, one not infrequently finds both types of anatomical lesions due to the same microorganisms in the same patient

While it is true that pneumococci of the "treatable types" (I, II, V, VII, and VIII) are found more commonly in lobar pneumonia, these microorganisms are more frequently found as the etiological agents of bronchopneumonia than is commonly realized It is steadily becoming more widely recognized that in every case of pneumonia, irrespective of its anatomical form, a sputum specimen should immediately be sent to the laboratory for bacteriological study, and if a treatable type is recorded, serum should be administered in the usual manner

MEDICAL EDUCATION

The following course on "The Treatment of Common Diseases" was arranged by Dr Clayton W Greene for the Columbia County Medical Society All lectures start promptly at 8 45 P M and are given at the Hudson City Hospital in Hudson

December 20 "Measures for the Relief of Distress Following Meals" by Dr A H Aaron

January 10 "Treatment of Edema" by Dr N G Russell

January 24 "What Can we do for Angina Pectoris and Coronary Occlusion" by Dr C W Greene.

February 7 "Dyspnea and Its Treatment" by Dr Elmer H Heath

February 21 "Modern Methods in the Treatment of Anemia" by Dr F D Leopold

March 7 "Diagnosis and Treatment of Unconscious States" by Dr Edward A. Sharp

A NEW WAITING ROOM RACKET

Two men, in their early thirties, entered the waiting room of a New York doctor The one wearing a chauffeur's cap introduced the other as his cousin, explaining that he drove a truck for a contracting banqueteer, and that as they needed help, he had gotten his cousin a job However, his boss, before putting him to work, required a certificate for food handling, so he wanted his cousin examined

They went into the doctor's examining room, according to the story in the *Roentgen Economist*, and the cousin removed all his clothing for examination, the man who had been wearing the chauffeur's cap kindly assisting in the removal During the examination, while the examinee still undressed, the man who had been wearing the cap muttered something about a truck, and started for the door, the examinee calling for him to wait a minute.

With the information to the doctor that he would be right back, the man with the cap stepped out, apparently to make a hurried return The examinee was trying to get his pants on, and implored the doctor to stop him, to call the police, "He has picked my pocket" Of course, the man with the cap was lost in the street.

It seems the man with the chauffeur's cap had approached the other, saying that he needed a good man on the truck, that he could give him the job if his references were good Liking him, to help him, he decided to tell his employer they were cousins He went to the telephone and supposedly got permission to put his cousin to work if he got a doctor's certificate

Giving the examinee the opinion he was taking him to his own physician, he had picked his pockets, during the examination, getting $13, and leaving the victim naked

THE WOMAN'S AUXILIARY

To the Medical Society of the State of New York

SCHENECTADY COUNTY WOMAN'S Auxiliary will have been organized one year this January and will celebrate its anniversary at a dinner

Dr Chas A. Goodrich on January 4th attended a joint meeting of Cayuga, Madison, Jefferson and Onondaga Auxiliaries held in Syracuse Dr William A. Groat, President Elect, was introduced by Dr Goodrich and discussed his paper

Cayuga County held its December annual meeting at City Hospital Mrs Harry Bull presided A large representative group attended. The new officers elected are President, Mrs Raymond Johnson First Vice President, Mrs G C Sincerbeaux. Second Vice President, Mrs Bernard Cullen Treasurer, Mrs L B Sisson Recording Secretary, Mrs L J Iacovino Corresponding Secretary, Mrs M L Seccomb

The meeting was addressed by Dr G B Adams, Director of the Cayuga County Laboratory, who gave an informal talk about his life in the south He told of his work in connection with the Rockefeller Foundation in fighting the "hookworm" in the deep south, and related many interesting things which happened during his professorship in Emory College at Atlanta, Ga

* * *

With the arrival of the new year we all look back upon the achievements of the one just passed. We, of the Woman's Auxiliary to the Medical Society of the State of New York, feel proud of our growth and the work we have done It might be well at such a time to review our history briefly from our beginning

In Albany, at the 1935 Annual Meeting of the Medical Society of the State of New York, Dr Arthur J Bedell appointed Mrs John L Bauer as the Organizing President for the Woman's Auxiliary to the Medical Society of the State of New York. This appointment was confirmed by Dr Frederic E. Sondern, his successor

In 1933, the Auxiliary to the Medical Society of Queens was founded, and the year 1935 brought in two new counties Albany County was organized with Mrs R. A. Lawrence as President and Kings County with Mrs John L Bauer as President.

Organization work was undertaken by writing each of the fifty-eight county Medical Societies that had no Auxiliaries and twenty-three were personally contacted

The first to respond was Cayuga County on January 16, 1936, Mrs H. S Bull as President. Nassau came next on January 21, and Mrs Albert M Bell was elected President Onondaga County followed on February 12 with Mrs Francis R Irving, President.

Albany County had by this time disbanded

A meeting was called of the five County Auxiliaries and on March 11, 1936 the State Auxiliary was formed Mrs John L Bauer was elected President and Mrs Francis R. Irving, President-Elect. The A.M A Convention was held at Kansas City at which the President read the report of New York State

On August 4, Suffolk County formed an Auxiliary with Mrs H Barnhardt, President. Rockland County organized November 4, 1936 with Mrs S W S Toms, President

At the February executive board meeting held at the home of the President, the Organizing Chairman reported Orange County Auxiliary, December 14, Mrs J Emerson Noll, President, also Schenectady County Auxiliary, January 14, Mrs Herman Galster, President.

On December 10, Madison was organized, Mrs Robert L Crockett, President, Saratoga, December 12, Mrs G Scott Towne, President, and Columbia County Auxiliary April 1937, Mrs Henry Galster, President.

The Second Annual Convention of the State Auxiliary was held at Rochester, May 24–26, 1936 Reports were read by the officers and Presidents of the County Auxiliaries Mrs Francis Irving took office as president and Mrs Daniel Swan, President-Elect.

The Woman's Auxiliary to the A M.A Convention was held at Atlantic City, June 7–11, 1937 The President, Mrs Francis Irving read the report for the State A membership of over 900 was reported

The Second Executive Board meeting for

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Medical News

Albany County

THE ANNUAL DINNER OF THE Albany County Medical Society was held at the DeWitt Clinton on Dec. 8 After the dinner the doctors heard "The Whole Story of Clinical Research in a Nutshell," by Dr Reginald Fitz of Boston University, with lantern slides

THE ANNUAL LUNCHEON MEETING of the Visiting Nurses Association and the Public Health Committee of the Albany County Medical Society was held at Trinity M E Church, Jan 11

The guest speaker was Dr Henry F Vaughn, commissioner of health of Detroit, and his subject, "New Developments in Preventive Medicine" He emphasized tuberculosis and syphilis control

Broome County

AT THE ANNUAL MEETING of the Broome County Medical Society held December 14 the following Officers, Chairmen of Committees, Censors, Delegates, and Compensation Board were elected

Officers

President	Chas L. Pope, Binghamton
Vice-President	Chas M Allaben, Binghamton
Secretary	R. C Bates, Binghamton
Asst. Secretary	M H Williams Binghamton
Treasurer	E. R. Dickson Binghamton
Asst. Treasurer	E M. Jones, Endicott

Chairman of Committees

Economics	H. I Johnston, Binghamton
Legislation	C. J Longstreet, Binghamton
Library and History	S B Blakely, Binghamton
Membership	C. H Berlinghof, Binghamton
Milk Committee	P H Shaw, Binghamton
Public Relations	B A Buell, Binghamton
Public Health	G S Lape, Binghamton

Censors

S B Blakely — F M Dyer
J J Cunningham — S D Molyneaux
Chas D Squires

Delegates

S M. Allerton — G C. Vogt
C. H Berlinghof — R. J McMahon

Compensation Board

Wm. H. Hobbs — G W Danton
Chas. D Squires

Delegates

S M. Allerton — C H Berlinghof

Alternate Delegates

G C Vogt — R J McMahon

Dr Arthur Cummings District State Health Officer, discussed the "General Aspects of Health Administration" The paper was discussed by Drs C J Longstreet, W J Farrell, and Mark Welch —*Reported by Victor W Bergstrom, M.D , Secretary*

Cayuga County

AT THE ANNUAL MEETING of the Medical Society of the County of Cayuga, held December 16, the following officers were elected for 1938

Officers

President	Lillian A Treat, Auburn
Vice-President	William R. Johnson Cato
Secretary	Stephen J Karpenski, Auburn
Treasurer	William A. Tucker Auburn

Delegate to the State Society Convention
Harry S Bull
Alternate Delegate
Raymond C Almy

Delegate to the Seventh District Branch
Alfred K Bates
Alternate Delegate
Walter B Wilson

—Reported by S J Karpenski, M D , Secretary

Chautauqua County

DR. C E HALLENBECK of Dunkirk was elected president of the Chautauqua County Medical society at the annual meeting held in Hotel Jamestown on Dec 15

Forty-five members from all parts of the county were present for the dinner and the business session which followed.

Other officers chosen were

1st Vice-President	D W Buckmaster Jamestown
2nd Vice-President	Harry E. Wheelock, Fredonia
Secretary	Edgar Bieber, Dunkirk
Treasurer	F J Pfisterer, Dunkirk

Censor
Van S Laughlin

Delegate to State Society (2 years)
D W Buckmaster

The principal speaker was Dr Ramsdell Gurney of the Buffalo General hospital staff who discussed "Present Day Treatment of Pneumonia"

An address on "School Health" was delivered by Dr William P Brown, specialist for the state department of education, division of health and physical education.

Chenango County

DR NORMAN C LYSTER of Norwich was elected president of the Chenango County Medical Society at the annual meeting on Dec. 14 at the Norwich Club

Other officers named were

1937 was held September 28 at the summer home of Mrs John L Bauer in Bayport Plans were started for the Annual Convention which will be held at the Waldorf-Astoria.

The President and Mrs John L Buettner, State Chairman of Organization, report Jefferson County organized on November 11, 1937, with Mrs Harlow Farmer, President

CANCER CONTROL

The Women's Field Army, which is the educational arm of the American Society for the Control of Cancer, is already actively engaged on its winter campaign culminating in a drive for enlistments in the Army to fight cancer at one dollar a year during the month of April Although this drive represents the climax of the campaign the Army carries on an active educational program throughout the year

Physicians are frequently asked to lend their aid by speaking before groups of women—or men—on the recognition of early or suspicious signs of the disease In this connection we suggest to our readers that the officers of the Women's Field Army have merited the full support of the medical profession in their sane, well-organized effort to bring within reach of the people of this state a knowledge of the early signs of cancer sufficient to enable them to recognize the possible significance of conditions which should bring them promptly to the consulting room of a reputable physician The people need, too, the assurance from the physician that an encouraging and ever increasing number of cases can be permanently cured if discovered in time

At present far too many persons, on the discovery of an apparently trifling condition which suggests to them the possibility of cancer conceal their suspicions until—if the trouble prove to be indeed malignant—all hope of permanent cure has passed

Others are led to consult some irregular practitioner attracted by his boast that he "never uses a knife" It is only an intelligent understanding of the nature and behavior of the disease that can protect people from acceptance of such misleading statements

In each one of the forty-one state organizations of the Women's Field Army the plan of campaign, as well as the expenditure of seventy per cent of all moneys collected, is carried on with the advice and under the direction of an Executive Committee, the nucleus of which is the Cancer Committee of the State Medical Society if the Society has such a committee Otherwise medical guidance is afforded by a group of physicians selected because of especial interest in the problems of cancer, from among the members of the State or County Medical Society

The organization of the Army itself consists of a line of officers ranging from the state (or city) Commander down through regional Captains, community Lieutenants, and local Sergeants, to the soldiers in the field The actual work of securing enlistments, of arranging for educational talks or exhibits, the distribution of literature, etc, is done under the immediate direction of the Sergeants

At every step in which medical guidance has been needed the Army has turned to the organized profession for leadership There is every reason, therefore, why the medical profession should lend its fullest support and all possible aid to this worthy endeavor to place the results of recent research in the hands of those who can most directly profit by the newer knowledge of cancer, thereby helping to lessen the wastage of useful lives through unnecessary deaths from cancer

The Commander of the Women's Field Army in this State is Miss Harriet W Mayer, 169 No Fulton Ave, Mount Vernon and the Chairman of the Executive Committee is Dr Louis C Kress, 113 High St, Buffalo

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One of the sanatorium physicians received a telephone call from another member of the staff, who invited him to make a fourth at bridge

"Going out, dear?" asked his wife sympathetically

"I'm afraid so" was the grave reply "It's a very serious matter There are three doctors there already"—*Colorado Medicine*

The Patient "Doctor, I snore so loudly I wake myself up"

The Doctor "That's easy to overcome Sleep in the next room"—*Colorado Medicine*

of Hitlerism He explained he was too busy masticating food after a twenty-four hour fast. The Chair read a telegram of regret from Dr Stephen A. Graczyk, and a poem by Dr Julius Richter, both of whom were out of the city Arrangements are under way for the formation of another class

Fulton County

Dr. Homer H. Oaksford was elected president of the Medical Society of Fulton County at the annual meeting on Dec. 16 He succeeds Dr Claude Bledsoe Others elected are

Vice-President	John A Shannon, Johnstown
Secretary	Louis Tremante Gloversville
Treasurer	J D Vedder, Johnstown

Censors

Woodward Shaw William J Kennedy
Sidney J Colton

Delegate to the State Convention

D S C Clemans

Alternate Delegate

D Claude Bledsoe

Genesee County

The annual meeting of the Genesee County Medical Society was held on December 17, at the Hotel Richmond, Batavia The following officers were elected

Officers

President	W C Swasey, Batavia
Vice-President	G H Knoll, Le Roy
Secretary Treasurer	P J Di Natale, Batavia

Delegate to the State Society

P J Di Natale (two years)

—Reported by P J DiNatale, M D , Secy

Herkimer County

Dr. James F Gallo, of Herkimer, was elected president of the Medical Society of the County of Herkimer at the annual meeting and dinner at the Mayfair Grill, on Dec. 14

Other officers named are

Officers

First Vice-President	George A Burgin, Little Falls
Second Vice-President	George J Frank, Frankfort
Third Vice-President	Harry W Vickers Little Falls
Secretary	Fred C. Sabin Little Falls

Jefferson County

The regular meeting of the Medical Society of Jefferson county was held on Dec. 9 at the Black River Valley club

Dr W J Merle Scott, associate professor of surgery at the Strong Memorial hospital, Rochester spoke on "The Peptic Ulcer Problem" Dr Robert J Mearin, recently assistant physician in charge of the insulin therapy clinic at Creedmore State hospital spoke on "Insulin Therapy in Dementia Precox to Date"

Kings County

For the first time in fifteen years, the Kings County Medical Society rejected a regular candidate for president at the annual elections on Dec 21 and chose an independent candidate, Dr Philip I Nash, chief surgeon of the Coney Island Hospital

Dr Nash received 937 votes and Dr Robert F Barber, chief surgeon of the Polhemus Memorial Clinic of the Long Island College Hospital, who was selected by caucus as the regulate candidate, received 669 The selection of Dr Nash, says the New York *Times* was hailed by his supporters as a victory for the younger and more liberal wing of the society over the conservative element

The elections, held in the MacNaughton Auditorium, were for the selection of officers for 1939, the society's rules requiring that officers be chosen a year ahead of their terms Dr John B D'Albora will be president in 1938, succeeding Dr Thomas A McGoldrick, chief surgeon of the Police Department.

Dr Nash was put up for the presidency by the liberal element in the society according to the press, and in his campaign for election he said he had been accused of communism, a charge that he denied He said he favored the establishment of a central registry bureau through which the indigent sick could be referred to the various dispensaries

Also he advocated that the society spend sufficient money for adequate social service investigators to exclude from dispensaries all except those who are unable to pay for the services of a private physician Further he favored the establishment by the society of a plan for old age and sick insurance.

The presidency was the only office on which the members of the society had a choice of candidates, the rest of the regular ticket being unopposed.

Other officers elected for 1939 were

Officers

Vice-President	Joseph Raphael, Brooklyn
Secretary	Thomas B Wood, Brooklyn
Associate Secretary	Benjamin M Bernstein Brooklyn
Treasurer	Maurice J Dattelbaum Brooklyn
Associate Treasurer	Arthur C Holzman Brooklyn
Directing Librarian	Jacques C Rushmore, Brooklyn
Associate Directing Librarian	Edwin P Maynard, Jr Brooklyn

Trustees

Augustus Harris Alexander L. Louria
Thomas A. McGoldrick

Officers

Vice President — D U Gould, Sherburne
Secretary and Treasurer — John H Stewart, Norwich

Censor

Carl D Meacham (three years)

Delegate to the State Association Meeting

W H Mason

Cortland County

THE MEDICAL SOCIETY OF the County of Cortland elected these officers at the December meeting

Officers

President — Wm A. Shay, Cortland
Vice President — Robert Carpenter, Cortland
Treasurer — Bert R Parsons, Cortland
Secretary — Daniel R. Reilly, Cortland

Censors

John E Wattenberg — Merle R. French
Chas D Ver Nooy — Claude E Chapin
Arthur M Loope

—Reported by Orton E White, M D, Secretary

SERVICES OF A CITY PHYSICIAN in Cortland are to be discontinued and indigent patients will be given a choice of doctors, it was announced at the meeting In the past it has been necessary for patients on relief rolls to call the city physician in case of illness but the change, announced by Mayor George C Marsted and City Welfare Commissioner Thomas Walsh will give relief families an opportunity to have a family doctor

Erie County

AT THE ANNUAL MEETING of the Medical Society of the County of Erie on December 20, the following physicians were elected to office

Officers

President — Harry C Guess, Buffalo
First Vice President — Carlton E. Wertz Buffalo
Second Vice-President — Herbert E. Wells Buffalo
Secretary — Louise W Beamis Buffalo
Treasurer — Caryl A Koch, Orchard Park

Censors

Charles W Bethune — Francis E. Fronczak
Francis J Butlak — Michael A Sullivan
Abram L Weil

Chairmen of Committees

Legislation — James L. Gallagher
Public Health — Nelson W Strohm
Economics — L. Franklin Anderson
Membership — Allen R. Long

Delegates for 1938–1939

Albert A Gartner — John T Donovan
Herbert H Bauckus — Joseph C. O Gorman

Alternate Delegates

Alfred H Noehren — Stephen L. Walczak
Edward J Lyons — Samuel Varco

—Reported by Louise W Beamis, M D, Secretary

SPEAKING OVER STATION WEBR December 9, Dr John T Donovan, President of the County Society, called attention to the widespread sale of salacious books and magazines and its evil effects upon the mental and physical health of the youth of the community A diseased brain leads to a diseased body, he said, and hastens tuberculosis and a train of other diseases He commended the Buffalo *Evening News* in its campaign to halt the nefarious traffic which, he said, is comparable to the illicit traffic in narcotic drugs He urged mothers' clubs, parent-teacher organizations and other bodies to back up the police in the enforcement of laws prohibiting the distribution and sale of obscene publications, in the interests of health

THE TENTH AND FINAL MEETING of the 1937 course of instruction in public speaking, sponsored by Dr Harry C Guess, Chairman of the County Society's Educational Committee, was held the night of December 9 Twenty-one members of the class, despite the inclement weather, braved the blizzard to pay tribute to their instructor, Stanley D Travis, Professor of English at the University of Buffalo, and in holiday spirit tendered him a dinner in appreciation of his success in speeding them along the road to silver-tongued oratory

Highlights in impromptu talks at the dinner, on topics assigned by the toastmaster, was a discourse on the distinction between prickle and tickle in the scientific administration of electrotherapy, by Dr Tamara von Friesen, whose lifework is dedicated to the alleviation of human ills by physical therapy Dr Archibald S Dean, State Director of Health, and an authority on the science and art of producing twins, described, with due apologies to papa Dionne, the technic necessary to engineer a little slam His procedure was not disputed by Dr Guess, also the father of twins Dr Lee Anderson, song leader, refused to depart from his cherished topic, and told how pleasantly nurse anesthetists can fall asleep in the midst of an operation Dr C L Suess of Lancaster (U B 1903) related his experience in a case of obstetrics delayed one month beyond the allotted time Finally, the stethoscope disclosed the cause of the delay—twins—engaged in polite conversation "You go first Alphonse—No after you, Gaston" Dr Samuel Varco, master of ceremonies, took time out from his advocacy of the extension of Prospect avenue to Niagara street, contrary to the views of Dr Horace Muscato, to demonstrate the science of belly breathing as an aid to fluency of speech Dr Arthur Weinman asked to be excused from a discussion

Officers

Vice-President Nicholas L. Ardan, Niagara Falls
Secretary Treasurer Forrest Barry, Lockport

Censors

Theodore Mueller Roy Wixson
R R. B Fitzgerald

Delegates to State Medical Society Convention

Richard H Sherwood Guy S Philbrick

Dr George presided at the meeting which followed a subscription dinner at which the two speakers of the evening were guests of honor

The speakers were Dr Frederic Elliott, chairman of the economics committee of the New York State Medical society, and Dr David J Kaliski, director of the state association's committee on Workmen's Compensation

Onondaga County

AT THE ONE HUNDRED AND THIRTY-FIRST annual meeting of the Onondaga Medical Society on Dec 7 in Syracuse at the University Club, Dr Oliver W H. Mitchell was elected president. Reports on several current health and medical problems were given by chairmen of the various standing committees

Other officers elected were

Officers

Vice President Leon E. Sutton, Syracuse
Secretary Dwight V Needham Syracuse
Treasurer James F Cahill, Syracuse

Delegate to the State Society

John J Buettner

Censors

P K. Menzies Wardner D Ayer

Delegates to the Fifth District Conference

Raymond J Piert George L Wright

ELECTION OF OFFICERS AND annual reports of officers and committees featured the annual meeting of the Syracuse Academy of Medicine on Dec 21 at the University Club

Speakers were Dean Herman G Weiskotten on "Trends in Medical Education", Dr Lee A. Hadley with a case report on the Schuller Christian disease, Dr Robert D Johnson on "Oesophageal Dilation Accompanying Cardiospasm", and Dr Frederick N Marty on "Malarial Infection Following Transfusion" Dr Edward J Wynkoop discussed Dr Hadley's case report.

Orange County

AT THE ANNUAL MEETING of the Medical Society of the County of Orange on Dec. 18, the following were elected

Officers

President Harry F Pohlmann, Middletown
Vice President Harold F Morrison, Tuxedo
Secretary Treasurer E. C Waterbury, Newburgh

Censors

E G Cuddeback Roswell L Schmitt
Walter G Hirsemann Daniel I O'Leary

Delegate to State Society for 1938–39

Moses A. Stivers

Alternate Delegate for 1938–39

James C. Donovan

—Reported by E C Waterbury, M D, Secretary

Queens County

DR JOSEPH WRANA OF Jamaica was chosen president-elect of the Queens County Medical Society on Nov 30 at the Medical Society Building He defeated Dr Jacob Werne an assistant medical examiner for Queens

Dr Wrana headed the slate of the comitia minora serving as the nominating committee Dr Werne was nominated from the floor at the October meeting

Dr Henry C Eichacker of Ridgewood, who was president-elect, became president.

The following officers elected were re-elected

Officers

Secretary Frank R. Mazzola, Jamaica
Assistant Secretary Chester L. Davidson, Jamaica
Treasurer William T Berry Long Island City
Assistant Treasurer Daniel J Swan, Flushing
Historian Carl Boettiger
Directing Librarian Carl Boettiger
Assistant Directing Librarian William Benenson

Censors

Edward Steiner Raymond Murphy
John Wolfram

Trustees

William T Berry Albert L Voltz
Francis G Riley Herbert L. Langer
Walter L. Lynn

Delegates to State Organization

James M Dobbins H P Mencken
James R. Reuling

DR. JESSE G M BULLOWA, attending physician at Harlem and Willard Parker Hospitals addressed the Rockaway Medical Society on Dec. 16, in the Inwood Country Club on "Pneumonias" Dr Louis A. Sarrow presided The talk was illustrated with both lantern slides and motion pictures The society will hold its fifteenth anniversary dinner-dance on Jan. 22, in Henri's Lynbrook. Dr A. S Tepper is chairman. Assisting him are Doctors I M. Siegel, Edward Richter, A Vivona, Samuel Dillon, and William Werner

THE QUEENSBORO CHAMBER OF COM-

The following program was given at the scientific session

"Fever Therapy with Special Reference to Gonococcal Infection" (Illustrated with colored motion pictures) Addresses were by Charles M Carpenter, M D, and Stafford L Warren, M D

PRELIMINARY PLANS FOR THE canvassing of Brooklyn industrial establishments to ascertain the health facilities now provided for factory workers in the borough are under consideration by the public health committee of the Brooklyn Chamber of Commerce

The survey is designed to assist in the establishment of adequate health facilities for employees in Brooklyn's 4,490 factories

Dr Alfred E Shipley has been chosen to head a subcommittee in charge of the project. At present head of the Department of Preventive Medicine and Community Health at the Long Island College of Medicine, Dr Shipley, was until recently, Deputy Commissioner of Hospitals for New York City

In outlining the plans for the survey Dr Shipley announced that the canvass would have two functions First, it would seek to determine what is being done now for workers in Brooklyn industries in the way of medical examinations, treatment for injuries suffered at work and illness whether suffered at work or elsewhere, also to find out what establishments cannot afford treatment for workers and what can afford it, but have failed to provide the treatment

The second purpose will be the devising of a health service plan for workers that will provide examinations, treatment and advice as to the establishment of healthful working conditions at a cost within the reach of even the least prosperous companies

THE WILLIAMSBURG MEDICAL SOCIETY met on Jan 10 at the Jewish Hospital The program "The Roentgen Diagnosis of Pulmonary Tuberculosis," Henry K Taylor, M D Discussion by Gilbert Alexander, M D "Radiation Therapy for Non-Malignant Conditions," I Seth Hirsch, M D "The Radio-Curability of Cancer," Maurice Lenz, M D Discussion by M G Wasch and W E. Howes

The Urological section met on Jan 11 at 1313 Bedford Ave and heard a paper on "A Urological Clinic," by J Dellinger Barney, M D, Boston

THE EAST NEW YORK Medical Society met on January 3, in the Temple Auditorium The following addresses were given "Diagnosis and Treatment of Congenital Syphilis," Thurman B Givan, M.D, "Tertiary Cutaneous Syphilis, Including Treatment," Isadore Rosen, M D

Montgomery County

THE FOLLOWING WERE ELECTED to office for 1938 at the annual meeting of the Medical Society of the County of Montgomery

Officers

President	Edward A. Bogdan Amsterdam
Vice-President	Henry C. Young Hagaman
Treasurer	S L. Homrighouse, Amsterdam
Secretary	W R. Pierce, Amsterdam

Censors

R. C Simpson W H. Seward
William R. Rathbun

State Delegate
H M Hicks

Alternate Delegate
P J Fitzgibbons

Delegate to Fourth District Branch
E C LaPorte

—Reported by Wm R Pierce, M D, Secretary

New York County

DR. SAMUEL Z LEVINE, Professor of Pediatrics at Cornell University Medical College, will speak on "Recent Advances in Common Diseases of Children" at the New York Academy of Medicine at 4 30 on January 21

DR HOWARD C TAYLOR, JR, Associate Professor of Gynecology and Obstetrics at the New York University Medical School, will lecture on "Endocrine Therapy in Gynecology" at the New York Academy of Medicine at 4 30 on January 28

DR JAMES J WALSH, Extension Professor, Fordham University, will speak on "Medicine in the Middle Ages" at the New York Academy of Medicine on Jan 27 at 8 15 P M

DR JAMES RALPH SCOTT will lecture on "Insulin and Protamine Insulin" at the New York Academy of Medicine on Feb 3 at 4 P M

Niagara County

DR D VINCENT LEONE, of Niagara Falls, was chosen president of the Niagara County Medical Society at the annual meeting on Dec. 14

Other officers elected were

Hospital News

Golden Age of New York City Public Hospitals

No city in the world, probably, has ever known such an era of municipal hospital building as the city of New York is experiencing at the present time A wizard at figures could amaze us by telling how high the money being spent would stack up if piled in columns of coins that we all know would never stand up that way, or how many miles would be carpeted by it in dollar bills when we know that our eager and alert populace would see it as a "wishing carpet," and realize on it as fast as it was laid

However, a mere glimpse of the letter sent by Hospital Commissioner Goldwater to Mr Kenneth Dayton, Director of the Budget, on December 7, is enough to fire the imagination. The Commissioner is asking for some money (or *some* money) to spend in nine months, from April 1 to December 31, and it foots up to the tidy sum of over $60,000,000 He admits himself that it is a "rather formidable list." He arranges it thus

Out Patient Department Projects	$3,250,000
Urgent Relief and Expansion Projects	5,620,000
Relief and Expansion Projects	348,527
Renovations	808,000
New Buildings, other than Out Patient Buildings	33,950,000
Projects authorized in 1937 Capital Outlay Budget for which partial appropriations only have been made—Appropriations needed to complete—For construction	13,002,000
For furnishings	1,721,000
Projects authorized prior to April 1, 1937—Appropriations needed to complete—For construction	894,100
For furnishings	1,258,000

Of course the reasons for the city's huge hospital expansion have all been gone over before, and approved, so Dr Goldwater merely reiterates

"Once more let me say that 'the program submitted reflects a serious desire on the part of the Department to substitute safe for unsafe buildings, to escape from the annoyances of obsolescence which has progressed almost to the point of dilapidation, to follow the needs of shifting and growing populations, to recognize by appropriate action a growing tendency on the part of the masses to rely on municipal hospitals for services which are beyond their economic reach, to the adoption of reasonable standards of dispensary care which are accepted as normal by voluntary institutions, to advance into the neglected field of venereal disease, and in general, to provide suitable and adequate institutional medical service for the dependent and semi-dependent sick'"

Those interested may like to see how the millions are allotted to various projects This table tells

New Projects of Major Importance Included in the Capital Outlay Budget

Department of Hospitals—1938

OUT-PATIENT DEPARTMENTS	
Coney Island Hospital	$400,000
Cumberland Hospital	400,000
Lincoln Hospital	400,000
Bellevue Hospital	100,000
Harlem Hospital	750,000
Queens General Hospital	300,000
Kings County Hospital	750,000
Morrisania Hospital	150,000
GENERAL HOSPITALS	
New General Hospital for Queens (600 beds)	$4,500,000
New General Hospital for Brownsville-East New York Section of Brooklyn (600 beds)	4,500,000
Coney Island Hospital, addition (200 beds)	1,000,000
Cumberland Hospital, Brooklyn, addition (200 beds), Nurses' Home, Staff House, Laundry and Power Plant	2 875,000
SPECIAL HOSPITALS	
Bronx Hospital (500 beds), for tuberculosis patients, with wing for contagious diseases	4,000,000
Neponsit Beach Hospital, tuberculosis addition, 200 patients	1,200,000
Kings County Hospital, Centre for tuberculosis patients (500 beds)	3,000,000
New Cancer Hospital, Welfare Island (450 beds)	2,400,000
Brooklyn Hospital for Venereal diseases (500 beds)	2,500,000
Municipal Sanatorium, Otisville, N Y (400 beds), to replace old buildings and shacks	2,250,000
Sea View Hospital, to replace shacks (350 beds)	1,400,000

merce will aid the Queensboro Tuberculosis and Health Association in the fight against tuberculosis by urging industry to make use of the association's rapid x-ray process in diagnosing the disease, according to an announcement by Dr H. P Mencken, chairman of the chamber's public health committee

"The association," Dr Mencken said, "is doing splendid work in Queens, particularly among youths of school age As yet, however, not a great deal has been done in industry We feel that the chamber can be of great assistance in that respect."

Rensselaer County

The following officers of the Medical Society of the County of Rensselaer were elected December 14

Officers

President	Hugh V Foley, Troy
Vice-President	William T Shields, Jr, Troy
Secretary	Leo S Weinstein, Troy
Treasurer	John F Russell, Troy

Censors

William Trotter — Chas W Hamm

Delegates

Stephen H Curtis — John D Carroll

Alternate Delegates

George E. Smith — Clement J Handron

—Reported by Leo S Weinstein, M D, Secretary

Dr. Charles H Goodrich, president of the New York State Medical Society, and Dr Howard F Root of Deaconess Hospital, Boston, were the speakers at the annual dinner meeting of the Rensselaer County Medical Society on Dec 15 in the Crystal Ballroom of The Hendrick Hudson at Troy

Dr Root spoke on "Endocrinology," and Dr Goodrich on "Preventive Medicine"

Dr. Leo Frank Adt, eye specialist formerly on the staff of the Troy Hospital, died Dec 3 in Albany after a ten-day illness from pneumonia He was seventy-one and had practiced in the Troy area for fifty years, having also served on the staffs of the Albany Hospital and St Peter's Hospital in Albany

Richmond County

Dr. Frederick M Schwerd, chief surgeon of Richmond Memorial Hospital, Dreyfus Foundation, was unanimously elected president of the Richmond County Medical Society at the Staten Island Club, St George, on Dec. 8

Also elected were

Officers

Vice-President	Herbert Cochrane, New Brighton
Secretary	John K. Lucey, Stapleton
Treasurer	Curtis J Becker, New Brighton

Delegates to the State Convention

Arthur S Driscoll — Stanley C. Pettit

Alternate Delegates

Elseth Marcus — Erna Enderle

Ulster County

Dr Eugene F Galvin, of Rosendale, was elected president of the Medical Society of the County of Ulster at the annual meeting in Kingston on Dec 15

Besides Dr Galvin, other officers named for the coming year are

Officers

Vice President	Harold Rakov, Kingston
Treasurer	B Van Gaasbeek, Kingston
Secretary	C L. Gannon, Kingston

Censors

J F Larkin — F H Voss
John B Krom — Saul Ritchie
Virgil DeWitt

Delegate to the State Society Convention

F W Holcomb

Alternate Delegate

C L. Gannon

Delegate to the Third District Branch Meeting

Frank Holcomb

Alternate Delegate

K. H LeFevre

Dr F H Voss, retiring president, urged compensation for doctors attending hospitalized relief cases The movement for compensation for doctors where relief clients are hospitalized was also reported by Dr L E Sanford, chairman of the Public Health and Public Relations committee, who pointed out that hospital expenses are paid by the towns or cities in these cases but doctors are asked to give their services

Westchester County

Elmon L Vernier, public school director of health and physical education delivered a paper on the relationship of physicians to the school physical education program, to the New Rochelle Medical Society, on Dec 13 at New Rochelle Hospital

Dr Charles Ogilvy, physician, voluntarily assisting the school system physical corrective program, also spoke

Stress was placed on the student sickness or physical activity "excuses," by Mr Vernier It is hoped to devise a standardized "physical recommendation" report on students for all physicians

Hospital News

Golden Age of New York City Public Hospitals

No city in the world, probably, has ever known such an era of municipal hospital building as the city of New York is experiencing at the present time A wizard at figures could amaze us by telling how high the money being spent would stack up if piled in columns of coins that we all know would never stand up that way, or how many miles would be carpeted by it in dollar bills when we know that our eager and alert populace would see it as a "wishing carpet," and realize on it as fast as it was laid

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MISCELLANEOUS ITEMS

Bellevue Hospital, New Nurses' Home and Central School for Nurses	2,500,000
Kings County Hospital, Laboratory and Morgue	300,000
Home for Dependents, Welfare Island (600 beds), to replace old buildings	1,500,000

Preliminary blueprints of the proposed Triborough Tuberculosis Hospital to be constructed at Parsons boulevard, between Eighty-second drive and Goethals avenue, Flushing-Hillcrest, have been approved by the Municipal Art Commission

Uncertainty still exists regarding the type of coloring to be used on exterior work, reported Dr Everett Peterson, assistant secretary, but a mere outline serves to indicate the scope of the planning

The institution will have a bed capacity of 531, with room for ninety-two patients on typical floors from the third to the seventh inclusive The second floor will have rooms for fluoroscopy, radiography and metabolism work, while on the eighth floor will be space for a pneumothorax laboratory, solarium and roofs

Incidental renovations to the Queens General Hospital outlined under the same appropriation will cover enlargements of the mortuary building and extension of the laundry

Improvements

THE ELI WHITE MEMORIAL Building, a new $1,500,000 structure for the nurses of St Luke's Hospital, in New York City was opened formally on Dec 16 With nurses as guides, several hundred guests inspected the fourteen-story building that extends from Amsterdam Avenue and West 114th Street to West 115th Street.

Built to house some 300 nurses, the building is equipped with a waiting and smoking room for men visitors and a kitchenette-breakfast room on each of the bedroom floors

The first floor includes lobbies, reception rooms and the auditorium, the second, the dining room and the third floor the classrooms and laboratories Living quarters are provided in the fourth to the tenth floors The upper floors are devoted to a sick bay and recreation rooms

MANY ALTERATIONS ARE PLANNED at the Oneida County Hospital, Dr Robert L Bartlett, superintendent, revealed in his annual report submitted to the Board of Managers in December

Principal among these is the changing of Davies Pavilion, used for many years as a contagious hospital, into quarters for male employes Rooms will be provided for twelve men on the second floor and the first floor will be converted into apartments for the medical staff

This building was constructed twenty-six years ago for administration offices It will be necessary to remove a wide front stairway and provide additional bath and lavatory facilities

Ward A will be converted into a contagious pavilion, there being six rooms available for various types of contagious diseases and a separate entrance on the west side of the building will be constructed The maternity section will occupy the space formerly used for office purposes and an adjoining small ward will be used for children

RENOVATION OF THE DIET laboratory at United Hospital, Portchester, formerly used by the student nurses, into a large, modern emergency room, will be completed about the middle of January

The cost is estimated at $2,500 The funds will be supplied by the Second Twig It was through the generosity of this group that more adequate quarters for the interns were established this year on the top floor of the main building

The present emergency room will be transformed into a lounge for attending physicians That change will leave the present doctors' room to be used as a much needed waiting room for the x-ray department.

Because of the increase in deep therapy treatments, changes in that department will also have to be made in the near future, according to Superintendent Wright Either an additional unit must be installed or one of the existing units will have to be replaced with one capable of much greater speed Lack of adequate space is the main obstacle to the first proposal

The radiographic equipment is also in

need of renovation Expenditure of at least $20,000 will be required in the next year in order to maintain the x-ray department on a higher plane, Mr Wright said

ADDRESSING THE HERKIMER COUNTY Board of Supervisors on December 10, Supervisor Daniel F Strobel resumed his advocacy of the erection of a hospital at the Herkimer County Home, contending that in forty years the county would save a million and a half dollars

Mr Strobel said figures show the county is paying $115 more per day for hospitalization of welfare patients than if it had its own hospital

Mr Strobel said he did not know how much a hospital at the County Home would cost. It might be $70,000 Even then, he stated, the county would save enough in two years to pay for the hospital and after the two years the savings would pile up

• • •

BROOKLYN WOMEN ARE rallying to the support of the campaign for the Swedish Hospital of that borough and, through social functions scheduled for the Winter season, anticipate raising a large part of the $250,000 needed to modernize the recently acquired six-story apartment building on Bedford Avenue Justice William F Hagarty of the Appellate Division of the Supreme Court is chairman of the current campaign

Events

MORE THAN 1,000 PERSONS attended the fifteenth anniversary dinner of Israel Zion Hospital on December 12, at the Hotel St. George, Brooklyn, paying $100 a couple to help defray the cost of the eight-story addition which the hospital is building at Forty-ninth Street and Tenth Avenue, Brooklyn

Speakers included Fred Kronish, president of the Bensonhurst National Bank, chairman of the dinner committee, and Morris A Goodman, president of the hospital Governor Herbert H Lehman sent a message congratulating the hospital on its work

At a meeting of the hospital's trustees earlier in the day, Boris Fingerhood, superintendent, stressed the importance of completing the addition as soon as possible He said that the hospital's present average bed occupancy was eighty-seven per cent—among the highest of any institution in the state.

The addition, expected to be ready for occupancy early this year, will make Israel Zion Hospital the second largest Jewish institution of its kind in the country The addition will increase the hospital's present capacity of 450 beds by 220 The hospital occupies both sides of the Tenth Avenue block from Forty-eighth to Forty-ninth Streets, Brooklyn

THE METHODIST EPISCOPAL HOSPITAL of Brooklyn celebrated fifty years of service with a dinner for the board of managers in the administration building on December 15 Five of the first patients were present.

The institution, known as "Mother of Methodist Hospitals," was dedicated on Dec. 15, 1887, at a time when there were six other hospitals in the old City of Brooklyn Originally the patients were tended by thirteen physicians, three interns and ten nurses Today there are 106 staff physicians, four resident doctors, fourteen interns, 200 graduate and student nurses and 100 more on call

• • •

THE NURSES' ALUMNAE ASSOCIATION of the Amsterdam City Hospital will hold a dance on Feb 11

AN ENTERTAINMENT of unusual interest both to children and their elders was arranged for the Christmas season as a benefit for the New York Orthopedic Dispensary and Hospital On the afternoon of December 30 Debussy's children's ballet, "La Boite a Joujoux," was presented by a cast of talented children in the grand ballroom of the Waldorf-Astoria. The ballet was staged and directed by Annette Van Dyke and the musical accompaniment was provided by George Barrere and the Barrere Little Symphony Orchestra The children comprising the cast were assembled through the cooperation and interest of leading dancing teachers in the city

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The radiographic equipment is also in

Medicolegal

LORENZ J BROSNAN, ESQ
Counsel, Medical Society of the State of New York

Incorrect Diagnosis as Malpractice

A case recently decided in one of the Western States is an excellent example of the manner in which a malpractice action against a physician can fail to succeed where error in diagnosis, and subsequent suffering is shown *

The case was one which arose from a hip injury sustained by one M a married man, when he fell from a ladder Dr R was shortly called to see him, and found him already in bed. Upon examination he gave it as his opinion that M was suffering from torn ligaments and strained muscles His advice to the patient was rest and quiet in bed. No x-rays were ordered by Dr R

The patient did in fact remain in bed for a little over a month during which time he did not request Dr R to call to attend him following the one visit, nor did any other physician care for him during this period. However, as a sort of substitute for calling Dr R to actually attend the patient, M's wife visited Dr R.'s office on several occasions during that time, and sought his advice She was told by the doctor to allow her husband to remain in bed, and to let nature take its course in bringing about recovery On one of such visits by the wife, Dr R directed her to rub and massage the affected area. During all of this time the patient suffered considerable pain

Finally, another physician was called to attend the patient, a Dr B, who specialized in bone and joint surgery He immediately had an x-ray picture taken, which showed an impacted fracture of the hip He performed an open operation and the patient's recovery after the operation was satisfactory

At this point M instituted a malpractice action against Dr R. charging him with negligent and unskillful treatment, which he claimed caused him extensive injuries Upon the trial of the case the principal witness of the plaintiff was Dr B who qualified and testified as an expert. In the course of his testimony he stated that there are probably about twenty-five methods of treating a dislocated or broken hip He described as one method, a usual method and one quite commonly resorted to, that of merely allowing the patient to rest quietly in bed, to permit the bones to knit of their own accord by nature's healing processes It was conceded that the defendant's diagnosis was wrong, but that such treatment was in substance what Dr R prescribed Dr B further testified that the operation which he had performed was the unusual rather than the usual form of treatment, and that the method he had used was resorted to to accelerate the healing time, when the patient wants to get back to work more quickly than the average case. The specialist also gave as his opinion that it was not unusual for patients with fractured hips to remain in bed for up to nine months, and that operations such as the one he had performed could be readily performed a year after the accident

Upon such evidence the trial court granted defendant's application for a dismissal of the action thereby ruling that no cause of action had been made out for submission to the jury The plaintiff took an appeal to the highest court of the state from the judgment in favor of Dr R.

The Appellate Court affirmed the ruling appealed from and in the course of the opinion of affirmance said

> It appears that the negligence upon which plaintiff's case rested consisted of the failure to properly diagnose the case which included the failure to immediately x-ray the injury We do not hold that such could not constitute negligence, in a proper case, but we do hold that it does not constitute actionable negligence unless it is shown that plaintiff was injured in some manner by such erroneous diagnosis There is no such evidence here. Admitting, for the sake of reasoning, that the diagnosis was incorrect, or even that it was negligently incorrect, the evidence reveals that nevertheless the defendant prescribed a treatment, which was proper under the circumstances and entirely fitting to that true condition of plaintiff which a correct diagnosis would have revealed. There is no evidence in this record that proper care would have required a different method of treatment if the correct diagnosis had been made in the beginning
>
> It is true that there is abundant evidence of plaintiff's suffering, but it is not shown to have resulted from the treatment instead of the injury, nor is there any evidence that under some other form of treatment the suffering would have been alleviated or that the operation should have been performed sooner
>
> We do not overlook the fact that the de-

* McBridge v Roy 58 Pac. (2) 886

Newsy Notes

A City of the Sick

FOURTEEN GALLONS of tincture of iodine, 48,000 aspirin tablets, 380 eight-ounce cans of ether, 875 one-dose ampoules of salvarsan a month, more than 400 x-ray pictures a day, from thirty to thirty-five operations, about twenty of them major ones, 5,000 or more visitors on a visiting day, 2,000 pounds of bread, 3,630 quarts of milk, 360 dozen eggs and 450 pounds of butter for 10,000 meals a day

These are random statistics given in the New York *Sun* to afford an idea of the supplies used and services rendered by only one of the hospitals here, which have a total population surpassing that of many a flourishing town in the United States On a full day there may be close to 50,000 persons in hospital beds within the city of New York.

It is Kings County Hospital, set in thirteen acres of ground fronting on Clarkson avenue in Brooklyn, which uses the fourteen gallons of iodine every month, and "The County," as it is familiarly called, is the largest hospital in the city, and has been since the opening of three new main buildings in 1932 Bellevue had been larger before that.

The basis for thus reckoning size is bed capacity, and this is a figure which fluctuates as additions are made, or old buildings razed to make way for new On one recent day, the County reported 2,825 beds as against 2,431 at Bellevue, but soon 750 more will be added to the Brooklyn figure. The old main building, part of it dating back to 1831, is coming down, and a 750-bed hospital for sufferers from chronic diseases will replace it.

A FIELD TEST in December, in which 110 young women from four Brooklyn hospitals participated, completed their course at the Brooklyn Botanic Garden In the field test the students were required to recognize and name at sight any of the fifty or more medicinal plants they had been studying at the Garden

Such plants as the licorice, glycyrrhiza glabra, the wild cherry, prunus serotina, peppermint, mentha piperita, wintergreen, gaultheria procumbens, ephedra, ephedra distachya, juniper, juniperus communis, olive, olea europaea, eucalyptus, coffee, aloes, and others growing in the plantations and conservatories of the garden are included in this list.

FIVE HOSPITALS HAVE BEEN ADDED to the group participating in the 3-cent-a-day-plan for hospital care in the Capital District, at Albany

E. R Evans, executive director of the Associated Hospital Service, announced that Mary McClellan Hospital at Cambridge, Saratoga Hospital, Nathan Littauer Hospital at Gloversville, Glens Falls Hospital, and St. Mary's Hospital at Amsterdam have joined the original ten hospitals in the plan Fourteen new groups of employed persons have joined the plan, Mr Evans said. More than 9,000 are enrolled

At the Helm

THE FOLLOWING HOSPITAL OFFICIALS HAVE BEEN CHOSEN

Dr Max M Simon, to be chief of staff of St Francis Hospital at Poughkeepsie

Mrs Richmond F Meyer, to be president of the Vassar Brothers Hospital Association at Poughkeepsie

Dr Henry J Vier, to be chief of staff of St. Agnes Hospital at White Plains

Miss Isabel T Goss, to be president of the Mercy Hospital Guild at Auburn

Dr John E Daugherty, superintendent of the Jamaica Hospital, Jamaica, Queens, died in that hospital on Dec. 13 after collapsing of a paralytic stroke while addressing a regional conference of Lions Club officers in the Hotel Franklin, Jamaica. He was sixty-one years old Dr Daugherty was vice president of the club In the World War, Dr Daugherty, with the rank of lieutenant colonel, had charge of Base Hospital 97, in France, and later organized hospitals at Kelly Field, Texas, and Camp Dodge, Iowa. From 1920 to 1930 he was executive director of the Jewish Hospital in Brooklyn In September, 1933, he succeeded Dr Hayward Cleveland as medical superintendent of the Jamaica Hospital

Across the Desk

Babies via the Grist Mill

BRITISH DOCTORS HAVE BEEN discussing the relation between brown bread (retaining the wheat-germ) and human fertility, and it has reached a point where some physicians are asking that the Ministry of Health, the Medical Research Council, or some other authoritative body issue a precise statement telling how brown bread can be made in such a way that the vitamins are not removed

While awaiting such a statement, an English physician tells in the *British Medical Journal* of some interesting results of "rough and ready methods we have used here for some years past" He is Dr Lionel James Picton, of Holmes Chapel, and the first case he describes was "a lady with one little girl miscarried in her second pregnancy and a rather prolonged sterile interval followed" Anxious for a male baby, she sought advice

Dr Picton thought of wheat-germ oil, sometimes used, then, it was suggested, why not the germ itself? So he approached a firm of millers, who were at once interested, and "we received it 24 hours after the rollers had stripped it from the grain" It was mixed with whole meal and yeast, and the bread was baked "Well, the baby arrived in due course (by luck a boy), and when, after a further prolonged sterile interval, the bread was resumed, in 15 to 20 weeks pregnancy was again reported "The product has become so popular in that district that it is known as "fertility bread" The essential condition, we are told, "is that the baking shall at once follow the grinding" Dr Picton's letter, too long to quote here, is in *The British Medical Journal* of Nov 6, p 938, and is well worth reading Among other things he gives an apetizing recipe for "wheaten cakes" made of the fertility flour Patients who cannot get fresh-ground whole wheat meal can buy a small home grinder, or use an old coffee-grinder

America to Blame

Of course America is to blame "The introduction of the steel roller mill from America in 1872 was the beginning of the end" "Think of it!" he exclaims "The first operation of that mill strips the grain of its coat and shirt (bran and aleurone layers) and of its purse of money (the embryo and germ) and leaves the poor white body naked. White flour results without a single + sign to its name in the vitamin schedule What wonder that we spend millions on patent aperients!" Since that date appendicitis began to take its rise, and the birth-rate began to fall—"here is a factor which, though subtle, may well be fundamental"

Population enthusiasts who wish to work up a sentiment for a higher birth-rate may find inspiration here for a new hymn—"In this wheat by and by"

Zeus Calls Lady Nicotine to Task

EVERYBODY SEEMS TO ADMIT that the smoke of the tobacco leaf has undesirable things in it, but the consumption of tobacco rises higher and higher every year Lady Nicotine, like some others of her sex, is talked about a lot, but the men find her fascinating for all that What to do? A scientific article in these pages a couple of years ago (Nov 15, 1935) by Herman Sharlit, M D, of New York City, mentioned among the constituents of tobacco smoke such things as "carbon monoxide, ammonia, prussic acid, acetic acid, aldehydes including acrolein, the alkaloid nicotine and pyrrol, pyridine and other heterocyclic nitrogenous bases (generally grouped under the term 'tars')"

Dr Sharlit has been interested in tobacco smoke chemistry about a dozen years, and after canvassing various efforts to render smoking harmless, he concludes that "there remains a simpler yet perfect approach to a solution—filtration of the smoke." He summed up his views in this paragraph

"The medical profession, if it is to con-

fendant prescribed rubbing and massaging, in addition to the rest and quiet. There is no evidence that this was improper For all we know, from the face of the record, it may have been one of those "probably twenty-five different ways by various men who have their own particular way of doing things," as testified by the plaintiff's expert. There was no evidence that any of those ways are wrong If we should hold as a matter of judicial knowledge that rubbing and massage are opposed to rest and quiet, the fact remains that although rest and quiet are one of the recognized treatments, rubbing and massage were not shown to have been unrecognized or improper

Plaintiff complains bitterly of the hardship of proof in malpractice cases This is a situation which if true, we are powerless to remedy Basically, there is little, if any, difference, between the rules of negligence as applied in malpractice cases and as applied to other cases In any kind of negligence case, the burden is upon the plaintiff to establish his injury, and that the injury resulted from the negligence of the defendant in failing to observe the particular degree of care required in the premises The degree of care required of a physician or surgeon in the treatment of his patient is that degree of care which is ordinary under the circumstances of the particular case. He is not an insurer, nor affords any guaranty of cure unless it is so represented by him For the reason that the course he should pursue, in many cases, and in the light of foresight, is purely a matter of opinion in which some of his professional brethern will agree and some disagree, he is not held responsible for an error in judgment unless that error is so great as to constitute negligence Negligence may consist of an error in judgment, or cause it, or grow from it, but an error in judgment is not necessarily negligence

But however all of that may be, the plaintiff in the instant case failed to offer any evidence tending to prove that any of his suffering was attributable to any act or omission of the defendant. On the contrary, he made it affirmatively appear that the treatment rendered was in the exercise of due care according to medical practice and experience. The custom and usage are not necessarily determinative of whether proper care was used, but they help considerably on the question in any event, and by whatever method of proof it should have been attempted the burden of proof was upon the plaintiff to establish the alleged negligence and his resultant injury, failing in which, it was the duty of the trial court to sustain the demurrer

Injury Following Intravenous Injection

A physician who specialized in surgery was called to the home of a woman thirty years of age where he found her in bed complaining of abdominal pains He examined her and diagnosed her condition as acute appendicitis Immediately, the doctor sent her to a hospital where the same day under general anesthesia he performed a routine operation for the correction of what proved to be a condition of acute gangrenous appendicitis The wound was closed without drains and the patient was returned to her room Shortly thereafter the surgeon decided that the patient needed intravenous injections of glucose and saline solution. He directed one of the resident physicians on the staff of the hospital to administer to her such solution Sometime later he observed her in her room and found that his orders had been carried out and that the patient's left arm was strapped to a board and in extension and that the needle apparently was properly set and the solution flowing The needle in connection with the administration of the intravenous solution remained in position for a number of hours. When the surgeon next saw the patient the following day, she complained of pain in the arm and examination showed moderate swelling at the site where the resident physician had inserted the needle It was found that the patient had difficulty in moving the thumb of her left hand The patient remained in the hospital for nine days and during that time the surgeon supervised her general treatment which included the application of dressings to her arm At the time of her discharge, the swelling which had been near the region of the left elbow joint had gone down but the patient still had inability to internally rotate her left thumb The doctor never saw the patient thereafter

Sometime later a malpractice action was instituted against the surgeon by the plaintiff in which the charge was made that the defendant had negligently conducted himself in the care of the case particularly with reference to the administration of the intravenous injection so as to cause a permanent paralysis affecting the entire left arm, hand and fingers A physical examination of the plaintiff was made prior to the trial and it appeared that the patient complained of numbness in her fingers and thumb and lack of the full use of the same The opinion of the examining physician was that the plaintiff would eventually have a complete recovery and regain full use of her arm and fingers He did, however, conclude that the condition was neuritis of the left median nerve probably due to pressure and ischemia affecting the left median nerve

The case came on for trial before a Court without a jury and at the conclusion of all the testimony the Court directed a verdict in favor of the defendant physician thereby holding that the plaintiff had failed to establish a cause of action against the defendant and exonerated him of all charges of malpractice

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cern itself in the matter at all, should take the following position regarding cigarettes Tobacco smoke cannot be considered harmless The manufacturers of tobacco products are to be encouraged in their efforts to modify the art in behalf of a more harmless smoke, but, however good the achievement, the introduction of a filtering material into the smoke stream will effect a still safer smoke The profession should assist in the production of a consumers' psychology sympathetic to the introduction of filters into cigarettes"

"Hair of the Dog Cures the Bite"

What brings the subject up at this time is the appearance of a cigarette filter-holder that seems built on the underlying principle of the homeopathic school of medicine, "like cures like" Before the days of homeopathy this thought was expressed in more vulgar patois—"the hair of the dog will cure the bite" Our science of sera and viruses is also founded, in a way, on the idea that like cures like, and when the proposition comes along to filter, or cure, one cigarette with another cigarette, it is worth notice Here the bespectacled Ph D's have been working in the laboratories for years to find some very, very scientific substance to filter the nicotine, tar, and other fearsome and unpleasant elements out of cigarette smoke, and all the time every one of them had in his pocket the very thing for it—a cigarette

Here, too, maybe, is the reason why those deadly drops of nicotine in the cigars and cigarettes have not keeled us all over and strewn the streets with handsome corpses Perhaps every cigar and cigarette has acted as its own filter, and some of the nicotine, etc, of the first half has been intercepted by the last half, so that when it is pretty well burnt down the accumulation begins to taste strong and it is tossed away That idea has often been advanced The new filter is simply a holder made of specially prepared aluminum with a scientifically designed bit The aluminum tubing is long enough to take an ordinary cigarette, and with a space inside to hold another cigarette through which the smoke must pass The aluminum is said to be an especially efficient conductor of heat, cooling the smoke and causing the hot vapors to condense and deposit the undesirable elements in the second cigarette

For some reason the device is called "Zeus" Just why is not revealed Zeus of course, was the ruler of the gods and goddesses and a very capable fellow in many ways, so he probably would be equal to the task here

The old, carefree ways of the gods on Mount Olympus are no more, and it appears that Zeus was put to long, severe tests in a research lab, to see what he could do Large, impressive tables of figures tell all about it, but in a nutshell, or on the point of a brasstack, as it were, Zeus absorbs up to seventy to ninety per cent of the nicotine and tars of the cigarettes he filters

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THE DOCTOR'S SOUL

That a doctor's soul is as important for his success in medicine as are his mental attainments, was the reminder given medical students by Dr Henry Asbury Christian, professor of the theory and practice of physics at Harvard University Medical School, speaking at the dedication of Syracuse University's new College of Medicine building on Nov 22

Taking as his topic "The Fruition of the Clinician," Dr Christian addressed himself directly to the medical students present at the dedication and blazed for them the path to success as clinicians He interpreted the work of a clinician, by implication, as concerning the investigation of disease in a living subject rather than in controlled experiment.

Speaking first of the young medical student's technical training, Dr Christian then declared

"Do not gather from what I have said that medicine and its practice is all a matter of mind. Much, too, of its success lies in the soul The medical man should be an exemplar in his community of the worthy life. His dealings all must be upright and honest, his habits free from criticism

"He will need the support of a true religion A simple faith in God and His ways should emanate from all true physicians If he believes not, this will be impossible The believing physician often can bring into perfection a cure not otherwise attainable There is no place in the profession of medicine for the agnostic, the atheist."

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*Proc Soc Exp Biol and Med., 1934, 32, 241 245
Laryngoscope, Feb 1935, Vol XLV, No 2, 149 154
N Y State Jour Med., June 1935, Vol 35, No 11
Arch. Otolaryngology, Mar 1936, Vol 23, No 3
Laryngoscope, Jan 1937, Vol XLVII, No 1, 58-60

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*Proc. Soc. Exp Biol and Med , 1934, 32, 241 245 ☐
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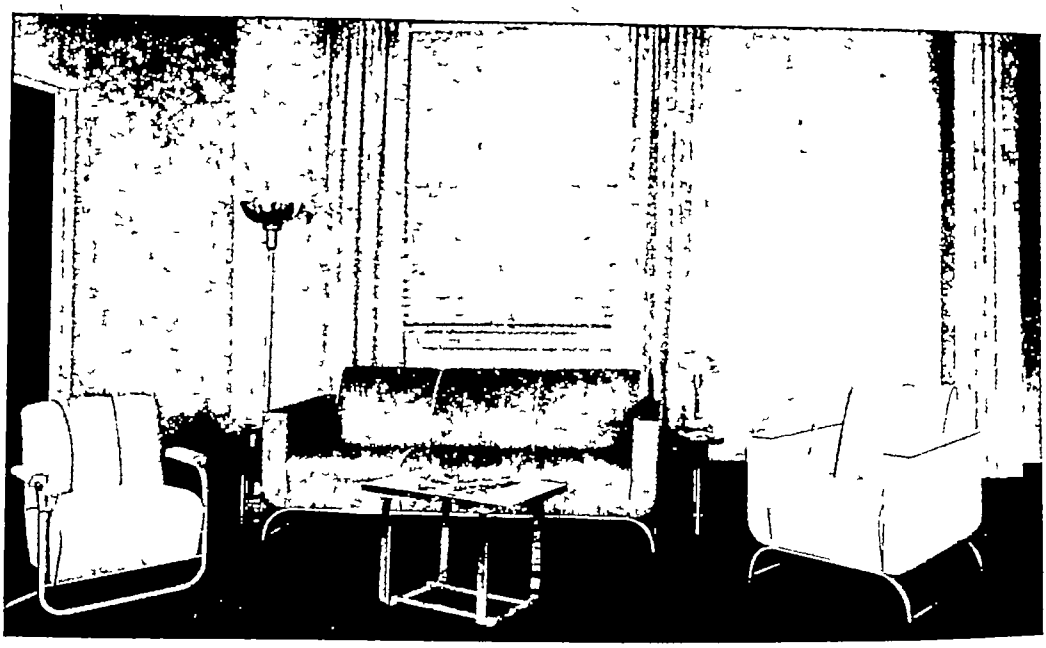
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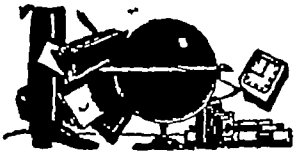
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FLORIDA

Text of Mr R S Voigt's Radio Talk over Station WNEW, Dec 8, 1937

(*Moore*) Good Evening Ladies and Gentlemen I know of no better theme to describe the subject of tonight's talk than these lines "May Sunshine Light Your Way, and Time Mark Only Pleasant Memories" You guessed it . It's Florida A good place to visit and, as many find it, an equally good place to establish a home with palms, sunshine, and flowers to make life both pleasant and comfortable For those who have been there, Florida speaks for itself But for the benefit of those who have had merely to visualize it, I have invited as guest speaker for this evening, Mr R. S Voigt, General Eastern Passenger Agent, for the Atlantic Coast Line Railroad, who will tell us something about this lovely land Mr Voigt, why do you suppose almost everyone yearns at sometime or another to go to Florida?



R. S Voigt
General Eastern Passenger Agent of Atlantic Coast Line R. R

(*Voigt*) Well, Mr Moore, I would say because it offers so much to seekers after rest, relaxation and the thrill of outdoor life, as well as an escape from the rigors of winter ice and snow

(*Moore*) Yes, I'll grant that it has many advantages, but will you tell us what are some of those advantages?

(*Voigt*) Indeed, I'll be glad to First, it offers freedom from extremes of heat and cold which makes it a place where one can follow happily a more healthful and pleasant mode of living Its winter climate is the finest in the world with the Atlantic Ocean on the east and the Gulf of Mexico washing the western shores of this peninsular The days of sunshine are longer and the nights much shorter than in the north

(*Moore*) But why do you suppose each year more people go to Florida to establish either a winter or, in many cases, a permanent home?

(*Voigt*) I would say, largely because there you find in summer not only the same unusual winter environments, but also comfort in cooling sea breezes Of course, in the winter you also have absence of fuel bills in addition to wholesome outdoor diversions rather than costly indoor amusements Then, there's the abundance of locally grown fruits and vegetables, as well as other economies made possible by favorable natural conditions All of these tend to reduce the cost of living In other words, your dollar buys relatively more in year around comfort and enjoyment in Florida than elsewhere.

(*Moore*) Does it make much difference where you live in Florida?

(*Voigt*) Not a great deal It's suited to almost everybody Whether one chooses to live in hotel, apartment, boarding house, or rent or build a home it is sure to prove beneficial and delightful Even North Florida, you know, is south of Southern California.

(*Moore*) How about the children?

(*Voigt*) Florida is a real Paradise for boys and girls Between school hours, boating sailing picknicking hunts for strange seashells, flowers and birds all offer endless interest to the youngster Incidentally, most public schools in Florida offer free tuition to the children of winter visitors

(*Moore*) But to be more specific, if you were visiting Florida for the first time, where would you go to the east coast, the West Coast or to the central part of the State?

(*Voigt*) That's a moot question, Mr Moore. Of course, the entire State is attractive. It all depends The West Coast, adjacent to the always delightful Gulf of Mexico, has much to offer It is preferred by many who seek a less strenuous life and who spend the entire winter

at its resorts Then, too, Central Florida, while it does not offer ocean bathing, abounds in natural beauty, fascinating exotic flowers and places of historical interest On the East Coast, there is life and gayety at some of the world's outstanding resorts, especially at Palm Beach, Miami and Miami Beach

(*Moore*) You certainly paint an alluring picture, especially for those who have never visited Florida, but what about the famous places of interest there Will you mention a few?

(*Voigt*) Well there is Ravine Gardens at Palatka with its 250,000 rare tropical plants, shrubs and trees, including over 100,000 azaleas of every out-of-door variety found in the world

Cypress Gardens at Winter Haven are a marvel of natural and developed beauty Thousands of Gardenias grow wild there, as well as countless rare plants from the Far East and the South Sea Islands At Clearwater is an authentic Japanese Garden of unusual interest and beauty

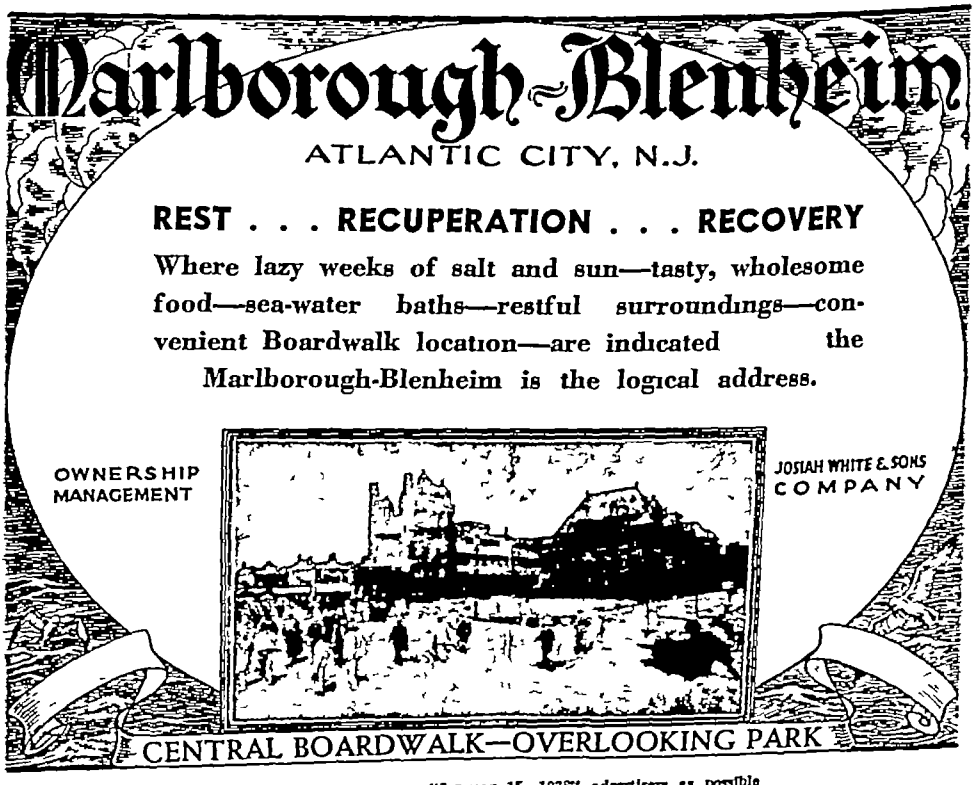
But there are many other places, such as Rainbow Springs with its clear, hill-bordered basin of air-clear water, and glass-bottom boats for viewing colored fish and rich aquacultural life. Here, too, is found the only scenic waterfall in Florida Then, there is Silver Springs, one of the greatest natural wonders in the entire world Leesburg has lovely Venetian Gardens, landscaped islands, canals, etc. Near Sebring is Highland's Hammock with its 2,000 acres of primeval tropical beauty South of Vero Beach is McKee Jungle, another unworldly tropical beauty spot. The latest developed point of interest is Marine Land, on the ocean 16 miles south of St. Augustine, with its unique aquarium. Here deep-sea fish and animals may be viewed through port holes from an enclosed pavilion.

(*Moore*) And not forgetting, of course, St. Augustine itself

(*Voigt*) Certainly not. For it is one of the most interesting places in the entire South It is not only a quaint city, but famed as the oldest in the United States Its stories of past and Old World origin speak for themselves in the medieval, moat-surrounded castle of San Marcos Nearby stands the old city gateway, reminder of the time when St. Augustine was a walled town From the Plaza with its cathedral lead narrow streets with bits of old garden wall and an occasional overhanging balcony

(*Moore*) And then there's Daytona Beach

(*Voigt*) Yes, it occupies a wide area on the mainland and peninsular shores of the Halifax River Moss-hung oaks, magnolias and palmettos lend generous shade to wide residential streets Down the coast is Palm Beach Across from it, on the mainland, lies West Palm Beach Everything there conveys an impression of luxury, beauty and magnificence Not the



least of its charm is due to the profusion of graceful cocoanut palms from which it derives its name. Palatial homes and estates line its palm-shaded drives Yachts ride at anchor on Lake Worth, while to the East a jade-green surf breaks gently on its beaches

(*Moore*) What about Miami, Mr Voigt?

(*Voigt*) On the shores of Bay Biscayne, Miami and its suburbs are a Paradise of tropical vegetation, red-tiled roofs, many-hued stucco and stone buildings in architectural styles adapted from the Mediterranean Coasts Cocoanut and Royal Palms, exotic flowers and shrubs give the city an almost foreign aspect. Miami has an average winter temperature of 71 degrees

(*Moore*) What has Florida to offer in the way of sports and other diversions?

(*Voigt*) Florida has more than 3500 miles of sea coast and 35,000 inland lakes and tropical rivers, all thronged by sun-tanned people from every part of America. Its golf courses, palm-bordered and flower-scented, are always green and inviting They challenge your best game And, of course, Florida deep-sea and fresh-water fishing is unmatched anywhere. As a matter of fact, Florida never has dull moments for anyone, even to horse-racing fans, for at Hialeah and Tropical Park at Miami the silks of all the well-known stables flash past the finishing post to the roar of thousands of voices

(*Moore*) You have certainly created a Florida appetite with your descriptions Mr Voigt, but how do you ever handle all the traffic the travel demands?

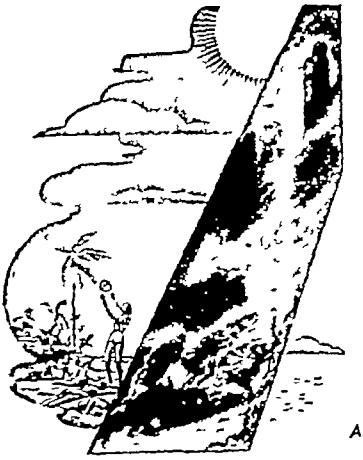
(*Voigt*) True, it is no easy job, but our facilities are adequate for we have been developing them for a great many years For example, our Florida Special, known as the Aristocrat of Winter Trains, celebrates its 51st birthday on January 2nd next

(*Moore*) By the way, that is the train that is graced with a hostess, isn't it?

(*Voigt*) Yes, the equipment of each section of this train includes a specially designed full-length recreation car with a hostess presiding over its entertainment a decided novelty en route An Hawaiian Orchestra furnishes music and, of course, there is dancing and games In a word, one's holiday begins the moment he steps into this car

(*Moore*) That sounds intriguing But what are the social requirements of such a hostess?

(*Voigt*) For that information, I can best refer you to our Mrs Gertrude Kemp, Supervisor of Hostesses, who is with us in the studio and can best answer your question



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(*Moore*) Do you recommend taking an automobile to Florida?

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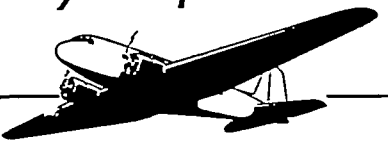
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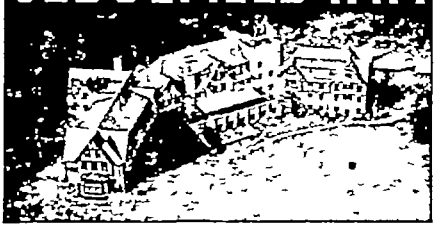
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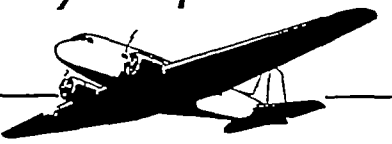
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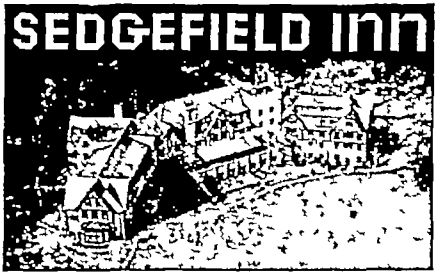
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SEDGEFIELD INN

GREENSBORO, N C.

from Latin American countries

The Association is an international organization with chapters in this country and 21 other nations of the Western Hemisphere, established to promote interchange of medical knowledge and research and to improve friendly relations

Two scholarships will be given by the Association to Cuban medical students who have completed their internship They will be chosen by the faculty of the University of Havana The scholarships consist of 18 months resident internship in an American hospital where room and board will be provided free Each student is permitted to study any particular branch of medicine he desires The scholarships carry with them an allowance of $50 a month per student and transportation to and from home. The scholarships to be awarded were donated to the Association by Mrs Paul Moore, of Morristown, N J, and Dr William Sharpe, of New York.

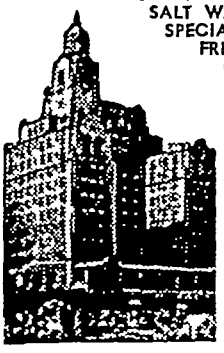
Medical sessions and clinics will be held at all ports of call, as well as on shipboard. The greater part of the program, however, will be given during the five days spent in Havana.

The program is divided into 18 Sections

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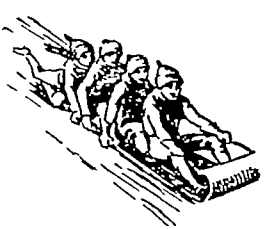
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The countries to be visited have extended official invitations to the Association to be the guests of the nation, and elaborate plans have been made to provide visitors with every form of amusement and information.

The officers of the Association are Dr Alberto Inclan (Havana, Cuba), President, Dr Joseph Jordan Eller (New York), Director General, Dr Jose E Lopez-Silvero (Havana, Cuba), Dr Jose Londres (Rio de Janeiro, Brazil), Dr Ignacio Chavez (Mexico City, Mexico), Dr Antonio Zambrini (Buenos Aires, Argentina), Executive Secretaries, Dr Lee M Hurd (New York), Treasurer, and Dr John Duff (New York), Dr Chevalier L Jackson (Philadelphia), Dr Jose Lastra (Havana), and Dr Ross T McIntire (Washington, D C), Secretaries

Among American medical leaders who will speak are Dr Chevalier L Jackson and Dr Chevalier Jackson, Philadelphia—"Cancer of the Larynx", Dr William D Habgard, Nashville—"Technique in Treatment of Fibroid Tumors", Dr Edwin C Ernst, St. Louis—"Recent Developments in Relation to the Radiation Management of Cancer", Dr Webb W Weeks, New York—"Operative Procedures for Chronic Simple Glaucoma", Dr Howard R. Hartman, Rochester (Minn.)—"The Treatment



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Still wines (under 14% alcohol) Sauterne Rhine, Claret, still Burgundy

Still wines (18% alcohol) Sherry Port, Tokay, Sweet Catawba Muscatel

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of Hemorrhagic Ulcer of Stomach or Duodenem", Dr Joseph J Eller, New York—"Cosmetic Results in Treatment of Skin Tumors", Dr James Ewing, New York—"Traumatic Origin of Brain Tumors", Dr Lee M Hurd, New York—"Sinus Operations" (with colored movies), Dr Fred H Albee, New York—"Surgical Restoration of Motion in Bony Stiff Joints"

President Roosevelt, Secretary of State Cordell Hull and Dr Leo S Rowe, Director General of the Pan American Union, endorsed the purposes of the Association and its Cruise. President Roosevelt said

"The significance of the exchange of medical and scientific information between our twenty-one neighboring nations can scarcely be overestimated. Indeed, the Pan American Medical Association represents an all-America's team battling against disease and extending the benefits of modern science and preventive medicine. I have been familiar for several years with the activities of the Association. I am especially interested at this time to learn of your seventh annual medical Cruise Congress to Havana and other countries in the West Indies this winter and wish it every success for it is important not only in its sympathetic purpose but in promoting understanding and cooperation among all peoples in the Western Hemisphere."

Secretary Hull's endorsement was as follows

"I need hardly assure you of my interest in the activities of private organizations such as yours which have for their purpose the interchange of ideas and the promotion of friendly relations between the scientific and professional men of the American Republics Your organization, in bringing together each year prominent and reputable physicians and scientists from the various American Republics, with the resultant interchange of scientific knowledge, is contributing to the improvement of cultural relations, the importance of which was recognized at the recent Buenos Aires Conference I believe that an interchange of scientific information should be encouraged in every appropriate manner and I am happy to find that the Credo of your organization emphasizes this important activity The Department is always interested in being informed of every serious and responsible effort to promote better inter-American relations and I appreciate your courtesy in writing me about your contemplated Seventh Cruise Congress I trust that the forthcoming cruise may be instrumental in contributing toward fulfillment of the purposes for which the Association has been organized."

Dr Rowe said

"Permit me to extend to you and to the officers of the Pan American Medical Association cordial congratulations on the service rendered in establishing closer relations between the members of the medical profession throughout the Americas You are thereby performing not only a scientific service but are also strengthening the cultural ties binding the nations of the Western World to one another Let me wish you the fullest measure of success in this fine undertaking, and assure you that it will always be a pleasure to be of any possible service in furthering the purposes which you have in view



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NEXT ANNUAL MEETING, NEW YORK CITY, MAY 9-10-11-12

NEW YORK STATE JOURNAL OF MEDICINE

Vol 38—No 3 FEBRUARY 1, 1938 PAGES 161 to 244

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Mediastinal Hodgkin's Disease
Haig H Kasabach, M.D and Kenneth R McAlpin, M D

Electrophoretic Therapy—Problems and Value *Karl Harpuder, M.D*

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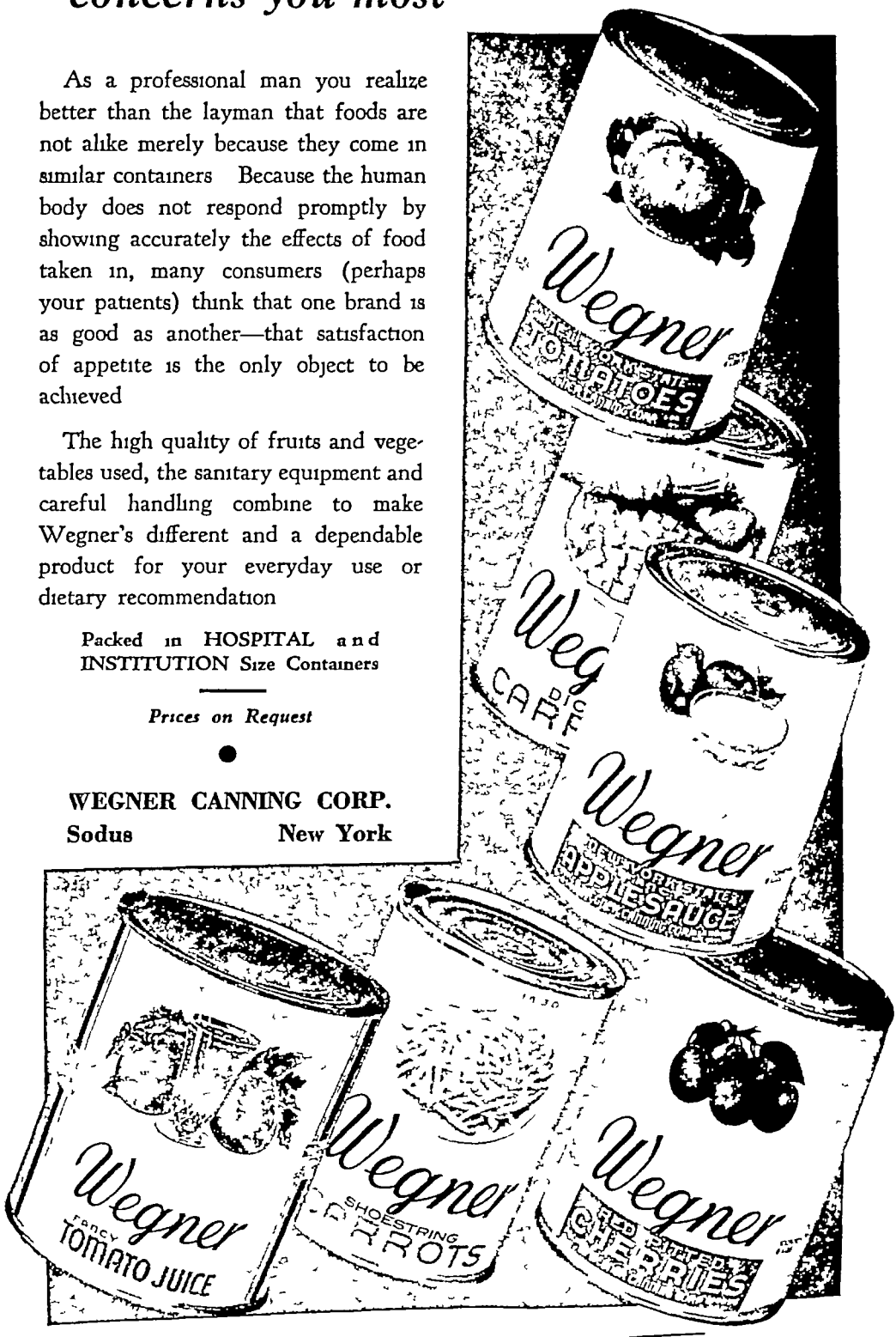
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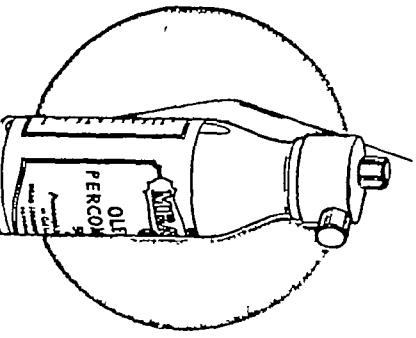
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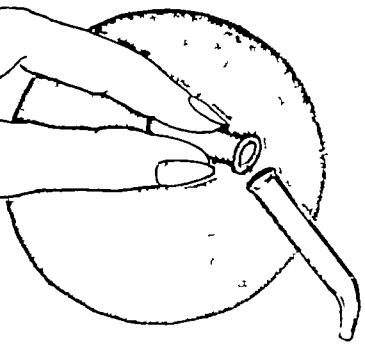
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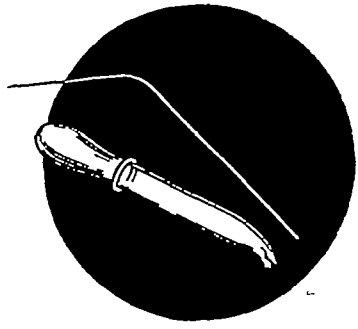
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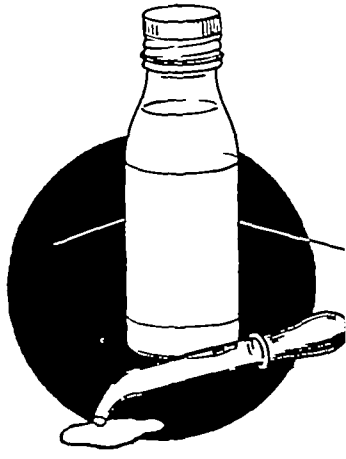
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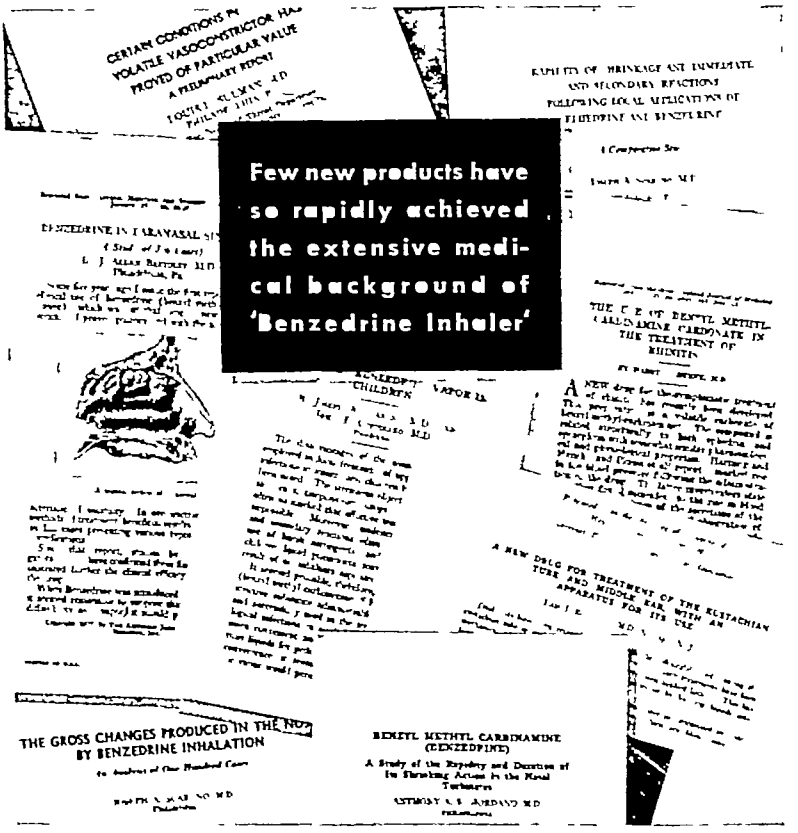
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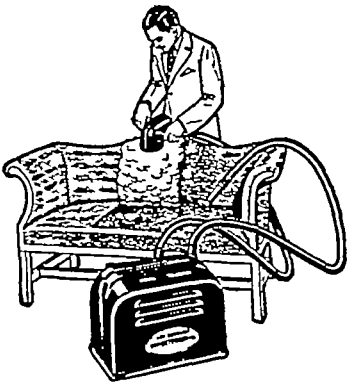
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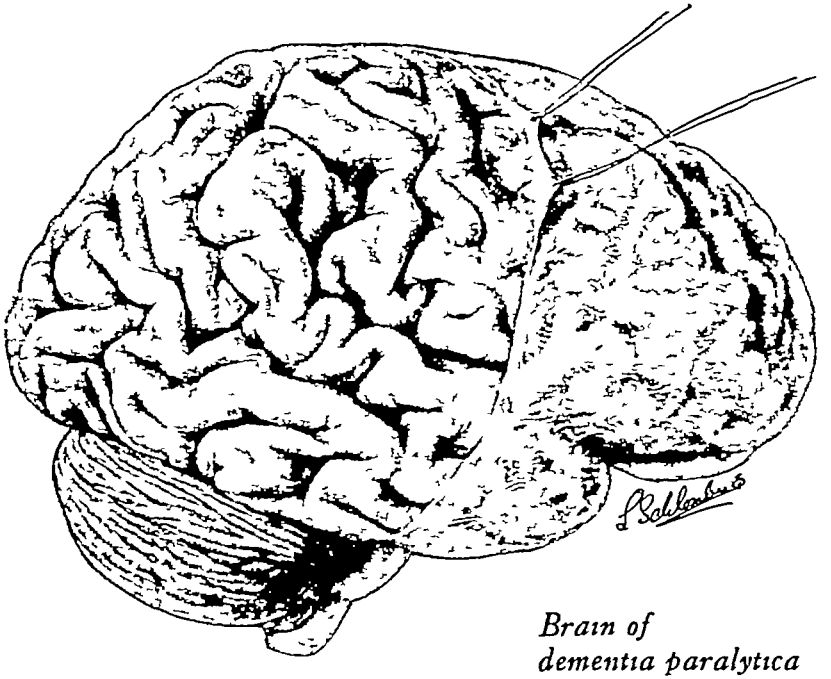
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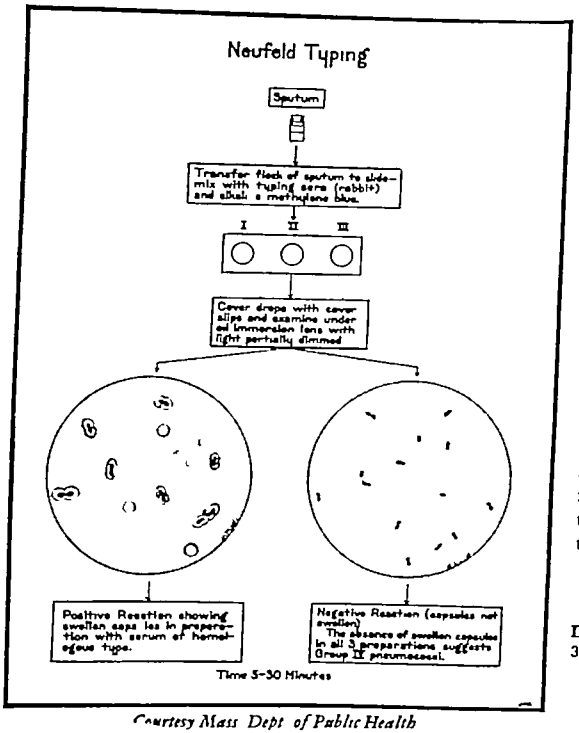
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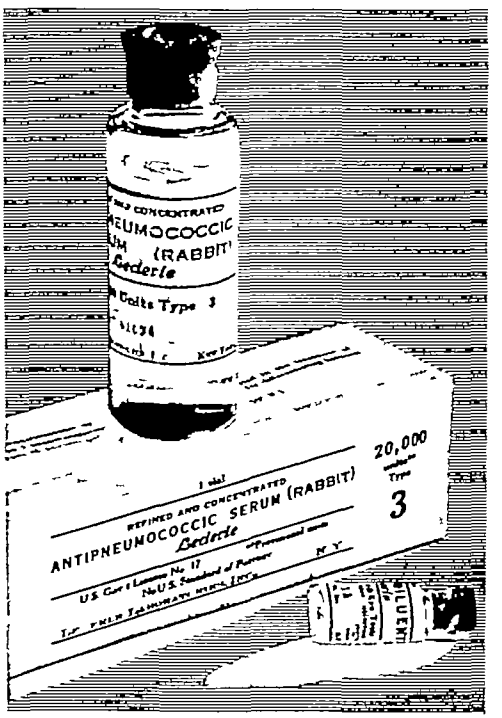
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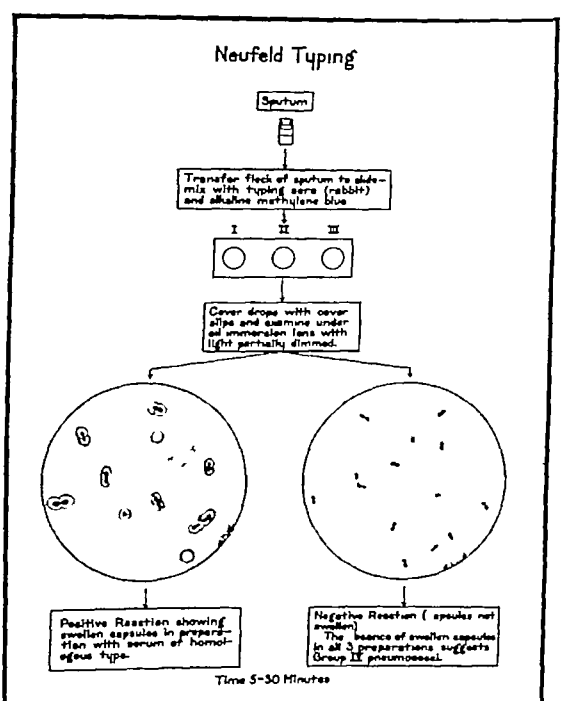
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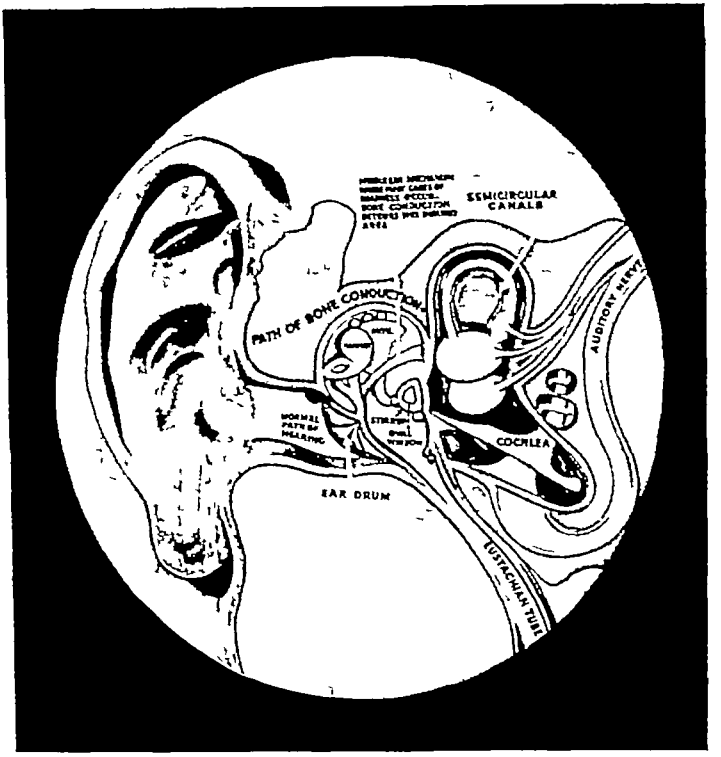
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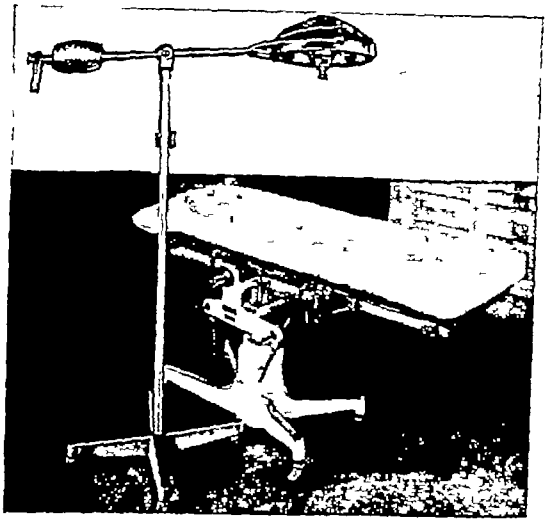
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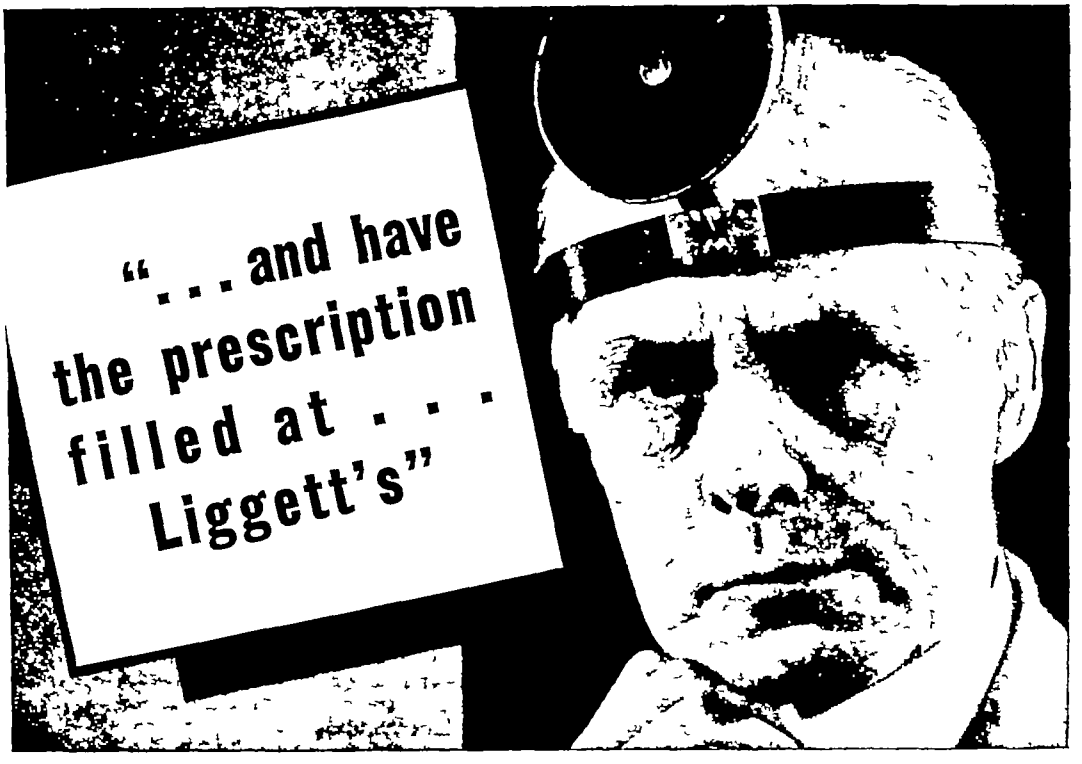
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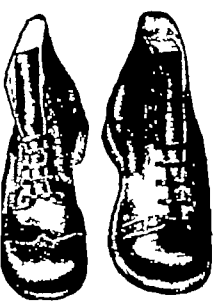
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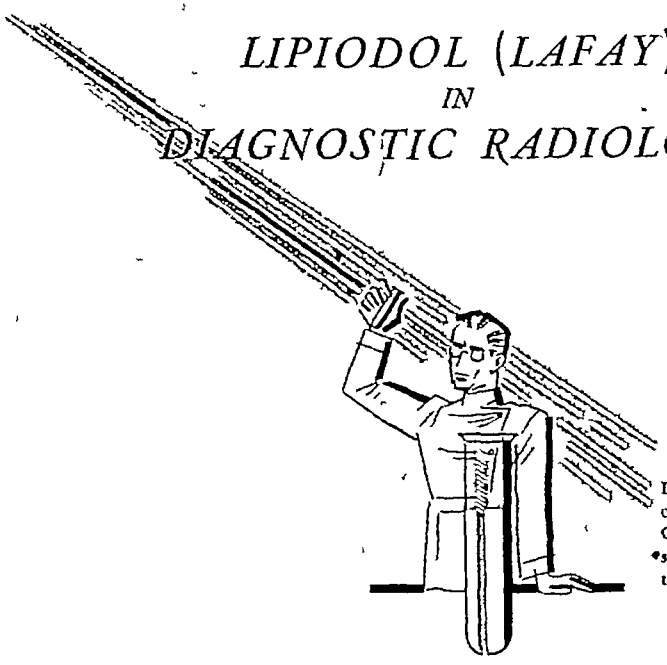
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As a result of his classical researches, Goldberger first proposed the name "Pellagra Preventive Factor" for that component of the vitamin B complex which he found effective in the prevention of human pellagra Subsequently, the terms vitamin "G" and sometimes vitamin "B_2" were used to designate this effective factor However, until biochemical research has conclusively established its identity, it is now apparent that we had best return to Goldberger's original designation for that entity which protects the human against pellagra

In contrast to the other vitamin deficiencies, cases of severe deprivation of the anti pellagric factor are not uncommon in certain regions of the United States It is also known that if the intake of food be drastically restricted for some reason—alcoholism, for example—pellagra may be encountered in localities in which the disease is not endemic (1) For these reasons, it is not unreasonable to suspect that subacute or latent deficiencies of the P-P factor may also be existent in this country

In the absence of typical dermatitis, available means for the diagnosis of deficiencies of the anti pellagric factor are not entirely satisfactory The practitioner must rely upon a variable group of less specific symptoms such as glossitis, diarrhea, digestive disturbances, and nervous and mental disorders However, consideration of these symptoms along with an evaluation of the diet upon which the subject had been maintained, may permit the conclusion that suboptimal intake of the P P factor should be suspected

The treatment of severe or perhaps even the mild manifestations of this dietary deficiency may require intensive therapy with food products or preparations known to be rich in the pellagra preventing factor However, prevention of pellagra and maintenance of the cure appear to be largely matters of dietary regulation In this connection, commercially canned foods deserve particular mention

Goldberger and his associates directed considerable attention to evaluation of the pellagra preventive powers of common foods The values of foods, many of them canned foods, in the prevention of pellagra have been determined (2) by investigations in which human subjects were used

In view of these facts, it is apparent that certain commercially canned foods will prove reliable, convenient and economical in the formulation of diets calculated to protect against mild or severe deficiencies of the P P factor

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1 1937 J Am Med Assn 108 15
1935 Ibid 104 1377

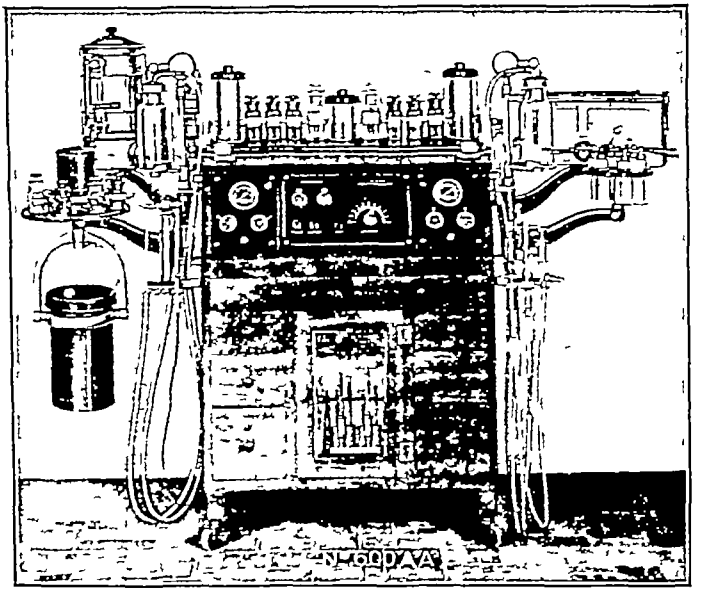
2 1934 U S Pub Health Rpts 49 755

This is the thirty-fifth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached We want to make this series valuable to you, and so we ask your help Will you tell us on a post card addressed to the American Can Company, New York, N Y, what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles

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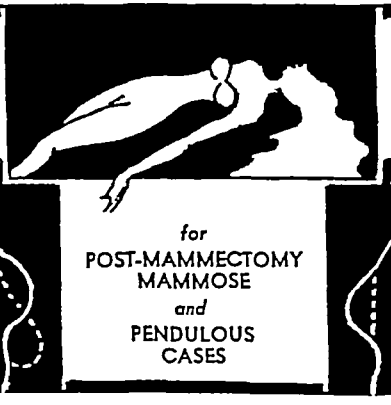
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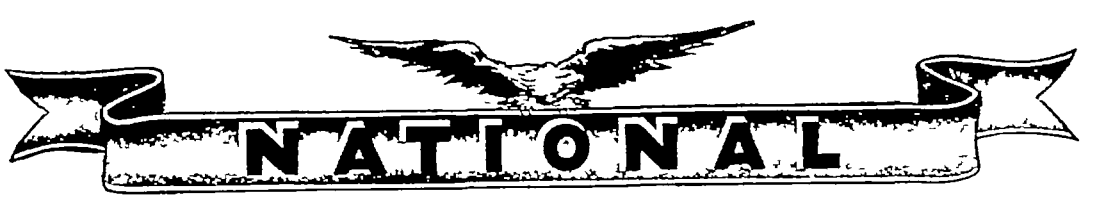
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"WHAT, all the vitamins plus essential minerals necessary for adequate cold prophylaxis? Logical, of course," says the busy practitioner, "but on whose authority?"

Alert to modern concepts, he finds himself in full accord with the statement of Mellanby[1], that "there is general agreement among medical men that the susceptibility of mankind to many types of infection is closely related to the state of nutrition"

All the vitamins, in particular, as Eddy and Dalldorf[2] point out, "act in as unique and characteristic a fashion in maintaining bodily defense against infectious elements as they do in maintaining body structure"

Importance of Each Vitamin

Of vitamin A, the Council on Pharmacy and Chemistry of the American Medical Association[3] has written "Present indications are that vitamin A is an aid toward establishing the resistance of the body to infections in general" And reports by Bloch[4], Sherman and Burtis[5], and McCollum and Simmonds[6], agree—with special emphasis on resistance to respiratory diseases

Of vitamins B_1 and B_2 (G), Robertson[7] says that their deficiency in the diet results in lowered resistance to infection The conclusions of Eddy and Dalldorf[2] are equally decisive.

Sherman[8] reports of vitamin C that "long continued low intake of the vitamin increases the susceptibility to infectious disease, and conversely, the resisting power of the body is increased by a diet containing ample supplies of vitamin C"

Lack of vitamin D leads to disturbed mineral metabolism Hess[9] has shown that cases of D-avitaminosis reveal an increased incidence of respiratory infection, a finding confirmed by Madu and Eckhard[9]

The imperativeness of proper mineralization for metabolic vigor has long been accorded full recognition in the literature. Most recent contributions have pointed to the heavy dependence of vitamin efficacy on the presence of minerals—for instance of vitamin D on calcium and phosphorus, as Sherman[8] and others have reported. This cooperative interrelationship emphasizes the necessity for concurrent mineral intake

Efficacy of Multiple Concentrate

These considerations are borne out by Eddy's[10] reports of extensive laboratory tests run at Columbia University, conclusively demonstrating the superior results attained by administration of a comprehensive vitamin-mineral concentrate over those elicited by A-D or A-B-D-G preparations

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1) Mellanby L. Nutrition and Disease. 1934

2) Eddy W H. and Dalldorf G The Avitaminoses 1937

3) Council on Pharmacy and Chemistry A. M. A. J A. M. A. 106 1732. 1936

4) Bloch C. E Am. J Dis. Child. 27 139 1924.

5) Sherman, H. C. and Burtis M P Proc. Soc. Exptl. Biol. Med. 25 649 1928.

6) McCollum E. V and Simmonds N Newer Knowledge of Nutrition. 1929 p. 25.

7) Robertson E. I. Medicine 13 123 1934.

8) Sherman, H. C. Chemistry of Foods and Nutrition 1935

9) Hess A. F Madu and Eckhard, quoted by Eddy and Dalldorf The Avitaminoses p. 256 257

10) Eddy W H. Unpublished Report Diet Supplementing Value of Vi Syneral. Columbia University 1936

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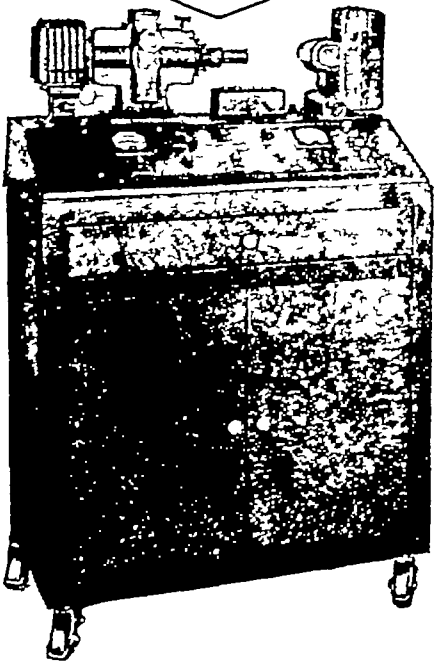
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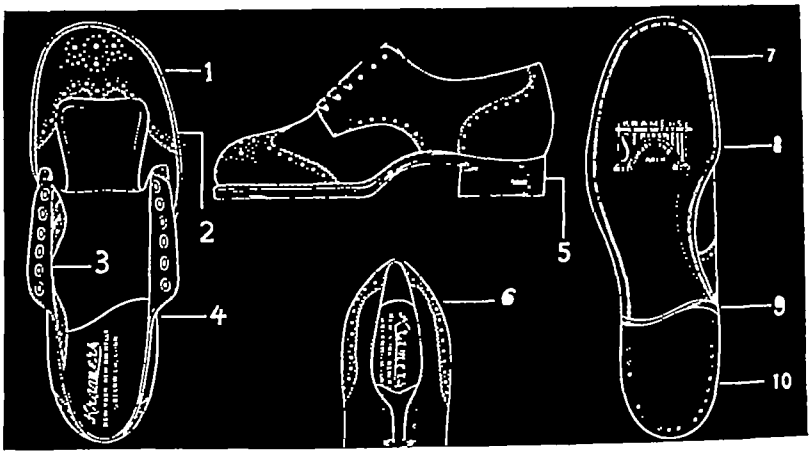
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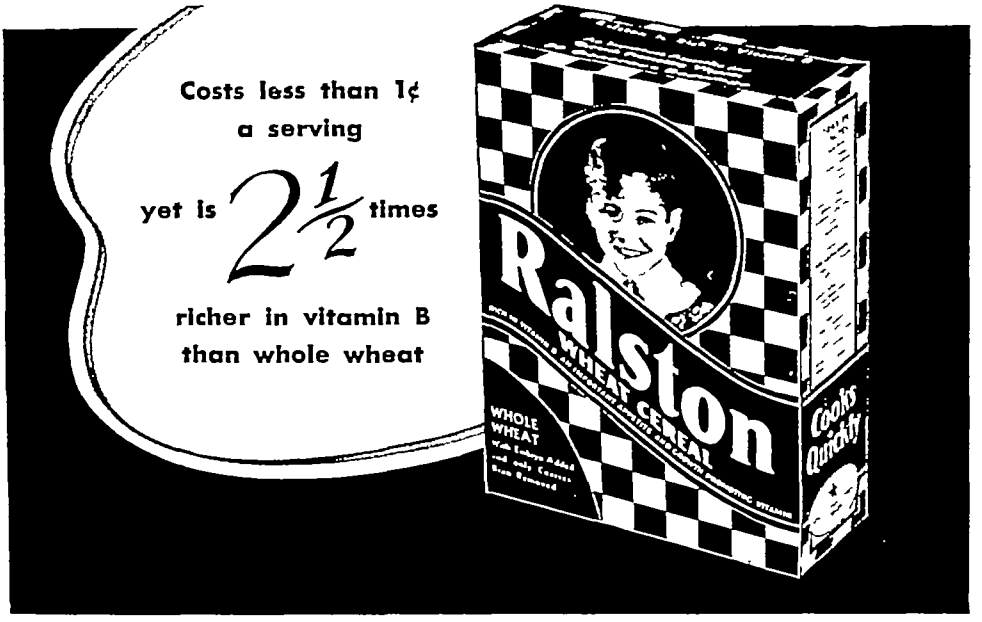
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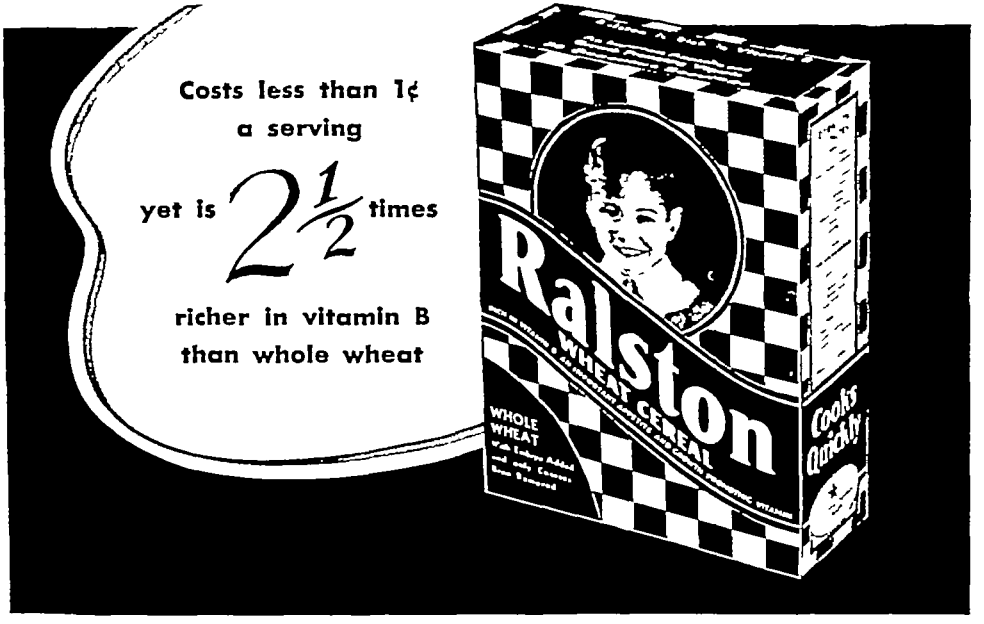
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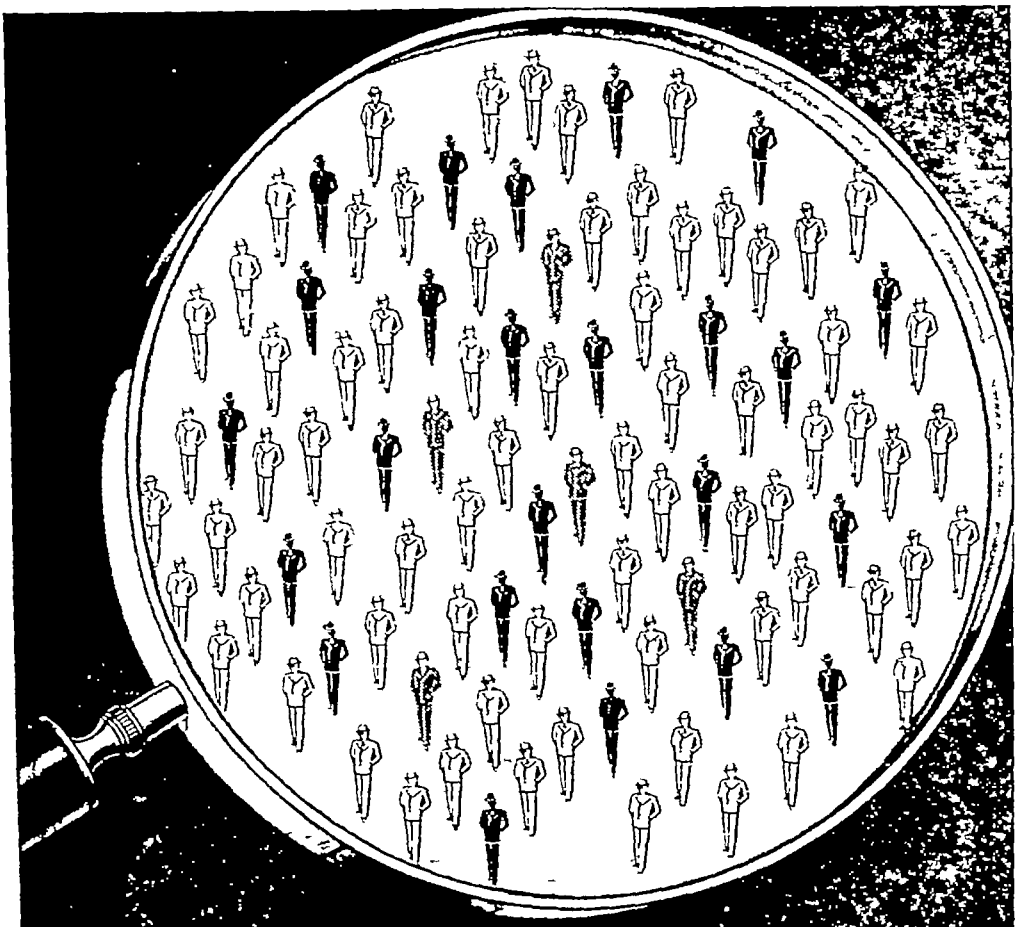


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SURGICAL DISEASE OF THE COLON

CHAS GORDON HEYD, B A, M D, F.A C S, *New York City*
Professor of Surgery New York Post-Graduate Medical School, Columbia University

It is evident that the human colon is an organ of remarkable endurance and in its evolutionary development has been subjected to almost every conceivable kind of chemical and mechanical trauma If one eliminates the various types of colitis it is surprising how few major affections there are of the colon It is very definitely established that the colon has specific functions and yet in the carrying out of its work it is capable of considerable adaptation to changing conditions The cecum and ascending colon continue, as it were, the main physiological function of the terminal ileum and from the midpoint of the transverse colon to the sigmoid we have a loss of the fluid contents of the bowel and the concentration and molding of the fecal content into its habitual expression of rounded, cylindrical-formed stool

The reports from surgical clinics indicate that of all colon work, two-thirds represents malignancy and one-third conditions other than malignancy, such as chronic ulcerated colitis, hyperplastic tuberculosis, polyposis, adenomatosis, diverticulitis, and Hirschsprung's disease. Rankin makes a most significant statement "It is a statistical fact that just about as many patients with carcinoma of the right half of the colon are operated upon for chronic appendicitis and chronic cholecystitis as patients with carcinoma of the rectum are operated upon for hemorrhoids"

From a diagnostic standpoint the large bowel may be divided into two portions, a right half and a left half In malignancies involving the right half of the colon there are certain features that are not present in malignancies of the left half of the colon The types of malignancy in the cecum and ascending colon are as a rule the adenocarcinomata These growths are flat, extend circumferentially, become excavated, are associated with the loss of microscopic blood at all times, provide a large area of absorption for both their own byproducts and the disturbed byproducts of the bowel, do not produce obstruction, do not metastasize early, have a relatively moderate degree of virulence, and tend to remain local for a relatively prolonged period of time As a rule, their clinical course is not accompanied by a fecal evacuation of gross blood, but blood is practically always present chemically Clinically, their most outstanding symptom is a progressive and continuous anemia In fact, so startling is the anemia that the mere inspection of a patient may suggest a malignancy of the stomach or of the right half of the colon So frequent is the rather pronounced stage of anemia present without local or disturbing symptoms, or gross impairment to appetite that the presence of such anemia in a patient in the late third or early fourth decade is sufficient to call for a diagnostic interpretation of the anemia with the

Read at the Third Annual Clinical Day, Alumni Association, School of Medicine, University of Buffalo, Buffalo, April 17, 1937

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sided tumors than in left-sided, and blood transfusions, pre- and postoperative, are of great assistance There seems to be added to the patient's resistance, by the giving of blood, a vital impetus quite in excess of the amount transfused

4 Measures are instituted for overcoming dehydration This can be accomplished ordinarily by obtaining a normal water-balance. A water-balance chart with all the factors of water loss and water replacement by hypodermoclysis or intravenous administrations is of great assistance A reasonable and judicious amount of dextrose is added to the solutions given intravenously, but great care should be taken not to overflush the circulation with dextrose solution The presence of sugar in the urine after intravenous medication is evidence that the dextrose has "spilled over" and is of no value to the patient

5 Measures are undertaken to prevent the absorption of bacteriolytic material, particularly in the right-sided neoplasms In the cecum there is a large area for the absorption of broken down tissue as well as fecal and bacterial products From one-third to even one-half of the feces is composed of bacteria with maximum virulence and it is readily apparent that there are great possibilities for the absorption of highly toxic material Colon irrigations with normal saline to which may be added tincture of quassia, ℥ii to the quart are very useful

6 Nutrition is maintained by a high caloric, nonresidue diet plus excess intake of fluids and fruit juices Calcium lactate, ℈i q 4h, has proved of value in our experience

At operation it is many times doubtful if the surgeon can accurately determine whether the glandular involvement contains metastases or is only the result of septic absorption All operations on the large bowel should be planned to extirpate the primary growth and all the gland-bearing tissue anatomically connected with the neoplasm The philosophy behind this procedure is that the operation is one that plans to remove all the affected bowel plus the epicolonic, pericolonic gland groups, and the main gland depositary at the base of the chief artery to the part This, therefore, means that most operations will carry with them a large bowel area plus the gland-bearing tissue, leaving behind a raw and in many cases incompletely peritonized surface Invariably and inevitably in this area will be a collection of serum The effect of serum collection in proximity to an operative wound means infection, abscess formation, and the increase in the possibilities of a lethal complication—peritonitis In addition, the absorption of serum, even if noninfected, entails an added burden upon the liver Since many of these patients are already subjected to the uttermost demands upon their reserve, the addition of extra increments of hepatic damage by absorption of protein fluids should be avoided Hence the advisability of providing adequate drainage of all of these areas Most surgeons are inclined to believe that drainage is purely a mechanical mechanism This is a misconception of the primary function of drainage which is biological and is (1) to prevent the accumulation of body fluids from being retained under pressure, (2) to prevent primary nonseptic body fluids from becoming infected, and (3) to prevent their systemic absorption

Resection of the tumor should be accomplished without the consideration of anastomosis at the time of resection The Mikulicz operation, *per se,* has a very limited field and there is a hazard in allowing the malignant tumor to remain on the anterior abdominal wall The possibilities of metastasization on the abdominal wall has been estimated at twelve per cent and we have had a few cases that have developed a fulminating gas gangrene of the abdominal wall with fatal termination

Postoperatively we are concerned with the treatment of peritonitis which may be actual or impending This will require the following routine measures

TABULATION OF TREATMENT OF PERITONITIS

Preoperative—operative—postoperative

1 Nothing by mouth—Ochsner "Rest and Starvation."

2 Gastric drainage—indwelling nasal Levine tube.

3 Fowler position
- (a) Angulation of bed, 35°
- (b) Angulation of patient.

4 Morphine for pain or restlessness

5 Prevent dehydration—amount lost by stomach + 3000 c c.
- Proctoclysis, Murphy
  - Tap water + ten per cent glucose
- Hypodermoclysis
  - N/10 Saline

possibility of a cecal carcinoma in mind

The degree of anemia may be so severe as to suggest pernicious anemia Apparently the blood deficiency bears some relationship to the surface area of the neoplasm and the rapidity of absorption of pernicious protein byproducts

Neoplasm of the right colon is occasionally detected quite by accident, particularly among physicians, nurses, and other professional people who from apprehension have a barium colon enema examination The anemia of right colon tumors is associated with varying degrees and varying types of dyspepsia

In the consideration of the left half of the colon this segment of the bowel must be considered separately from the rectum and rectosigmoid It may be roughly described as beginning at the midpoint of the transverse colon and terminate where the sigmoid passes into the rectosigmoid Malignancies in this portion of the bowel tend to be more of the scirrhous type and are invariably associated with the development of obstructive symptoms and frequently gross blood in the stools They, however, are not associated with the continuous and constant leakage of blood such as characterizes right-sided neoplasms The bowel behind the obstruction hypertrophies and there is usually some intestinal cramp and increased borborygmus There is not a marked depreciation in health nor does the anemia develop to a comparable degree in left-sided tumors Such impairment of appetite and general nutrition as may be present is largely due to the chronic obstruction It seems that the further down the colon tube the growth is situated the more apt is obstruction to become pronounced and gross hemorrhage more frequent

Rankin found that in the right colon sixty-six per cent of the patients without nodal involvement were alive at the end of the five years, fifty-six per cent of the cases of the left colon, and forty-eight per cent of the cases of the rectosigmoid and rectal cancers In sharp contradistinction to these were the results when nodal involvement was present The right colon showed thirty-nine per cent cures, the left colon twenty-nine per cent, and the rectum and rectosigmoid twenty per cent

In the diagnosis of surgical affections of the colon *per se,* the greatest precision rests with the expert roentgenologist The method used is an opaque medium by rectum, plus palpatory examination under the fluoroscope The specificity of the lesion, the degree of obstruction, its fixity to neighboring viscera, and the general tonus of the intestine are all capable of differentiation in the hands of the roentgenologist

In the symptomatology of rectal carcinoma, probably the symptom that is most frequently present and yet to which little weight is attached is a change in bowel sensitivity In other words, a change in the daily bowel habits of the individual Neither constipation nor diarrhea are significant signs in the early stages yet blood will be passed in seventy per cent of the cases and rectal pain will be present in almost the same number Seventy per cent of tumors of the rectum are within reach of the palpating finger in the rectum and nearly one hundred per cent are within the resources of the palpating finger and sigmoidoscopic examination Neoplasms of the rectum and rectosigmoid are very frequently missed in the contrast barium colon enema for the barium mixture will flow into the rectum rather rapidly and fill out the pouch above and below the rectal tumor and present no evidence of luminal deformity

The principles that must underlie surgery for malignancy of the large bowel must rest upon the following

1 The physical condition of the patient —the age, the duration of the growth, the presence of coexisting disease of the heart, blood vessels and kidney will largely determine the degree of general preparation that will be necessary In many of the neoplastic lesions of the large bowel obstruction is an element and even if it is only partial will require preoperative bowel therapy and in many cases preliminary operative decompression of the bowel

2 The nature of the growth and its localization will be factors in the preoperative survey of the patient Patients with tumors of the cecum and ascending colon with their large, sloughing mass, marked anemia from nutritional impairment, will require preoperative measures to lessen the local absorption and transfusions to bring back the blood to a relatively normal state

3 Anemia is more pronounced in right-

nonspecific hyperplastic inflammatory change There is infiltration of the wall by round cells, hyperplasia of connective tissue, deformity of the lumen, narrowing and degress of stenosis from almost minor degree to complete intestinal obstruction The frequency with which this affection is associated with the terminal ileum has given the designation of terminal ileitis, yet the same mechanism occurs in other portions of the bowel The condition may be multiform, as in one of my patients there were four definite sites of this condition—the terminal ileum and ascending colon the transverse colon, and the descending colon and sigmoid This condition is described at length by Burrill Crohn, Berg, and numerous other authors It has been recognized by surgeons for many years It is not to be confused with discrete hyperplastic tuberculosis of the cecum which is occasionally met with in the course of routine abdominal diagnosis and occasionally during the removal of an appendix

In discrete tuberculosis of the cecum there is many times very little systemic deterioration and the proper therapy is surgical removal, preferably at one stage. Prognosis is excellent and the operative mortality not high

Diverticula occur throughout the entire intestinal tract, particularly in the colon and occur in five per cent of routine colon examinations For a long time it was supposed to be the precursor of malignancy, yet Brown and Rankin at the Mayo Clinic observed only four cases in a study of 227 that were complicated by carcinoma, an incidence of less than 1 8 per cent The danger that is inherent in diverticulitis, particularly of the sigmoid is (1) perforation with peritonitis (2) perforation with abscess (3) hemorrhage (4) fixation of the bowel (5) perforation into adjacent viscera, particularly the bladder with the formation of fistula So aptly does it mimicry acute perforating appendicitis that it has been spoken of as left-sided appendicitis

By perforating or perforation a coincident plastic peritonitis is set-up, producing a tumor mass frequently in the region of the sigmoid, although the same mechanism may be evoked in other portions of the colon The weight of opinion seems to be that diverticulitis *per se* does not produce obstructive symptoms and is not associated with bowel hemorrhage and that the presence of some degree of obstruction and hemorrhage is rather the characteristic of a malignancy or the verging of a nonmalignant diverticulitis into one of malignant degeneration

Aside from the complications, the patient is best treated by conservative measures and only when some outstanding complication occurs, such as the necessity for drainage of an abscess or the correction of vesicocolonic fistula, should surgery be entertained Medical therapy, regulation of diet, the interdiction of enemata are the main features of treatment

Continued observation indicates the role of polyopsis in the development of carcinoma of the large bowel and one is impressed with the strong familial and inherited tendency for bowel polyposis. Any surgeon with fair experience in colon surgery has been impressed with the finding of a carcinoma so definitely placed and in which all the tissue connections are so definite as to have little doubt in his mind that polyposis is the forerunner of many cases of malignancy It has the most pronounced tendency to undergo malignant transformation The disease usually affects youth, is characterized by blood from the rectum and profound anemia Fitzgibbon and Rankin found twenty-four definite and discrete carcinomas in twelve patients who had multiple polyps of the colon Only two were without carcinomatous degeneration They further reported twenty-four carcinoma in eleven cases of polyposis, a ration of eight to three Rankin further states that in fifty-eight per cent of cases of familial polyposis, definite malignancy is present

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A national health authority advocates health examinations for all children returning to school Imagine the disappointment of many a boy to find there is nothing the matter with him!—*Sacramento Bee*

"George," said the bride's mother, "did you send for a doctor?"

"I sent for three," replied the efficiency expert proudly "Whoever gets here first gets the case"—*Country Gentleman*

Phleboclysis
N/10 saline + ten per cent glucose
6 Prevent hypochloremia and alkalosis
Replace fluids and chlorides lost in vomitus
Intravenous method
(a) Two—four per cent hypertonic saline
(b) Ten c c of 1 1500 solution hydrochloric acid
(c) 1000 c c intravenous distilled water, alternating with ntravenous solutions of normal saline
7 Surgical intervention—operations for intestinal obstruction
8 Prophylactic injections of anti-gas serum pre- and postoperatively

From the physiological point of view it is highly desirable that peristalsis be completely inhibited for as long a period as possible, therefore nothing should be given by mouth to these patients until there has been a spontaneous passage of gas and certainly not before seventy-two hours Water balance for the prevention of dehydration may be accomplished readily without much distress to the patient with measures which are routine Morphine may be given for the abolition of pain, prevention of pain and restlessness, and the inhibition of peristalsis

Chronic ulcerative colitis is a most pathetic picture, occurring usually in young individuals and usually under careful medical regimen, and very rarely requires surgical intervention Its essential feature is its chronicity, having an insidious onset characterized by frequent stools, and the passage of blood plus mucus There may be occasionally dramatic and startling acute intermissions, characterized by high fever, pronounced prostration, marked dehydration, continuous bowel irritability, and frequent stools The picture is one of a profound toxic state The origin of this condition probably is in the rectum and proctoscopic examination will reveal innumerable punched-out ulcers surrounded by hyperemic areas, marked edema, and occasionally a peculiar glazed surface with marked increase of mucous formation and continuous exudation of pus As healing occurs in these ulcerated areas there is produced a marked fibrosis, resulting in a stiffening of the bowel, irregularity of the lumen, narrowing and fixation, together with loss of haustration If one has had the opportunity of seeing this bowel at operation he is impressed with the remarkable fragility suggesting a soft putty-like material that breaks on the slightest handling

Our experience with ileostomy for this condition has not convinced us of the essential desirability of surgery and if an ileostomy is done it is probably only a preliminary to an extirpation of colon which must be done at some later period Prolonged medical treatment, bowel therapy, and the treatment of the individual as a chronically ill patient, with the general principles of sanatarium treatment, will probably give better results than those heretofore obtained by surgery In this connection, one might allude to the frequency of marked hyperplastic lymph glands in the area of the ileum and mesentery, so-called mesenteric adenitis This condition occurs in young people, usually the thin, undernourished individuals, of easy fatiguability, with a marked tendency to chronic constipation and intermittent abdominal cramps Usually these patients have their appendices removed for the fear that an acute appendicitis might be overlooked or that it may intervene The appendix, as a rule, has a slight amount of lymphoid tissue, is erectile and turgid, and is associated with the glandular picture indicated above

Hirschsprung's disease has properly been limited to a nervous defect of the sympathetic nervous system It is interesting to recall that certain nodal points have been allocated to the gastro-intestinal tract and that from these nodal points there issues autonomic nervous impulses The continuous irritability of these fibers produces tonic contraction or spasm with pathological stasis This is the basic factor for the element of obstruction which is now usually ascribed as the causation of Hirschsprung's disease If these fibers and nodes are excised, there follows (1) diminution in size of the dilated colon, (2) lessened haustration of the colonic wall, with resultant colon motor activity, and (3) decreased function of the internal sphincter with less resistance at the anus

There arises in the region of the terminal ileum, and sometimes in the large bowel, a condition spoken of as ileitis and characterized by the development of a

nonspecific hyperplastic inflammatory change There is infiltration of the wall by round cells, hyperplasia of connective tissue, deformity of the lumen, narrowing and degress of stenosis from almost minor degree to complete intestinal obstruction The frequency with which this affection is associated with the terminal ileum has given the designation of terminal ileitis, yet the same mechanism occurs in other portions of the bowel The condition may be multiform, as in one of my patients there were four definite sites of this condition—the terminal ileum and ascending colon the transverse colon, and the descending colon and sigmoid This condition is described at length by Burrill Crohn, Berg, and numerous other authors It has been recognized by surgeons for many years It is not to be confused with discrete hyperplastic tuberculosis of the cecum which is occasionally met with in the course of routine abdominal diagnosis and occasionally during the removal of an appendix

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ROENTGEN FINDINGS OF RENAL TUBERCULOSIS

HENRY K TAYLOR, M D, F A C P, F A C R. and LEONARD PAUL WERSHUB, M D, F A C S, *New York City*
From the Departments of Radiology and Urology, Sea View Hospital

Renal tuberculosis is ordinarily accepted[1-5] as a complication, secondary to a tuberculous infection elsewhere in the body Because of this impression which we believe to be erroneous, renal tuberculosis is not diagnosed as frequently as the lesion actually exists Undoubtedly, many cases of renal tuberculosis are incorrectly diagnosed in children as pyelitis and in adults as one of the common nonspecific renal infections The recognition of early renal tuberculosis is not always possible as some lesions can be diagnosed early while others cannot be detected until an advanced stage of the disease

As stated above it is generally believed that renal tuberculosis occurs as a secondary infection, secondary to tuberculosis elsewhere in the body, usually pulmonary It is our belief that this statement is ambiguous, and from our interpretation of statistical data is erroneous We believe that the tubercle bacilli reach the kidney or kidneys during the phase of the original or primary infection In this sense the kidney may be considered as infected secondarily, for the organisms are brought to it In reality this is not a true secondary infection, but must be considered as part of the primary phase which occurs during the stage of the bacillemia prior to the fixation of the tubercle bacillus We believe this fixation of organisms in the kidney or kidneys is the anlage in the majority of cases, which later is diagnosed as renal tuberculosis In a certain percentages of cases which we consider relatively small, renal tuberculosis develops as a secondary or complicating lesion

At Sea View Hospital, an institution caring for the tuberculous tuberculosis of the genitourinary tract was found in 3 8 per cent of 1121 consecutive autopsies[6] Reisner[7] reports an incidence of 49 3 per cent of extrapulmonary tuberculosis without any pulmonary involvement In a further subdivision, only one-third of his cases with genitourinary tuberculosis showed no evidence of a pulmonary lesion

Sutherland and Braasch[8] in a review of 1314 cases of renal tuberculosis (911 had the thorax x-rayed) state "In 280 cases (30 7 per cent) there was evidence of pulmonary tuberculosis, in the majority being latent, and in 631 cases (69 3 per cent) the findings were negative In 83 of the 1314 cases tuberculous lesions were co-existant in bone" In spite of these figures the authors claim "the consensus of opinion is that renal tuberculosis is never a primary condition, but is always secondary to involvement of the lungs, peri-bronchial or retro-peritoneal lymph nodes, or bone"

It is difficult for us to accept the statement that renal tuberculosis is secondary to pulmonary or osseous tuberculosis *If true, the incidence of pulmonary or osseous tuberculosis should be considerably higher than the recorded statistics* In a general way, the available statistics can be accounted for only by accepting the thought that the tubercle bacilli are arrested or fixed in the kidney during the phase of the primary infection and at some later time become virulent and produce a destructive lesion in the kidney which is recognized clinically and roentgenographically as renal tuberculosis

A review of the literature[1-5] shows a unanimity of opinion concerning the transportation of the tubercle bacilli by the blood stream, but a difference of opinion as to the site or sites of the primary localization of the tubercle bacilli in the kidney

Wildbolz and Ekehorn[9] believe the renal papilla is the site of election for the primary localization of the tubercle bacillus They believe that the bacilli localize here because of the decreased velocity of the blood at this point Medlar[10] states that the first lesion may localize either in the cortex, the medulla or in both In his series of cases the lesions were cortical

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester May 26, 1937



Fig 1 H W, male, white, aged forty Chief complaint, frequency of urination, pain in back, hematuria six months ago Tubercle bacilli obtained from bladder and from left kidney (a) Urographic examination Superior infundibulum presents multilocular appearance with constriction in superior portion of pelvis Slight dilatation of other calices (b) Pathological specimen Irregular abscess in region of superior infundibulum. From size and localization of this lesion, we assume that primary localization of tubercle bacilli occurred at renal papilla. Large cortical abscess not demonstrable on roentgenogram for there is no communication with renal sinus

in seventy-five per cent, medullary in eleven per cent, and were present in both in thirteen per cent Cabot, Crabtree[11] and others claim the earliest localization of the tubercle bacillus occurs at the base of the pyramid Some believed the tubercle bacilli are filtered out in the urine and then localize in the region of the narrowed portion of the collecting tubule distal to the glomerulus

From the above it is apparent that the tubercle bacilli can be localized in any part of the kidney, viz, papilla pyramid or cortex *The localization of the lesion is*

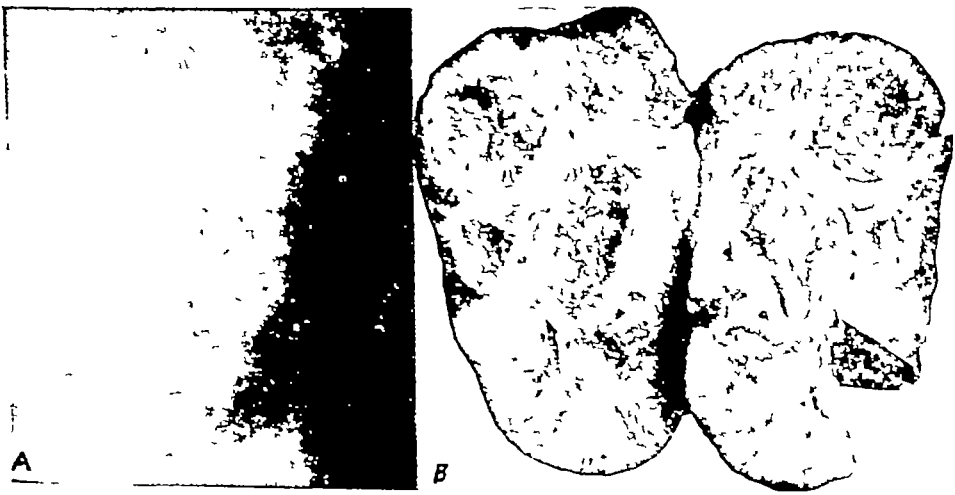


Fig 2 A.B., male, white, aged forty-three. Chief complaint frequent urination, day and night, and pain in left kidney region. Tubercle bacilli obtained from left kidney Bladder specimen negative. (a) Urographic examination reveals superior infundibulum to be irregular, enlarged and distorted (b) Pathological specimen abscess cavity in upper pole of kidney From size of lesion the primary localization of tubercle bacillus occurred at pyramidal base or in cortex.

of importance, for the site is the determining factor in whether the lesion can be recognized early or late

The urographic findings in renal tuberculosis depend upon the site of the primary localization In those cases where the lesion is localized at the apex of the pyramid, the lesions are recognized early only because the destructive process has altered the normal architecture of the infundibulum When the lesion is small it produces minute changes in the cup-shaped appearance of the calyx The change may be only a slight irregularity in the contour or an indistinctness which gradually becomes more marked and more extensive as the lesion progresses so that in time the calyx loses its normal contour It may now be enlarged irregular, and distorted (Fig 1)

As the tuberculous lesion progresses the architectural changes become more pronounced There is involvement of the adjacent calices and kidney parenchyma This type of lesion may occur in any portion of the kidney but is usually found in the upper pole The lesion may so involve the substance of the kidney that a calyx or even a portion of the renal pelvis may become completely obliterated Under such circumstances no contrast substances will enter the diseased area In reality an abscess cavity is present with no communication to the renal sinus (Figs 2, 3, 4, 5)

When the lesion is localized at the base of the pyramid early recognition is impossible because there is no alteration in the architecture of the renal sinus Not until this lesion progresses sufficiently to destroy a part of the excretory tubular system a part of the renal sinus, will roentgenographic evidence be available By this time the lesion is quite extensive for there is considerable destruction of renal substance This cannot be considered an early lesion even though the roentgen evidence is identical with the early manifestation of the lesion described above (slight irregularity in the contour of the calyx) where the lesion originally localized at the pyramidal apex From here the destructive process continues and the roentgen findings depend upon the degree of involvement of the renal sinus and renal tissue The advanced lesions present bizarre appearances and may be characterized by dilatations with



Fig 3 J L, male, white aged thirty-three Chief complaint, difficult frequent, and painful micturition for one year Tubercle bacilli obtained from bladder and left kidney (a) Urographic examination reveals destructive lesion of superior portion of renal sinus, presenting marked irregular collection of contrast substance in upper pole of kidney and stenosing tract to pelvis (b) Urographic examination fifteen months later reveals progression of lesion Shadow of contrast substance is smaller because of progressing cortical lesion encroaching upon renal sinus Cortical lesion is not demonstrable on the roentgenogram



Fig 4 N.K., male, white, aged forty Chief complaint, frequency of urination, pain in back during cold weather, hematuria six months ago Tubercle bacilli obtained from bladder and left kidney (a) Urographic examination shows deformity of renal sinus in upper half of left kidney (b) Roentgenographic examination of infected kidney shows nature and extent of lesion. (c) Pathological specimen shows multiple abscesses in upper pole of the kidney Primary localization of tubercle bacilli probably occurred at renal papillae.

markedly irregular contours, obliteration of the calices, detached irregular areas of contrast medium communications between isolated areas of necrosis and dilatation narrowing and almost complete obliteration of the renal pelvis (Figs 3 and 5)

According to Medlar[10] the localization of the tubercle bacilli most frequently occurs in the cortex (75 per cent) The early recognition of this lesion is impossible Not until the lesion becomes sufficiently extensive to destroy one or more of the calices will it be evidenced on the

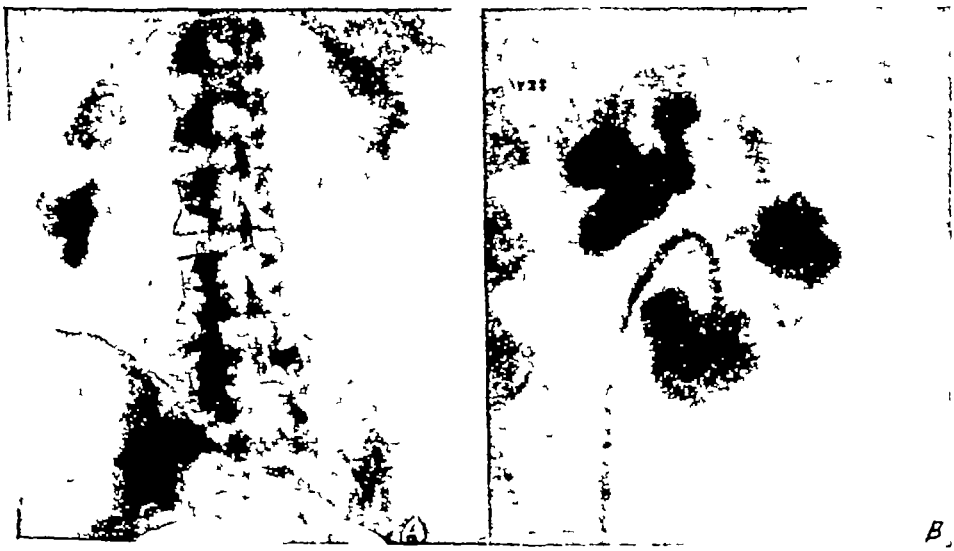


Fig 5 (a) Urographic examination shows extensive lesion involving upper half of right kidney occluding renal sinus in that area (b) Urographic examination shows extensive lesion involving entire kidney Due to destruction of renal tissue there is marked deformity of renal sinus, with strictures

roentgen film The lesions irrespective of where they start progress with a destruction of renal substance Destructive lesions of the kidney may be present with no communication with the renal sinus, and hence not demonstrable It is not unusual to find at operation or postmortem, multiple excavations in the kidney of which there were no evidences or indications in the roentgenogram (See Figs 2 and 5a)

It must be borne in mind that a negative pyelogram does not exclude renal tuberculosis

Wesson and Ruggles[2] claim that urography may be the only method of arriving at a diagnosis

The roentgenographic evidence is not indicative of the size or the extent of the lesion

The presence of small circular isolated calcific deposits,* either single or multiple, unilateral or bilateral, is usually considered as being tuberculous The presence of these calcific deposits is no indication of disease in the urinary tract It is our opinion that they represent the end or healed phase of the primary infection This type of infection in children is frequently overlooked In children, cases of unexplained temperature, with normal ear drums and pus cells in the urine, are diagnosed as pyelitis These cases are probably tuberculous infections of the kidney (part of the primary infection) which either heal spontaneously, with or without calcification, or else go on to a progressive destruction of the kidney We believe that a number of the lesions encountered in early adult life are probably an overlooked manifestation of childhood tuberculosis of the kidney

*Calcific deposits of the kidney are not as frequently encountered in the East when compared with the frequency of this condition reported in the Western States[12]

Summary

1 It is our belief that the commonly accepted statement that *renal tuberculosis occurs as a complication, secondary to a tuberculous infection elsewhere in the body (reinfection)* is not correct.

2 We believe tubercle bacilli are deposited in the kidney or kidneys during the phase of the primary infection, a subsequent activation of the organism produces disease

3 The primary localization of the organism can occur in any portion of the kidney, viz, renal papilla, medulla or cortex

4 Early recognition of the disease is only possible when the primary localization of the organism occurs at the renal papilla The lesion elsewhere in the kidney is only recognized when it deforms a portion of the renal sinus This cannot be considered an early lesion When there is no encroachment on the renal sinus, there is no roentgen evidence The roentgenographic evidence is not indicative of the size and extent of the lesion

5 The presence of small calcareous foci in the kidney are probably the healed or end stage of a primary infection, and is no indication of disease in the urinary tract

6 During infancy a primary lesion in the kidney may be diagnosed as a nonspecific pyelitis

667 MADISON AVE.

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All the space for this purpose has been taken up

MEDIASTINAL HODGKIN'S DISEASE

HAIG H KASABACH, M D and KENNETH R. MCALPIN, M D, *New York City*

From the Department of Radiology and Medicine, Presbyterian Hospital and College of Physicians and Surgeons, Columbia University

Between 1918 and 1935, 251 patients were admitted to the Presbyterian Hospital and Vanderbilt Clinic with the diagnosis of Hodgkin's disease Seventy-seven of these individuals, in whom the diagnosis was established by microscopic examination of a lymph node, had mediastinal involvement.

Golden[1] has suggested that the primary site of the disease may have a bearing on prognosis A lymphoblastomatous mass so located as to interfere with some vital process such as respiration may cause death much sooner than a similar mass located elsewhere It seemed of interest, therefore, to analyze the cases in which the mediastinum was involved to determine what relation there might be between treatment and the length of survival An attempt is also made to correlate the effect on the survival period of the distribution of the disease at the time treatment was begun

Material

In nineteen of the seventy-seven cases, the presenting manifestation of Hodgkin's disease was found in the mediastinum, as shown on roentgenograms, without associated lymphadenopathy elsewhere In these cases enlargement of peripheral lymph nodes became apparent on an average of eighteen months after the roentgen diagnosis of mediastinal adenopathy In the remaining fifty-eight patients with mediastinal involvement, Hodgkin's disease was present in various parts of the body at the time of the first examination

Of the seventy-seven cases with mediastinal Hodgkin's disease, twelve have been lost to follow-up and fifty-seven have died The remaining eight are living and two are at present in the terminal stage of the disease

Roentgentherapy and Survival Period

For the purpose of this study, the sixty-five cases that we have followed have been divided into three groups which are summarized in Chart I

The first group consists of seven cases who had no roentgentherapy Five died in less than three years, one died in four years, and one died seven years after the first admission The average survival period in this group was approximately three years and one month

The second group includes twenty patients who received roentgentherapy at varying irregular intervals The total number of treatments and amount of radiation were, according to our present knowledge, quite inadequate Of these, fifteen died in less than three years, three in less than four and one-half years, one in seven years, and one in nine years from the date of admission This makes the average survival period approximately three years and three months

The thirty-eight patients in the third group received long series of small fractionated doses of roentgentherapy to the mediastinum which might be termed adequate treatment. Of these, eight are still alive—seven from five to ten years, and one more than ten years after the first admission The remaining thirty patients have died Of these, eight died between one and three years, twelve between three and five years, and eight between five and ten years after the first admission The remaining two died after living over ten years It is interesting to note that in this group the average survival period is five years and four months, including eight of the patients who still survive.

Technic of Roentgentherapy

High voltage roentgentherapy has been used on the majority of this series of cases with mediastinal Hodgkin's disease The technical factors are 200 K V, 0 5 mm, 1 0 mm or 2 0 mm Cu + 1 0 mm Aluminum filter and 50 or 80 cm anode-skin distance The quantity varies from 50 r to 100 r per sitting per field, repeated at daily intervals alternating over anterior and posterior areas This plan is continued until each of the two fields has received 1000–1200 r, and in some cases

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 25, 1937

roentgen film The lesions irrespective of where they start progress with a destruction of renal substance Destructive lesions of the kidney may be present with no communication with the renal sinus, and hence not demonstrable It is not unusual to find at operation or postmortem, multiple excavations in the kidney of which there were no evidences or indications in the roentgenogram (See Figs 2 and 5a)

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Hodgkin's disease are fever, pruritus, and loss of weight When the lesion is intrathoracic, cough, dyspnea, and pain are occasionally encountered

Fever was present in twenty per cent of the patients with the disease limited to the mediastinal nodes When more widely disseminated, it appeared more frequently occurring in eighty-five per cent of such cases Roentgentherapy rarely affected the febrile course

Pruritus appears, in general, to depend more on the severity and extent of the disease than location In this series, pruritus occurred in only eight of seventy-seven cases (12 5 per cent), usually considered a late manifestation associated with extensive involvement

The routine treatment of pruritus is of little value in this disease. Menthol, phenol, calamine lotion, oils and creams, oatmeal and starch baths have been used with little or no success Roentgentherapy with various technics has been tried with occasional benefit Desjardins[2] has suggested that fever and pruritus with or without toxic or infiltrative lesions in the skin indicate invasion of the abdominal nodes He infers this because the symptoms disappear after roentgentherapy over the abdomen Recently, eight patients with pruritus were treated over the abdomen and liver One felt better and had no recurrence, two were helped for a short time, and the remaining five obtained no relief

The management of loss of weight and strength in patients with Hodgkin's disease is an important problem We believe they stand radiation much better when taking a substantial and easily digested diet The inanition is, of course, due to the disease and not to roentgentherapy Many of the patients, particularly in the late stages of the illness, continue to lose weight when the disease appears to be inactive in so far as lymphadenopathy is concerned It is an error to limit therapy to the specific Hodgkin's lesions and lose sight of the patient's general well-being To persuade people without appetite to eat, is extremely difficult Dr Marks,[6] a student of nutrition and metabolism in disease, came to our help Under his supervision, patients have been given insulin to stimulate the appetite then a diet high both in calories and vitamins The results have been most gratifying and indicate the value of this method of treatment

Cough and dyspnea were usually present when the mediastinum contained a large mass of lymph nodes Pain occurred rarely, even with a moderately large mediastinal tumor It became a troublesome

CHART I—NUMBER OF PATIENTS

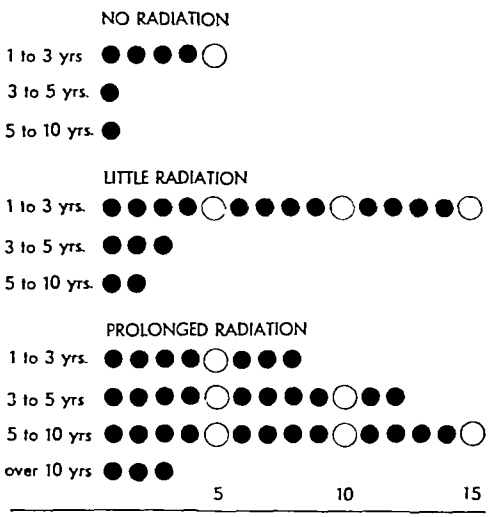


TABLE I

Mediastinal Hodgkin's disease Associated with Foll combinations	*Number of cases (65)*				*Survival period*		
	No treatment	*Inadequate treatment*	*Adequate treatment*	*Total*	*No treatment*	*Inadequate treatment*	*Adequate treatment*
I Peripheral lymphadenopathy (in 1 or 2 sites)	3	9	14	26	3 yrs 10 mo	3 yrs. 10 mo	†6 yrs. 8 mo
II Lesions in more than 2 sites*	1	6	11	18	3 yrs.	3 yrs. 2 mo	‡5 yrs. 5 mo
III Lesions generalized	3	5	13	21	2 yrs. 4 mo	2 yrs. 9 mo	§3 yrs. 11 mo
Total and average survival	7	20	38	65	3 yrs. 1 mo	3 yrs. 3 mo	5 yrs 4 mo

† 6 4 and 3.5 yrs.
‡ 5.5 5 and 3 yrs. } 8 cases still survive.
§ 7 and 4 yrs.

* Cases with splenomegaly included.

more This routine is occasionally modified if other lymph node bearing areas require treatment, or when leukopenia and anemia develop Dosage has been regulated by the blood picture, size of the tumor, patient's general condition, and his reaction to treatment The hope in treating these patients with divided doses was not only to obtain relief of symptoms and regression in the size of the mass, but if possible to delay recurrence of the adenopathy in the mediastinum without causing roentgen sickness Systemic radiation in the sense of spraying the entire body was not used

Correlation of Survival Period with Distribution of Disease

The following combinations of involved regions in these sixty-five patients in order of frequency were

1 Mediastinal nodes + nodes in the neck (submaxillary, cervical, supraclavicular)
2 Mediastinal nodes + supraclavicular and axillary nodes
3 Mediastinal nodes + generalized lymphadenopathy
4 Mediastinal nodes + axillary nodes
5 Mediastinal nodes + cervical, axillary, and inguinal nodes
6 Mediastinal nodes + inguinal, femoral and/or abdominal nodes
7 Mediastinal nodes + pulmonary, pleural involvement with peripheral nodes
8 Mediastinal nodes + osseous involvement with one-two peripheral nodes

The variation in the distribution of the disease as concerning the survival period is correlated with the effect of treatment in Table I Twenty-six patients with Hodgkin's disease of the mediastinum had peripheral lymphadenopathy in one or two other regions Of these, three had no treatment, nine had inadequate treatment, and fourteen received adequate roentgentherapy There were eighteen patients in whom the disease was present in more than two regions other than the mediastinum Of these, five also had enlargement of the spleen Of the eighteen cases, one had no treatment, six had little radiation, and the remaining eleven received adequate roentgentherapy

In the final group of twenty-one cases of widely disseminated Hodgkin's disease, three had no treatment, five had inadequate treatment, and thirteen received adequate roentgentherapy We are convinced that the patients who had several different groups of nodes involved at the onset, ran a shorter course than those in whom the process was limited to the mediastinum and one or two other locations

During the course of the disease, three cases developed pulmonary and pleural extension from the mediastinum Two were treated inadequately and one received an adequate amount of roentgentherapy The average survival was a little more than one year This complication usually occurred only in the terminal stages when roentgentherapy became less effective In two other cases, we could not decide whether the disease originated in the lungs or pleura They died in thirteen and sixteen months respectively despite adequate treatment

Involvement of abdominal lymph nodes or enlargement of the spleen was not always associated with early termination in life Of the nineteen patients with abdominal lymphadenopathy, thirteen died in less than three years, four lived for four to five years, and two are still living—two to three years after the first admission

Splenomegaly (Five patients) four lived over three years and one lived over four and one-half years

Splenomegaly and enlarged liver (Three patients) The average survival was less than three years

Splenomegaly, enlarged liver, and abdominal nodes (Three patients) None lived over ten months

In general, early invasion of the bones, with or without palpable lymph node involvement, is associated with a rapid course However, in two cases with mediastinal lymphadenopathy, bone involvement appeared one and one-half and two years respectively after the first admission in one, the upper end of the sternum, and in the other, a rib was involved These were promptly and vigorously treated The sites of the lesion are now replaced by a dense new bone Both patients are alive for four-five years respectively

Common Symptoms and Their Management

The three important symptoms in

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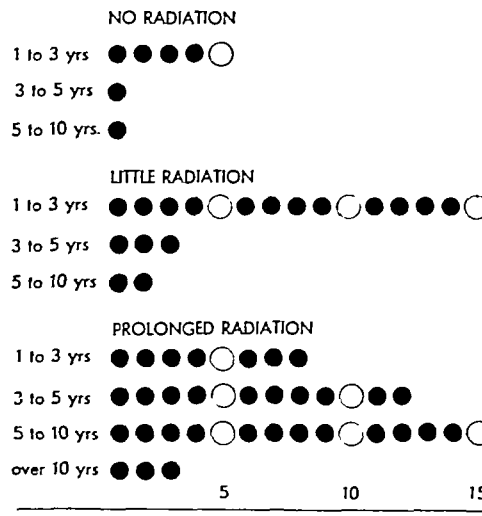


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symptom only when the mass exerted pressure on the bony structures In the majority of the cases, a feeling of discomfort or fullness was the only complaint During the course of roentgentherapy over the mediastinum, the accompanying symptoms (cough, dyspnea, pain) were usually relieved with the regression of the tumor

Ten patients in this series had herpes zoster This condition was recently described by Craver and Haagensen[3] as a well-recognized complication of lymphosarcoma, Hodgkin's disease, and leukemia Wohlwill[4] (1924) studied the peripheral nervous system in ten cases of herpes zoster, six of which were idiopathic, three were associated with malignant disease, and one with syphilis His investigation suggested that herpes zoster with malignant disease may result from involvement of any section in the afferent branch of the reflex arc On the other hand, Tromner and Wohlwill[5] (1927) found no instances of herpes zoster in twelve cases of leukemia with infiltration in the nervous system The pathogenesis of secondary as well as idiopathic herpes zoster is unknown Whatever the underlying cause may be, the course of the types of this disease is very similar The herpetic lesions invariably disappear but pain usually persists for many months, and as a rule, does not respond favorably to radiotherapy Injection of the nerve roots with alcohol or excision of the sensory nerves has at times been successful in relieving the pain One patient in this series suffered excruciating pain for two months after herpetic lesions disappeared Alcohol injection into the corresponding spinal nerve root relieved the pain promptly Alcohol injection in a second patient who had pain for six months after the subsidence of herpes zoster was followed by only temporary relief Later, rhizotomy of a spinal nerve root resulted in prompt cessation of pain

Discussion

The nature of Hodgkin's disease is still in doubt Its primary clinical manifestation may appear in several locations Early involvement of mediastinal or hilar lymph nodes is not a rare occurrence

We believe that roentgentherapy is still the mainstay in the treatment of Hodgkin's disease, and that the optimum results are obtained with continuous fractionated doses given over a long period A satisfactory, well-tolerated dose over the mediastinum was found to be 50 to 100 r daily

Such a course caused complete or nearly complete regression of the mediastinal and hilar nodes In approximately fifty-five per cent of the cases, the lymph nodes never reappeared in the mediastinum In the remaining forty-five per cent of the patients, recurrence of mediastinal lymphadenopathy made necessary a second or third series of treatments

The impression should not be conveyed that all cases of Hodgkin's disease are treated alike with an inflexible routine One should always be conscious of the profound effect of irradiation on the hematopoietic system Therefore, treatment must be given cautiously and controlled by frequent blood counts If anemia or leukopenia develops or the general condition of the patient becomes unsatisfactory, irradiation should be temporarily interrupted However, this is not commonly observed where the major manifestation of the disease is in the mediastinum Treatment of uninvolved lymph node bearing areas is not indicated or advisable because of the injurious effect on the hematopoietic system

On the basis of the results in thirty-eight cases shown in the third group, it is reasonable to infer that in the majority of the patients, life was prolonged On the other hand, two of seven patients with no roentgentherapy and five of twenty with inadequate treatment lived longer than the average survival period of two-three years Therefore, it seems probable that some of the long survival cases in the adequately treated group may belong to this class of so-called benign Hodgkin's disease But that all of the thirty-eight patients who received prolonged irradiation must have fallen into this category is very unlikely

In our present state of knowledge a microscopic examination of Hodgkin's disease cannot give definite information regarding the degree of malignancy and the prognosis The assumption that all patients afflicted with this disease would live as long without as with proper roentgentherapy hardly seems justified

Summary

1 Seventy-seven cases of mediastinal Hodgkin's disease are reported In nineteen cases the mediastinal nodes alone were involved In the remaining fifty-eight cases there was, in addition to the mediastinal involvement, evidence of the disease elsewhere Generalized lymphadenopathy always appeared in the terminal stages of the disease

2 Sixty-five patients of this series have been followed Of this group, thirty-eight were considered to have received adequate irradiation The average survival period of this group is five years and four months Eight patients of this group are still alive Twenty patients had what was considered inadequate treatment Their average survival period was approximately three years and three months The remaining seven patients had no treatment The average survival period in this group was approximately three years and one month It seems that the adequately treated group had a longer survival period

3 An attempt has been made to correlate the effect of the distribution of Hodgkin's disease on survival period It is shown that the more generalized the disease, the shorter is the period of survival

4 Osseous invasion, pulmonary and pleural complications, and enlargement of the liver are associated with shorter period of survival

5 The maintenance of the patient's weight and general well-being is stressed as an important factor in prolongation of life

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CHINESE MEDICINE AT THE GOLDEN GATE FAIR

Ancient Cathay's contributions to modern medicine will be one of the features to be displayed at the 1939 Golden Gate International Exposition on San Francisco Bay

In China Village, a reproduction of a walled city covering the area of a city block, the early scientific discoveries of the Chinese will be shown Early discoveries in the fields of medicine and anatomy are not the least important of these

In spite of the fact that medicine and surgery as practiced in many parts of China today have little in common with the modern sciences, the ancient Chinese made the important discovery of the circulation of the blood four thousand years ago and practiced dissection two thousand years ago

A "Canon of Medicine" or "Internal Classic" was compiled in China during the Chou Dynasty (2698–2598 B C) This book not only describes the circulation of the blood but also the various organs and their functions Dissection is also explained, and observations made as to the measurements and action of the heart, liver, lungs gall-bladder kidneys, stomach and intestines

Another display in the Exposition's China Village science show will point out the early Chinese development of a Materia Medica or Herbal Treatise, which was compiled in 2500 B C For the edification of the public the story will be told of Emperor Sheng Nug, a legendary figure of 2700 B C who, anticipating Pavlov by some 4,600 years, inserted a glass window in his abdominal wall to study the effect of various herbs on the internal organs

Among other Chinese innovations is the public board of health which was established 3000 years ago As early as the Chou Dynasty the medical department of the country was a highly organized institution Even in those early days the Chinese were on the threshold of arriving at the germ theory the use of boiled water and the boiling of leftover food was universal, and they attributed decaying teeth to microscopic worms

The science exhibit of the Exposition's China Village will be sponsored by American-born Chinese for the purpose of displaying to millions of visitors from all parts of the world the great scientific advancement of ancient China

symptom only when the mass exerted pressure on the bony structures In the majority of the cases, a feeling of discomfort or fullness was the only complaint During the course of roentgentherapy over the mediastinum, the accompanying symptoms (cough, dyspnea, pain) were usually relieved with the regression of the tumor

Ten patients in this series had herpes zoster This condition was recently described by Craver and Haagensen[3] as a well-recognized complication of lymphosarcoma, Hodgkin's disease, and leukemia Wohlwill[4] (1924) studied the peripheral nervous system in ten cases of herpes zoster, six of which were idiopathic, three were associated with malignant disease, and one with syphilis His investigation suggested that herpes zoster with malignant disease may result from involvement of any section in the afferent branch of the reflex arc On the other hand, Tromner and Wohlwill[5] (1927) found no instances of herpes zoster in twelve cases of leukemia with infiltration in the nervous system The pathogenesis of secondary as well as idiopathic herpes zoster is unknown Whatever the underlying cause may be, the course of the types of this disease is very similar The herpetic lesions invariably disappear but pain usually persists for many months, and as a rule, does not respond favorably to radiotherapy Injection of the nerve roots with alcohol or excision of the sensory nerves has at times been successful in relieving the pain One patient in this series suffered excruciating pain for two months after herpetic lesions disappeared Alcohol injection into the corresponding spinal nerve root relieved the pain promptly Alcohol injection in a second patient who had pain for six months after the subsidence of herpes zoster was followed by only temporary relief Later, rhizotomy of a spinal nerve root resulted in prompt cessation of pain

Discussion

The nature of Hodgkin's disease is still in doubt Its primary clinical manifestation may appear in several locations Early involvement of mediastinal or hilar lymph nodes is not a rare occurrence

We believe that roentgentherapy is still the mainstay in the treatment of Hodgkin's disease, and that the optimum results are obtained with continuous fractionated doses given over a long period A satisfactory, well-tolerated dose over the mediastinum was found to be 50 to 100 r daily

Such a course caused complete or nearly complete regression of the mediastinal and hilar nodes In approximately fifty-five per cent of the cases, the lymph nodes never reappeared in the mediastinum In the remaining forty-five per cent of the patients, recurrence of mediastinal lymphadenopathy made necessary a second or third series of treatments

The impression should not be conveyed that all cases of Hodgkin's disease are treated alike with an inflexible routine. One should always be conscious of the profound effect of irradiation on the hematopoietic system Therefore, treatment must be given cautiously and controlled by frequent blood counts If anemia or leukopenia develops or the general condition of the patient becomes unsatisfactory, irradiation should be temporarily interrupted However, this is not commonly observed where the major manifestation of the disease is in the mediastinum Treatment of uninvolved lymph node bearing areas is not indicated or advisable because of the injurious effect on the hematopoietic system

On the basis of the results in thirty-eight cases shown in the third group, it is reasonable to infer that in the majority of the patients, life was prolonged On the other hand, two of seven patients with no roentgentherapy and five of twenty with inadequate treatment lived longer than the average survival period of two-three years Therefore, it seems probable that some of the long survival cases in the adequately treated group may belong to this class of so-called benign Hodgkin's disease But that all of the thirty-eight patients who received prolonged irradiation must have fallen into this category is very unlikely

In our present state of knowledge a microscopic examination of Hodgkin's disease cannot give definite information regarding the degree of malignancy and the prognosis The assumption that all patients afflicted with this disease would live as long without as with proper roentgentherapy hardly seems justified

into the skin from the positive pole in neutral or slightly alkaline solutions, and when free of electrolytic impurities For negative substances to be introduced from the negative pole, the solutions should be acid with a pH of less than three.

Naturally the electrophoretic introduction of foreign substances into the skin is followed there by chemical and physicochemical reactions, diffusion, adsorption, precipitation, absorption by cells and transportation with lymph and blood streams These conditions are beyond our control They explain the very superficial fixation of heavy metals like silver on one side and the frequency of systemic reactions with acetylcholine and the like on the other side

Of the greatest importance is the depth to which substances may be carried by electrophoresis All substances forming precipitates with proteins like heavy metals will be retained in the upper layers of the epithelial skin Vasodilators like histamine and choline compounds will be carried away by the increased circulation of the rete Malpighii and will have very little chance to penetrate locally into deeper structures The migration of other drugs may best be exemplified by methylene blue The penetration of methylene blue is most intensive when applied in seventy to eighty per cent alcoholic solution containing 1 :20 000 epinephrine The latter impedes the absorption of the dye into the circulation Under such conditions Dr Byer of our department obtained in rabbits deep staining of the epithelial skin the subcutaneous tissue and staining of the fascia of underlying muscles However, on human skin, biopsies demonstrate only a diffuse penetration of the dye through the rete Malpighii and a moderate migration along hair follicles and coil glands to subcutaneous fibers The deeper structures remain unstained even after applications of one hour duration

Electrophoresis is a local treatment Systemic effects are side-effects only, uncontrolled in dosage, and should, in my opinion be avoided, if possible However, we frequently need therapeutic effects upon deeper tissues, blood vessels, nerves, muscles—and not local skin effects Electrophoresis carries drugs in humans only into the skin Is it then without value except in skin lesions?

The skin is in many ways deeply interwoven into the functions of other tissues There are reflex connections between the circulation of the skin and the splanchnic area, the coronary circulation, the kidney circulation, between skin circulation and diuresis Bettman observed hyperemia in muscles after application of histamine to corresponding skin areas Deutsch assumes an influence of histamine upon sensory reflex connections between skin and muscles Sensory reflex connections between certain skin areas and deep tissues are well-established facts Pain produced in the diaphragm, e g, may be blocked by a novocain injection into the skin of the shoulder region

Electrophoresis is local intradermal therapy It acts directly only upon the skin proper Effects upon deeper tissues are possible with drugs controlling reflex pathways between skin and internal structures Electrophoretic applications result in better and deeper penetration of the skin than the superficial use of medicated liniments and the like It is possible to treat large areas of skin repeatedly without trauma or discomfort, appreciable advantages against intradermal or subcutaneous injections If the drug applied by electrophoresis controls deep reflex connections from the skin, aimed and localized deep effects without systemic or with only minor systemic action may be obtained, these effects being of longer duration, slower development and possibly weaker than after injection or oral application The amount of a drug introduced by electrophoresis and absorbed cannot be sufficiently controlled Electrophoresis should therefore not be used for the production of systemic results

With the above general knowledge of the possibilities of electrophoretic therapy, it will be easy to evaluate clinical results We will not be seriously concerned with successful K J electrophoresis of the neck in cases of laryngeal tuberculosis or with treatment of brain lesions by introduction of Ca from the eyeball These are only recent additions to the many older obsolete misuses of a valuable method

Vasodilator substances, chiefly histamine and mecholyl, an acetylcholine com-

ELECTROPHORETIC THERAPY

Problems and Value

KARL HARPUDER, M D, *Bronx*

Attending Physical Therapist, Montefiore Hospital and Assistant Clinical Professor in Medicine, Columbia University

Electrophoresis—also called iontophoresis or ionization—has been used extensively as a therapeutic method during the last decade It consists of the application of the galvanic current to carry into the skin or into mucous membranes, substances which would otherwise penetrate to a much lower degree or not at all The value of this procedure—although it was first tried about sixty years ago—has met with much skepticism until its therapeutic usefulness has more recently been shown with the application of histamine and of choline compounds

The increasing interest in electrophoretic applications justifies a brief general discussion of the problems involved namely in what manner electrophoretic transportation takes place, to what depth it penetrates in the treated tissues and what local or systemic effects may be expected

The introduction of substances into the skin by a galvanic current is frequently considered as a procedure identical with the migration of ions in an electrolyte solution from the pole of identical charge to the opposite one. However, Rein and others showed some twelve years ago by electrophysiological chemical, and histological investigations that the skin is a very complicated membrane which does not allow an electric current to carry ions through it like in salt solution The living epithelial part of the skin, the rete Malpighii forms a membrane with minute pores carrying negative electric charge. Water in contact with the skin takes, like on membranes of unglazed china a positive charge and migrates through the pores from the positive to the negative pole if a galvanic current is applied It carries thereby dissolved substances with positive charge—ions and molecules—through the pores This is called electrosmosis Rein demonstrated an intensive migration of methylene blue a positive dye, from the positive pole with the result of a deeply stained skin Eosin however with a negative charge, produced only a faint and very superficial staining when applied from the negative pole The ionization and the molecular diameters of both dyes are almost identical and the intensity of the carrying current was the same The difference can only be explained on the basis of electrosmotic migration Rein accomplished with a two per cent solution of cocaine hydrochloride (in eighty per cent ethyl-alcohol) a better and longer lasting skin anesthesia than with a thirty per cent solution in water, the solution being introduced from the positive pole with one ma per one sq cm for ten minutes In iontophoresis the highest possible concentration of the ion to be conducted is advantageous, for electrosmotic migration, however, less concentrated and ionized solutions are the better ones The latter may almost completely be impeded by minute electrolyte-impurities in a solution which have only little influence upon ionization The pH of a solution decreases or increases the ionization of weak acids or bases and thereby their iontophoretic migration The role of the pH for electrosmosis is entirely different. The skin carries normally or when in contact with a solution of pH 4 or more—e.g, faintly acid neutral or alkaline solutions—a negative charge and electrosmotic migration takes place from the positive to the negative pole If in contact with a solution of a pH below three—e. g, a 0 01 per cent hydrochloric acid—the human skin becomes positively charged fluid in its pores will therefore carry negative charge and migrate from the negative to the positive pole. Consequently eosin stains the skin more deeply when dissolved in N/500 HCl and applied from the negative pole.

Electrophoresis is therefore most efficient if positive substances are introduced

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester May 26, 1927

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on the skin, which disappear spontaneously when the skin scales off, or could be removed, if necessary, by rubbing the skin with a cyanide solution

The efficiency of the silver salts as a disinfectant for the deeper layers of the skin is easily understood Silver ions, if acting over a longer period of time, are an extremely powerful disinfectant even in very high dilution An Erlenmeyer flask—e g, in which we keep a $AgNO_3$ solution for a while—may be washed afterwards with cleaning solution and ten times with water, and will still contain adsorbed on the glass-wall sufficient silver ions to prevent bacterial growth in an infected broth incubated in it for days This "oligodynamic" action is effective in dilutions of 1 10–12–16 Even with the formation of Ag-Protein in precipitates in the skin after electrophoresis, sufficient Ag ions will be available and migrating by diffusion to expect a therapeutic result

Conclusions

Electric introduction of drugs into the skin depends chiefly upon electrosmosis and in the skin is followed by biological reactions, like precipitation, diffusion, and absorption into the circulation Introduction of positive substances from the positive pole in watery, pure solutions of neutral or slightly alkaline reaction (or in alcoholic solutions) proves to be the most efficient procedure Negative substances may be introduced from the negative pole in acid solutions Electrophoresis is an intradermal therapy and deep effects can be accomplished by agents controlling reflex connections from the skin to deeper tissues There are well-defined advantages and limitations in applying electrophoresis

In addition to the commonly-used electrophoretic applications of histamine and mecholine, we found as valuable treatments (1) the electrophoretic introduction of nupercaine in painful muscular spasm with superficial tenderness or sensory changes as frequently seen in certain cases of arthritis, in neuritis and neuralgia with localized sensory changes and pain, (2) The application of $AgNO_3$ in fungous infections of the skin

245 E 207 St

Discussion

Dr. J J Levy, *Syracuse*—When iontophoresis was first introduced over thirty years ago it found many enthusiastic followers especially after Leduc's experiments on animals

One of the classical experiments of Leduc's was performed on a rabbit when he introduced strychnine by iontophoresis and within a few minutes the rabbit was seized with convulsions and died with symptoms of strychnine poisoning

Leduc's work stimulated a widespread interest in ionic medication but subsequent investigators established the fact that the moment a medicinal ion entered the body it is deprived of its charge by the electrolyte salts of the blood and lymph They showed that the beneficial results in deeper structures was due to galvanic current and not to the medicinal solution in which the electrodes were moistened

Recent clinical and experimental work with vasodilating drugs such as histamine and mecholyl showed that if drugs are forced in sufficient quantity by ionization they are absorbed into general circulation and cause profound stimulation of local circulation and also have marked systemic effects

Deutsch, in 1931, wrote several articles on the use of histamine and his striking results in myositis, muscle spasm, gave a great impetus to this form of therapy In this country Kovac has been using mecholyl in varicose ulcers and now Dr Harpuder has extended this form of therapy in treatment of athlete's foot with silver nitrate and nupercaine for the relief of referred pain or neuritic pain In other words, the use of iontophoresis is constantly being extended

I have been using histamine in private practice as well as at the University Hospital I have found it valuable in cases of acute and chronic myositis, muscle spasm and in arterial spasm, also in cases of neuritis where there is a marked disturbance of circulation

A man forty years old consulted me for pain and weakness of both lower extremities For the past three years he has had considerable pain around both ankles and in the calves He has tried all forms of physical therapy without relief Orthopedic surgeons advised strapping and arches without any benefit Being a toolmaker, he was compelled to be on his feet all day and after a day's work the pain was so great

pound of high activity, are amply used for electrophoresis, and their value is generally established The technic of these applications is well-known Histamine-electrophoresis, originally carried out with excellent results in muscular pain and spasm, is a valuable aid in the treatment of fibrositis and joint exudates, in vascular spasm and for the development of compensatory circulation, in skin ulcerations Similar indications are given for mecholyl Histamine acts directly upon skin capillaries and by an axon-reflex upon the arterioles Acetylcholine dilates first the arterioles Both produce active hyperemia of the skin with increased skin temperature of several hours' duration and seemingly with reflex dilatation of deeper vessels Mecholyl is somewhat more difficult to apply and produces easier systemic reactions than histamine These systemic effects are readily abolished by atropine

The application of cocaine or its substitutes by electrophoresis to produce anesthesia for skin surgery was suggested many years ago We use skin anesthesia for the relief of referred pain or neuralgic or neuritic pain with localized hyperesthesia and hyperalgesia of the skin The entire involved skin area is treated with a one per cent solution of nupercaine in eighty per cent alcohol containing 1 20,000 epinephrine, for twenty to thirty minutes from the positive pole at ¼–½ ma per sq cm The skin becomes pale and remains hypesthetic for several hours

Two types of cases were treated so far

Chronic Spondylitis These patients frequently develop painful spasm in the muscles along the spine or around the involved hips There is marked pain on superficial, slight pressure, and sometimes real skin hyperesthesia Of ten cases treated, seven had marked relief of pain with relaxation of the spasm after the first treatment, recovering completely, as far as the acute muscular condition was concerned, the following day without any treatment or after two to three treatments during the next days Three cases—all girls—however, did not obtain the slightest relief All these patients were first unsuccessfully treated with radiant heat, diathermy or short wave

In the second group are cases of neuritic or neuralgic pain Five cases of lasting pain after herpes zoster obtained very satisfactory results Daily treatments had to be carried out for about two weeks, then treatments every second day, and afterwards the patients were free of pain, or comfortable with slight occasional pain without treatment One of the cases is an unreliable neurotic individual The procedure just described resulted in immediate relief of several hours' duration and finally in lasting relief in a case of cervical radiculitis with sensory disturbances over the left shoulder and arm and muscular weakness with slight atrophy of the left intrinsic muscles. This patient was first unsuccessfully treated with short wave.

In true root pain, produced by metastatic lesions or by chronic spondylarthritis the results in three cases were negative, in one case of spondylarthritis relief of pain of several hours' duration was accomplished with every treatment.

The number of patients treated so far is much too small to draw any final conclusions However, the results are encouraging enough to continue with these treatments

Electrophoresis has been used a great deal for the treatment of skin lesions The application of magnesium or calcium salts, iodides and salicylates is almost obsolete Electrophoretic introduction of cocaine or its substitutes in pruritus, in allergic skin reactions, and for skin-surgery offers no definite advantages against other methods We use the electrophoretic introduction of a one per cent watery solution of silver nitrate in fungous infections of the skin, athlete's foot, and tenia cruris The application is carried out with ¼–½ ma per sq cm for fifteen to twenty minutes, from the positive pole The results are so far gratifying Most of the cases were cleared up with one treatment, a few needed two applications, one weekly In one inveterate case with an extensive eczematous reaction on both feet, unsuccessfully treated for many months with numerous applications including radiotherapy, the lesion subsided after four treatments

There frequently is increased itching for a few hours after treatment, and eventually some secretion in the crural folds or between the toes Then the itch stops and the lesion clears without further treatment within a week or so, or another treatment has to be instituted after one week Black silver patches may develop

TREATMENT OF ARTHRITIS IN HEALTH RESORTS

ROBERT MÜLLER, M D, *New York City*
From the Department of Medicine, College of Physicians and Surgeons, Columbia University, and the Presbyterian Hospital

Increased interest in spas, in recent years, has led the United States to subsidize the development of health resorts This may be an appropriate time to discuss the routine of treatment in European health resorts Some of these are ancient, dating back to the Romans, and their methods have passed, with the change of medical theories, through many phases Old treatments have been discarded and new treatments have been devised Up to fifty years ago, treatments were conceived purely empirically only with the dawn of modern medicine have scientific methods been brought into balneotherapy Nevertheless, many methods still in use today are principally founded upon the natural resources of the health resorts and vary according to the properties of the springs and mud available

In choosing a treatment for arthritis patients, it should be in conformity with our present day conception of arthritis

It is generally agreed that the great majority of chronic arthritis cases can be grouped in two divisions—rheumatoid arthritis and osteoarthritis If we consider the rheumatoid arthritis group first, we are immediately faced with the general consensus of opinion[1] that "in the active stage of the disease, the most important therapeutic consideration is adequate rest." This means that, wherever possible, hospitalization of the patient for from three to six months is the most desirable measure Unfortunately, the patient can rarely be convinced of the necessity of this procedure, and, in addition, the number of hospitals, willing to take rheumatoid arthritis patients is very limited Consequently, the early stages of the disease, in which complete recovery without deformities can be hoped for, pass by without hospital care (transfusion, splints, etc) and thus the hope of a cure without deformities is lessened In my opinion, therefore, all active cases should be excluded from treatment in health resorts, as even granting that some benefit can be derived therefrom, the regular trips from the hotel to the bathing establishment, dressing and undressing before and after the treatment, would be too great a tax on the patient's strength During the active stage, a sanitarium or hospital, where the patient has no reason to leave his bed and can have all the necessary care in his own room, is by far the most desirable measure

Sooner or later, as the activity subsides, climatic resorts such as those in the warm, dry regions of Arizona, Egypt, and even those in tropical climates, are indicated During this stage, the patient may also derive some benefit from a judiciously planned balneotherapeutic course Yet our hopes for recovery must not be too optimistic and our attitude should be the same as in other chronic diseases A comparison with tuberculosis is self-evident, where every few years, a new treatment is discovered, only to be discarded again after having passed through an enthusiastic phase Only three—rest, sun, and diet—have remained unchallenged

Similarly, although more often, a new cure for rheumatoid arthritis is hailed by the medical profession, only to be limited later in its value to isolated cases Fever therapy, gold salts, sulphur, vaccine and radium have all gone through this phase Here, as in tuberculosis, enforced rest, diet, and climate, with the intention of rebuilding the patient's strength in defense against the disease, have become the most reliable and important factors The treatment in a health resort, should, therefore, not only avoid everything which will exhaust the patient, but aim to increase his resistance and vitality

The generally advertised mud cures of Europe, with their dehydration, have a definitely pain-soothing and limbering-up effect when not overdone. Unfor-

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During each summer, the author is in charge of the Medico-Mechanic Institute, Carlsbad, Czechoslovakia

that he had to take sedatives to continue working and often had to take a day off The feet were cold and the oscillometer readings showed that there was considerable arterial spasm of the vessels of both lower extremities He has had six histamine iontophoresis treatments and he is now free from pain He is able to do a full day's work without pain for the first time in three years

In the past he has been a heavy cigarette smoker but in the last few months limits himself to a cigar and a pipe. It is possible that excessive cigarette smoking was a factor in producing his arterial spasm of the lower extremities

I am convinced that iontophoresis is the most effective therapeutic agent in myositis, muscle spasm, and arterial spasm

In conclusion I want to congratulate Dr Harpuder on his scientific work and I am going to use nupercaine and silver nitrate in those conditions that have responded so well to this form of therapy

NEGLECT OF BEDSIDE MEDICINE

If medical students are to become good practitioners they must get away from the 'prolonged emphasis" on scientific medicine and cultivate the powers of bedside observation of the patient, according to Dr Harvey Cushing

Dr Cushing, who has been connected with both the Harvard and Yale Medical Schools, spoke at the eighteenth annual meeting of the Association for Research in Nervous and Mental Disease at the Hotel Waldorf-Astoria His theme, in a sense, he said, was "Back to Hippocrates," and he related that twelve years ago at Yale he proposed that medicine be taught in terms of the patient from the outset instead of only in the last two years

"Such inroads on the student's time have been made in these later days by the prolonged emphasis on subjects of which few are capable of taking advantage—subjects like as not, taught by doctors of philosophy rather than of medicine—that when the student has finally reached the few short semesters he will spend in the clinic, the exposure, examination and observation of the patient finds him so ill at ease he glosses over these procedures," Dr Cushing said

"His natural reaction is to sit back and to await returns from laboratory technicians who may never have seen the patient but have learned how to make the necessary calculations on a slide rule from pieces of apparatus they alone can operate

"A great deal of this is, of course, nothing other than psuedo-science, the possibilities of error plus or minus in milligrams per cent being large, and the findings most difficult of interpretation even did they happen to be checked and found to be correct."

The modern physician, as a result, Dr Cushing said, "to the mystification of his patient, by the aid of complicated tables," determines his blood reaction and calculates "to the third decimal how fast he is burning up or cooling off"

Dr Cushing told how Columbus did not know where he was going when he sailed westward, where he was when he found land or where he had been when he returned "And a good deal of our reputedly scientific medicine is no less vague," he added The only answer medical research could give to its sponsors, he said, was that "we may possibly hit upon some island of fact hitherto unrecorded"

"Though expensive, there is no objection whatever to this program," he added, "provided we don't neglect meanwhile our primary duty—the day by day solicitous bedside observation and care of our patient."

PRIZE ESSAYS

The Lucien Howe Prize will be open for competition at the next Annual Meeting of the Medical Society of the State of New York This is for One Hundred Dollars for the best original contribution on some branch of Surgery, preferably Ophthalmology

The author need not be a member of the State Medical Society

The following conditions must be observed

Essays shall be typewritten or printed and the only means of identification of the author shall be a motto or other device The essay shall be accompanied by a sealed envelope having on the outside the same motto or device and containing the name and address of the writer

If the Committee considers that no essay or contribution is worthy of the prize, it will not be awarded

All essays must be presented not later than April 1, and sent to the Chairman of the Committee on Prize Essays of the Medical Society of the State of New York, 2 E. 103 St, New York City

FRANK B CROSS *Chairman*
Committee on Prize Essays

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Increased interest in spas, in recent years, has led the United States to subsidize the development of health resorts This may be an appropriate time to discuss the routine of treatment in European health resorts Some of these are ancient, dating back to the Romans, and their methods have passed, with the change of medical theories, through many phases Old treatments have been discarded and new treatments have been devised Up to fifty years ago, treatments were conceived purely empirically only with the dawn of modern medicine have scientific methods been brought into balneotherapy Nevertheless, many methods still in use today are principally founded upon the natural resources of the health resorts and vary according to the properties of the springs and mud available

In choosing a treatment for arthritis patients, it should be in conformity with our present day conception of arthritis

It is generally agreed that the great majority of chronic arthritis cases can be grouped in two divisions—rheumatoid arthritis and osteoarthritis If we consider the rheumatoid arthritis group first, we are immediately faced with the general consensus of opinion[1] that "in the active stage of the disease, the most important therapeutic consideration is adequate rest" This means that, wherever possible, hospitalization of the patient for from three to six months is the most desirable measure. Unfortunately, the patient can rarely be convinced of the necessity of this procedure, and, in addition, the number of hospitals, willing to take rheumatoid arthritis patients is very limited Consequently, the early stages of the disease, in which complete recovery without deformities can be hoped for, pass by without hospital care (transfusion, splints, etc) and thus the hope of a cure without deformities is lessened In my opinion, therefore, all active cases should be excluded from treatment in health resorts, as even granting that some benefit can be derived therefrom, the regular trips from the hotel to the bathing establishment, dressing and undressing before and after the treatment, would be too great a tax on the patient's strength During the active stage, a sanitarium or hospital, where the patient has no reason to leave his bed and can have all the necessary care in his own room, is by far the most desirable measure

Sooner or later, as the activity subsides, climatic resorts such as those in the warm, dry regions of Arizona, Egypt, and even those in tropical climates, are indicated During this stage, the patient may also derive some benefit from a judiciously planned balneotherapeutic course Yet our hopes for recovery must not be too optimistic and our attitude should be the same as in other chronic diseases A comparison with tuberculosis is self-evident, where every few years, a new treatment is discovered, only to be discarded again after having passed through an enthusiastic phase Only three—rest, sun, and diet—have remained unchallenged

Similarly, although more often, a new cure for rheumatoid arthritis is hailed by the medical profession, only to be limited later in its value to isolated cases Fever therapy, gold salts, sulphur, vaccine and radium have all gone through this phase Here, as in tuberculosis, enforced rest, diet, and climate, with the intention of rebuilding the patient's strength in defense against the disease, have become the most reliable and important factors The treatment in a health resort, should, therefore, not only avoid everything which will exhaust the patient but aim to increase his resistance and vitality

The generally advertised mud cures of Europe, with their dehydration, have a definitely pain-soothing and limbering-up effect when not overdone. Unfor-

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During each summer, the author is in charge of the Medico-Mechanic Institute, Carlsbad, Czechoslovakia

tunately, there is a tendency on the part of the patient to overestimate their value Having taken his mud bath, the patient feels that he has done his duty for the day and can now enjoy the normal life which the other patients lead in a health resort, so, after an hour's rest, he takes a ride or a walk in the afternoon, and even stays up late at night Such transgressions would naturally reverse the benefit of the cure and make the patient worse than he was at the onset

When "taking a cure" in a health resort, the maximum time out of bed allowed a patient suffering from nonactive rheumatoid arthritis should be four hours and in that time a bath or pack and half an hour's exercise under expert supervision should be given, so that the patient goes through a complete range of motion of all joints at least once a day

Besides supplying the treatment for his arthritis, many health resorts are excellently equipped to treat infections of the upper respiratory and gastrointestinal tract. With this we again come back to our original treatment plan, which is to try and rebuild the patient in general, by paying special attention to his other ailments These, although they may not necessarily be foci of infection, may hamper his general recovery

The success of a balneotherapeutic course in a spa for rheumatoid arthritic patients depends, therefore, in my opinion, not so much upon the quality of the mud, the duration and temperature of the baths, but upon the general outline of the cure to improve the condition of the patient by remedying his malnutrition, anemia, nervousness, etc The physician's duty is to regulate the patient's general life, to try and relieve other ailments, should they be present, and to instill new hope in the patient If these directions are observed, the pleasant surroundings of a health resort and the regularity of the treatments will go a long way to help these unfortunate patients towards recovery The objective improvement—diminished swelling of the joints, lowering of the sedimentation rate, which Dawson, Sia and Boots[2] regard as the gage for the severity of the infection—corresponds to the lessening of pain, improved sleep, and more cheerful attitude

The second group of patients with chronic arthritis, the osteoarthritis, is far more suitable for treatment in a health resort This group is composed of older people, most of them overweight, who have gradually developed pains in their weight-bearing joints To mention the most frequently afflicted parts, the metatarsophalangeal joint of the big toe, both knee joints, which are more frequently affected in women, the hip, where the disease is known as malum coxae senile, the lower back, where a combination of arthritic, mechanical, and traumatic conditions are collectively referred to as "sacroiliac," comprising under this name everything from simple lumbago to advanced arthritis with spondylolisthesis and other deformities In the dorsal spine, a kyphoscoliosis, often dating back to infancy and unnoticed by the patient in earlier life, is the cause of painful episodes in later years The same is true of osteoarthritis of the neck which often is the result of postural abnormalties

More or less successful attempts have been made to treat these conditions at home, but the impossibility of losing twenty or thirty pounds, added to the fact, that the daily routine makes it difficult to save joints from further abuse, have failed to bring about really satisfactory results

Taking a cure at a resort means that, *first of all,* they are put on a diet This is more easily observed than at home, since everyone around them is on some diet In addition, practically all spas make use of waters with a laxative effect, which also help the patient to lose the weight he failed to lose at home Diminished weight is one of the most important points in saving weight-bearing joints

Another important factor, used extensively in health resorts and recognized as an excellent remedy for this condition, is heat combined with massage Heat is applied in the form of local or general treatments Every health resort uses its particular method Hot towels is the method at Saratoga, Italian resorts use fango, a volcanic mud, so does Pistyan in Czechoslovakia, while the other Czechoslovakian spas—Carlsbad, Marienbad, Francensbad—and most of the German use mud from mineral moors

This latter mud, owing to its liquid consistency, is used chiefly in the form of local and general baths, while the volcanic form, being of a thicker, butter-like nature, is used for packs and local applications In conjunction with this, new methods of electrotherapy—short-wave, histamine iontophoresis, etc—are extensively used By means of these treatments, the patient may lose all or most of his pains and discomforts, yet as may be expected, the findings in the x-rays will not be different after the treatment The bony changes cannot be reversed Often very striking increase in the mobility, disappearance of crepitation and pain are brought about by the treatment. These improvements are due to the relieving of periosteal and synovial irritations of mechanico-traumatic nature [3]

In osteoarthritis, a disease which shows great fluctuations of the symptoms, far advanced lesions in the x-rays are compatible with comparative comfort. Even the advanced age of the patient should not make the outlook too dark The natural history of the disease shows that minor injuries due to sprains or unabsorbed blood clots lead to acute exacerbations These can be followed by long periods—even years—of relative freedom from symptoms The treatment should endeavor to bring about this stage of quiescence, by removing muscle spasm and improving the circulation of the affected joint

As principally the weight-bearing joints are affected, walking, which is fundamentally an exercise with weight on the joints, should be reduced to the lowest possible limit. Yet, as herein mentioned, the question of losing weight is an essential part of the treatment Recognizing this fact, the European health resorts have built elaborate gymnasiums, mostly equipped with Zander machines, although lately other methods of physical culture have been introduced By both methods, the patient can spend daily one to two hours exercising, without ever putting undesirable strain on his joints

Though originally intended for cases of poliomyelitis, swimming pools, with a staff of trained assistants, are replacing these gymnasiums in American health resorts Excellent results in osteoarthritis have been reported with this method of treatment.

Although not necessarily affecting weight-bearing joints, yet, in many ways, resembling these conditions, are the later stages of gonococcal arthritis The great tendency of this disease to form adhesions can be successfully combated by the above-mentioned treatment

Patients suffering from bursitis, with all its complications—stiffening, periarthritis, etc—can regain complete range of motion by a systematically carried-out program of heat and exercise

It is customary for the patient to receive one of the hot applications directly after the exercising The perspiration induced by this procedure is kept up for one or two hours by wrapping the patient in woolen blankets This enforced rest is not so unusual to the Central European, who takes his big meal at midday and usually finds time for an hour's rest afterwards To the harassed American business man, who has never had time for such a luxury, this enforced rest after exercise and bath is especially beneficial and enjoyable Not only if he suffers from osteoarthritis of the spine, where the muscles refusing to carry the burden, have rebelled with lumbago, fibrositis of the neck, brachial neuritis, and sciatica, is this indicated, but also where the heart and blood pressure have shown the wear and tear of age and overwork This temporary change in the daily routine is certainly an essential part of the cure and, in my opinion, can claim credit for a great deal of the benefit which lasts for many months

Conclusions

1 Health resorts are very suitable for treatment of osteoarthritis patients If the affected joints are protected and treated simultaneously, long periods of quiescence can be obtained

2 Old age and far-advanced deformity of a joint do not preclude years of relative comfort.

3 Patients with rheumatoid arthritis in the acute stage should be hospitalized They are not suitable for a cure in a health resort in the usual sense

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difficulty was experienced in bringing the head to the extreme left and the chin to the right, and at this time no visible shortening of either sternal or clavicular heads, nor of the platysma myoides was noted.

The exact etiology of the postural defect was not determined, but operative intervention seemed definitely contraindicated and a leather collar was therefore applied to fix the head in the overcorrected position

This fixation, applied for eight months, was followed by increasing ocular complaints by the child, so that she was referred to the ophthalmological department, where Dr James A Smith noted "The diagnosis is paresis of the right superior rectus muscle The secondary spasm of the left inferior oblique muscle, and the diplopia resulting therefrom, may account for the tilt of the head to the right Tenotomy of the left inferior oblique muscle is indicated"

This procedure was performed by Dr Smith in November 1935 Improvement in the head tilt was noted almost immediately and one month postoperatively, complete correction, without any type of fixation

There has been no recurrence of the deformity one and one-half years postoperatively (Fig 2)

PHYSICIANS BUILDING
(20TH AND CHESTNUT)

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HOW TO PREVENT THE FLU

I notice that the papers say
That milk will keep the 'flu at bay,
And he who swigs his pint (or quart?)
Will ail from nothing of that sort.
And I have also heard it said
That influenza microbes dread
Swipes that are much less mild than that—
For there are those who tell you flat,
And with an emphasis terrific,
That whisky is the grand specific.
Others assert, and to it stick,
That orange juice will do the trick,
And obviously it must be true
That vitamins prevent the 'flu,
For vitamins both should and can
Thwart every ailment known to man
The calorie in this connection
No doubt affords secure protection.
Fresh fruit is also recommended,
And artificial sunlight splendid,
And when you've taken all the rest,
It may be true that beer is best.

There should also be borne in mind
The various bottles that we find
Displayed within the chemist's shop
For keeping 'flu germs on the hop
Tonics there are to keep you fit,
No bug would dare to do its bit

Against a human braced with those
To meet the worst of 'flu germ foes
Or, if some bug should dare to bite
Before you've got your system right,
Are there not dopes designed as cures
Before the full attack matures?

How odd it seems, with all these aids,
That 'flu still makes its frequent raids!
Cures and preventives all around—
And yet we still see people downed!
Bearing in mind how mortals might
(As just explained) avoid this blight,
Strange is the truth, as here we strike it—
They must have 'flu because they like it!

—*Manchester Guardian*

ANOTHER BLOW TO JEWISH DOCTORS

A dispatch from Berlin reports that all Jewish doctors and dentists are excluded as of Jan 1 from "panel" practice under the Compulsory Insurance Law As ordinary medical practice in Germany is almost entirely paid for by the government insurance association, the great majority of Jewish physicians and dentists will suffer a heavy loss

Some 800 Jewish doctors and dentists in Berlin are reported to be engaged, at least in part, in such panel practice. Various restrictions have been laid on them, but they have still been able to treat patients under the Compulsory Insurance Law

The ruling, of course, does not seriously affect well-known specialists, but makes practice almost out of the question for most Jewish physicians

ment, the cure especially outlined to increase their strength by enforced rest and diet and attention given to their general condition

57 W 57 St

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OCULAR OR PSEUDOTORTICOLLIS

M THOMAS HORWITZ, M D, *Philadelphia, Pa*
From the Orthopedic service of Dr S A Jahss, Hospital for Joint Diseases, New York City

Previous reports[1-4] on this condition have in the main been directed to the ophthalmological literature We feel the necessity of emphasizing its recognition to the general practitioner as well as the orthopedic surgeon, who are most apt to see these cases initially

Normal binocular single vision depends largely on the coordination of the extraocular muscles It is lost when the visual axis of one eye deviates, as in paralysis of any of these muscles, and binocular diplopia results

Ocular or pseudotorticollis is the compensatory adjustment of the head to overcome vertical diplopia due to paralysis of the superior or inferior recti or oblique muscles Internal or external rectus muscle paralysis causes no tilt, but either a deviation of the head towards the field in which the paralyzed muscle acts or the eye may deviate into a squint

It is differentiated from true wry-neck by the absence of contracture of the sternocleidomastoid muscle, by the absence of early facial asymmetry, and by the facile correction of the head tilt, actively or passively

Correction of the ocular defect by a competent ophthalmologist is at the same time the cure of the torticollis and the prophylaxis against secondary changes in the cervical musculature and spine. The procedure is to produce a defect in motility in the *sound* eye, which will be similar to the defect in the *paralyzed* eye, so that equilibrium is restored to both eyes

Orthopedic measures and exercises may be necessary adjuncts to correct secondary changes

Case Report

M W, a female, was seen in the outpatient department, at the age of twenty-two months, because of a persistent tilt of the head to the right, present since the age of one year Diagnosed as a congenital torticollis due to contracture of the right sternocleidomastoideus, she was treated with diathermia, massage, and the use of a sausage-collar, for more than a year, without alteration of the deformity

In February 1935, admission to the hospital was advised for a tenotomy of the contracted cervical muscles

A more careful examination at this time revealed that the child held her head tilted to the right, chin pointing to the left (Fig 1), but that neither asymmetry of the face nor inequality of the palpebral fissures existed She could voluntarily correct the tilted position of the head Passively, no



Fig 1 Preoperative view



Fig 2. 1½ years postoperatively

some particular branch of the hematopoietic system Of the agents under consideration, x-ray and radium exert their chief detrimental effect on the hematopoietic function of the lymph glands, and to a lesser degree on the myeloid system Lead is primarily harmful to the erythropoietic system, and benzol to the myeloid system With regard to benzol, other systems are almost always involved within a shorter or longer period of time, depending upon the sensitivity to benzol of the particular individual There are persons so susceptible to this poison that the entire hematopoietic system is affected at once, thus explaining the hematopoietic as of other occupational diseases

X-ray and Radium

Our knowledge of the deleterious effect of x-ray and radium on the body in general and the blood in particular is of comparatively recent origin Mottram[1] has shown by animal experimentation that lymphoid tissues are more affected by the roentgen ray than bone-marrow At first there is a relative and then an absolute increase in lymphocytes accompanied by a decrease in polymorphonuclears Leukopenia may accompany the lymphocytosis, but is not constant or reliable as a criterion of overdosage The hemoglobin and red blood cells are not altered Stray radium gamma is more penetrating than x-rays and causes more marked local reactions but less disturbance in the blood According to Levin[2] the larger the square area of entry of x-rays into the organism, the more severe is the general effect on the blood

TABLE I—IMPORTANT INDUSTRIAL AGENTS PRODUCING BLOOD DYSCRASIAS

Agent	*Special affinity*	*Type of primary action*	*Primary action*	*Secondary (and later) effects on other parts of the hematopoietic system*
Benzol (Benzene not benzine)	Leukoblastic tissue in bone marrow	Depressive, destructive	Leukopenia (polys)	Thrombocytopenia causes bleeding Bleeding leads to secondary anemia
Radium	Lymphocytes in hemolymph glands	Stimulating	Lymphocytosis	Bone marrow r b c. first, w b c. later
X ray	Affinity and action same as radium, but milder			
Lead	Erythropoietic tissue in bone marrow	Depressant and regenerative	Secondary anemia	No tendency to affect other hematopoietic elements, as a rule

Technicians who use x-ray or radium and develop hemotologic symptoms do so in a chronic, progressive manner The first evidence of an adverse effect is in general systemic disturbances Malaise, loss of appetite, ready fatigue, and a peculiar greenish pallor become noticeable But when the blood is examined in this early stage there is surprisingly little reduction in the red blood cells numerically, and no change in their size or shape, indicating that the erythropoietic system has not become disturbed The white blood cells, however, show a disproportion between the granulocytes and lymphocytes The percentage of lymphocytes may be forty per cent, fifty per cent, even seventy per cent, their

acute agranulocytopenia occasionally encountered in benzol poisoning

Authors do not agree generally as to the clinical manifestations of blood dyscrasias caused by the different chemical agents considered in this discussion This is due to (1) the difference in the resistance of the individual to the particular chemical agent, (2) to the length of time the individual is exposed, and (3) the progressive action of certain chemical poisons, particularly benzol which continues to act long after cessation of exposure to the poison (Table I)

Realizing the importance of all these factors and believing that the time is ripe for a review of the many phases of blood dyscrasias caused by certain physical and chemical agents, we present a clinical picture in some detail of the blood disturbances caused by x-ray, radium, lead, and benzol The requirement of a reasonable lapse of time between the beginning of employment and the development of disease in an employee in order that an occupational disease may be considered compensable is true of

BLOOD DYSCRASIAS CAUSED BY OCCUPATION

With Specific Reference to the Effect of X-ray, Radium, Lead, and Benzol

I W Held, M D and A Lieberson, M D, *New York City*
Attending Physician, Beth Israel Hospital, Clinical Professor of Medicine, N Y University Medical College (I W H)—Adjunct Physician, Beth Israel Hospital

In an age of increasing social mindedness, evidenced by the enactment of a growing number of laws not only to protect the worker's health but to compensate him for injury sustained in the course of his employment, it is important for the general practitioner to be familiar with the causative relationship between disease and certain occupations

Although blood dyscrasias do not rank high in frequency among occupational affections, nevertheless they occur sufficiently often to warrant more than the scant attention given them not only in textbooks on industrial medicine but in medical literature generally It is not the frequency or rarity with which a particular disease occurs that is the all-important factor in industrial medicine, that it may develop at all is the essential point Therefore familiarity with the blood dyscrasias as they occur in certain industries may be as vital to the welfare of an employee in one of those fields as our knowledge of silicosis is in the stonecutter industry

Animal experimentation has shown that chemicals like x-ray, radium, lead, and benzol are very poisonous to the hematopoietic system If a human being should inhale or take by mouth any of these chemicals, poisonous symptoms even resulting in fatalities occur One must therefore seek an explanation why the same chemicals are not equally injurious to all people working in any particular industry The hematopoietic system is only rarely affected, even in individuals where the respective poisons affect other organs in the body

One factor in this rarity is the relatively infrequent occurrence of spontaneous hematopoietic disease in comparison with the incidence of other diseases to which the human being is subject. There seems to be a protective mechanism in the hematopoietic system for the maintenance of the cellular elements of the blood qualitatively at a normal level Even when definite pathologic changes are present in some part of the hematopoietic system as in diffuse metastatic carcinoma of the bones, or multiple myeloma, there is little if any evidence in the peripheral blood of disturbance in the myeloid system Quantitative changes in the cellular elements, particularly of the white cells, are rather the rule

In the spontaneous blood dyscrasias of unknown origin, there is generally no period of functional disturbance which would serve to point out the beginning development of hematopoietic disease. Pernicious anemia, for instance, is not ushered in by a warning period of reduction in the number of the red blood cells, or alteration in the quality of these cells Once the spontaneous organic hematopoietic disease sets in, however, although only one part of the hematopoietic system is affected at first, all other branches are soon involved In myeloid leukemia, for example, there is a primary invasion of the myeloid system which is followed within a short time by changes in the lymphocytic and erythropoietic systems

In the occupational blood dyscrasias, the course of the disease is different There is as a rule a long period of functional disturbance of only one branch of the hematopoietic system In many instances the disease is reversible (if recognized early) through removal of the causative agent and institution of adequate treatment

Another difference between spontaneous and occupational blood dyscrasias is the much longer period of time that elapses in the latter form between involvement of one part of the hematopoietic system and invasion of other parts This is due to the predilection of certain physical and chemical agents for

plified by two to three gm of calcium gluconate four or five times daily by mouth This is followed by a calcium-free period of two to three weeks Prophylaxis is of the utmost importance, and workers should protect themselves from inhalation by proper ventilation and the wearing of suitable masks Should symptoms develop in spite of precautions, the patient should immediately withdraw from this occupation

Benzol

We come now to the substance which industrially is likely to cause the most severe and dangerous blood dyscrasias Benzol is employed wherever rubber is used—tires, raincoats, etc It enters into many dyes, polishes, and cleaners Santesson[10] as early as 1897 wrote a clinical paper warning against the deleterious effects of benzol He described nine cases of purpura hemorrhagica in girls who used benzol rubber cement in their work, four of which were fatal In 1910 Selling[11] reported three similar cases in workers engaged in sealing tin cans with benzol rubber Selling then carried out extensive animal experimentation which indicated that the main characteristic of benzol poisoning is not purpura hemorrhagica but an extreme leukopenia He showed that benzol is a powerful leukotoxic substance destroying white cells in the area of production and in the circulating blood, eventually affecting the hematopoietic activity of the spleen and other lymph glands The myeloid tissue suffers the earliest and greatest damage, the erythroblastic and megakaryocytic elements being only secondarily affected The observations of Selling were confirmed by many workers, notably by Schiff[12] who further found that benzol has a detrimental effect on antibody activity, so that workers in the benzol trades who develop an infection are prone to succumb

Credit for demonstrating more recently the chronic damage produced by benzol and its manner of action should go to Alice Hamilton[13] of Harvard University for her thorough animal experimentation She demonstrated that two or three days after the first injection of a sizeable dose of benzol, the animal showed a reduction of white blood cells up to fifty-two per cent, and two or three days after the next injection a reduction to twenty per cent, or even as low as twelve per cent When she stopped after the first injection, the fall in white blood cells continued, but later there was spontaneous recovery However, when the second injection was given and the fall in white blood cells dropped below twelve per cent, there was no recovery In these animals definite disturbances in the bone-marrow alone were found, especially the myeloblastic tissues, but there was very little change in the hemolymph glands, spleen, liver, etc, differing in this respect from x-ray and radium The leukocytic elements, particularly the polymorphonuclears, were reduced There was no destruction of white blood cells in the circulating blood, but an inhibition of their formation, causing a leukopenia at the expense of the polymorphonuclears In clinical cases of blood dyscrasias caused by benzol the blood findings are very similar to these animal experiments

Symptomatology

Although acute benzol poisoning rarely occurs as an occupational development, it is nevertheless emphasized that there is a marked difference between acute and chronic benzol poisoning In the acute state, benzol exerts its detrimental effect primarily by inhalation There are marked respiratory and nervous symptoms—convulsions, persistent cough, dyspnea, orthopnea, and cyanosis The peripheral blood findings are entirely negative After death, which occurs within twenty-four to forty-eight hours, the blood remains in a liquid state

Acute benzol poisoning, like chronic, is seen most often in women, particularly young women, it is possible that the extensive use of cheap cosmetics may be a factor in undermining the young worker's hematopoietic system through the presence of harmful dyes, making her more susceptible to benzol poisoning

Occupational benzol poisoning as a rule requires a year or more for the development of sufficient symptoms to make the employee feel he cannot attend to his work The first symptoms are ma-

character is that of the mature cell As the condition progresses the spleen and the peripheral glands enlarge, and blood changes may occur typical of lymphatic leukemia The blood platelets are reduced, the red blood cells diminished, myeloblasts and myelocytes appear in the blood In rare cases *myeloid leukemia* develops [3 5]

Treatment

If the patient is removed from his occupation at the beginning of his systemic disturbance and is kept away from the deleterious influence of x-ray and radium, the blood dyscrasia may be reversible and he may fully recover from it The anemia is treated with large doses of iron and occasional blood transfusions Fresh air and nourishing diet are essential throughout the course of the treatment Complete removal of the patient from x-ray and radium cannot be overemphasized, for if this precaution is not taken, leukemia with marked increase in abnormal lymphocytes develops At this stage, remarkably enough, the judicious employment of x-ray therapy may prolong life as in ordinary idiopathic lymphatic leukemia

Lead

The effect of lead may be expressed chiefly in disturbances of the brain (lead *encephalopathy*), *peripheral nerves* (lead palsy), sensory nerves (lead neuritis), or gastrointestinal tract (lead colic) Very often cases are encountered involving the vascular system with hypertension, renal vascular changes, or even true nephrosis More rarely all systems are affected Lead anemia, when it does occur, is almost always associated with signs of lead poisoning in some other organs, as indicated above

Changes in the erythropoietic system of a quantitative nature are relatively infrequent The hematopoietic system is seldom so affected as to lead to fatal termination, so that scant attention was paid to its development for a long time. It was recognized of course that anemia is a feature, and that some stippling of the red blood cells is present In 1924 Key,[6] working in Aub's laboratory, showed that in proportion to the degree with which lead phosphate forms in the bone, red blood cells undergo striking changes The surface of the red blood cell becomes hard, brittle, and also sticky, interfering with agglutination As these brittle cells circulate through the capillaries they break up and bring *about an anemia almost pernicious in* character Eventually the loss of these cells stimulates the hematopoietic tissues so that immature cells appear in the blood, explaining the findings of poikilocytosis, anisocytosis, polychromatophilia and basophilic stippling There is no change in blood platelets since the myeloid system is not affected, and no hemorrhagic diathesis

Lead is utilized in more than 150 industries Chief among these are lead smelting, producing white lead oxides for paints, mixing pastes, pasting plates, finishing plates for storage batteries, glazing pottery, compounding rubber, manufacturing lithographic paper, drinking utensils, toys, and many other articles [7] It was Tanquerill des Planches[8] who discovered that lead poisoning is caused only by inhalation of the dust Duckering[9] has shown that if no more than two mg of lead is inhaled in an eight hour work day lead poisoning does not develop, but if the amount is increased from two to five mg the symptoms of lead poisoning will develop After the lead is absorbed it is carried in the blood as dibasic phosphate and deposited in the skeleton as tribasic phosphate, chiefly in the bone trabeculae but also in the cortex Ninety-five per cent of the lead in chronic lead poisoning is in the skeleton Excretion *in the urine and in the stool* is very gradual An alcoholic debauch or an acute infection may precede an acute attack of plumbism in lead workers

Treatment

The earliest treatment for lead poisoning was potassium iodide as an alterative and belladonna as an antispasmodic. The more modern treatment calls for alternating periods of high and low calcium intake to foster the mobilization and excretion of the combined calcium-lead salts During the first period, a high calcium intake is provided for three to four weeks by a milk and fruit diet am-

plified by two to three gm of calcium gluconate four or five times daily by mouth This is followed by a calcium-free period of two to three weeks Prophylaxis is of the utmost importance, and workers should protect themselves from inhalation by proper ventilation and the wearing of suitable masks Should symptoms develop in spite of precautions, the patient should immediately withdraw from this occupation

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laise, pallor, easy fatiguability, and loss of appetite It is of the greatest importance to examine the blood as soon as symptoms of this kind appear in a worker in a benzol trade There is moderate neutropenia, but no change in the red blood cells and no reduction in hemoglobin at this stage In many cases an increase in blood platelets begins to make its appearance, to be followed later by a decrease [14] An individual with these blood findings should not be allowed to continue working with benzol, for if he is removed from this menace at this stage, he will recover rapidly

If employment is not discontinued, the leukotoxic effect of benzol goes on until eventually there is reduction in the polymorphonuclear cells There may be only 1000 or 2000 white blood cells with a polymorphonuclear count of twenty per cent to forty per cent, or even as low as ten per cent Immature cells (one to two per cent myeloblasts) are frequently seen in the blood The reduction of blood platelets keeps pace with the fall in the white blood cells, both quantitatively and qualitatively There are external manifestations of hemorrhagic diathesis—bleeding from the gums, nose, pharynx, uterus, and even gastrointestinal tract

During this period the patient presents a picture of malignant thrombocytopenia, a mistaken diagnosis of essential thrombocytopenia is easily made

The erythroblastic system is not affected qualitatively but quantitatively, secondary to the loss of blood Evidence of the regeneration of red blood cells, such as the presence of reticulocytes or nucleated red blood cells is not present If the correct diagnosis is made, even at this stage of the disease, repeated transfusions may improve the patient, and in some instances may even lead to recovery

Instead of the typical clinical picture in benzol poisoning outlined above, there may be variations Polynucleosis may be present instead of leukopenia, especially if there is a focus of suppuration anywhere in the body Even in animal experiments if an infection is caused by injecting bacteria in addition to benzol, leukocytosis results, instead of leukopenia Under normal conditions the red blood cells are reduced only in number Abnormalities however, are not unknown to occur in size, shape and staining properties Stippling of the red blood cells, reticulocytes and even nucleated red blood cells, as well as a high color index, have been reported Cabot[15] has shown regenerative forms of red blood cells such as are seen in pernicious anemia

Alice Hamilton[18] has called attention to two features that are particularly the source of much difficulty in diagnosis One is the great variation in susceptibility of individuals, exemplified by cases of severe fatal poisoning in a factory where other employees show no symptoms of poisoning The other is the progressive, cumulative action of the poison after exposure has ceased Once injury to the bone marrow is sufficiently extensive, the process progresses even when there is no further contact with the chemical Four of Santesson's nine girl patients,[10] for instance, developed serious symptoms only after they had left the factory where the contact occurred Rohner[10] described a man who left the factory where he worked merely because the fumes of benzol irritated his eyes, and soon afterwards developed fatal aplastic anemia

The general considerations outlined above for benzol apply also to its numerous derivatives in industry, such as high-flash naphtha (a solvent composed of toluene and xylene) These substances are of the same type but are weaker leukotoxic agents than benzol itself, as Batchelor[17] has shown The nitroso and amido groups of benzol derivatives, on the other hand, are more toxic to the blood than benzol itself Their deleterious action is primarily the production of anoxemia by formation of methemoglobin with typical symptoms of methemoglobinemia—flushing of the face, pressure in the head, dizziness, cyanosis, sometimes nausea and vomiting We had occasion to watch the action of this group in a private patient of ours We prescribed 0 3 gm of anesthesin (a benzol derivative which belongs to the amido group) for a patient with peptic ulcer to relieve his pain and nausea, and it caused alarming symptoms of methemoglobinemia lasting several hours The patient was sent to a hos-

pital where the intern was so certain the attack had been caused by anesthesin that he gave the patient half the original dose with repetition of the attack and identical symptoms of methemeglobinemia The patient apparently had an idiosyncrasy so that the smallest dose brought about alarming symptoms In the industries employing the amido group of benzol derivatives, the same tendency to methemoglobinemia is seen

The clinical course described above for chronic poisoning in industries employing benzol and its derivatives also occurs in the therapeutic use of certain drugs closely related to benzol These drugs will be briefly commented on because of their medicolegal importance and their widespread use in therapeutics, if not in the industries The most prominent of these drugs is arsphenamine, whose toxic action on the bone-marrow is in all probability caused by the benzol ring which it contains An aplastic anemia occasionally results with marked neutropenia, then thrombocytopenia and secondary anemia several months after a course of arsphenamine injections Two such cases came under our observation at Beth Israel Hospital three years ago, both recovered after fifteen to twenty transfusions, even though both appeared critically ill for many weeks [18]

Pyramidon, too, has been found to cause (rarely) granulocytopenia and later hemorrhagic diathesis This may not only be due directly to the pyramidon, which contains the benzol ring in its formula, but to the presence of benzol itself, used widely as a drying agent for the pyramidon powder

Shapiro and Lehman[19] have reported a case of agranulocytosis following the injection of cinchophen, and have advanced the theory that this developed because of the depressant effect on the bone marrow of the benzol liberated from the cinchophen (which the cinchophen had acquired during its preparation)

Mention must finally be made of a drug which for a while enjoyed notoriety in the treatment of obesity, namely dinitrophenol The deaths from agranulocytosis and aplastic anemia caused by this drug were probably due to the benzol ring which is the major constituent of dinitrophenol We have seen one case of this kind The patient was a young woman who was extremely obese A proper dose was prescribed by her physician but she increased the amount in order to lose weight more rapidly She developed thrombocytopenic symptoms with fatal termination

Treatment

Returning now to occupational diseases and the treatment in these chronic benzol poisoning cases, one is struck by the simple fact that the prophylactic approach offers the best results Proper ventilation is very important in the benzol industries When the patient is found to show the early effects of poisoning such as leukopenia and is removed from the industry, he is usually spared a serious blood disease If the illness is in its early stages, i e confined largely to the leukocytic tissues, nucleotide injections may be of benefit But during the severer later stages where the mortality is usually between sixty to eighty per cent, these cases need frequently repeated blood transfusions if any real help is to be given them Blood transfusions must be persisted in no matter how hopeless the clinical condition appears as our two cases of benzol poisoning after arsphenamine administration show [18]

Summary

In conclusion these facts should be stressed that the hematopoietic system in general is very resistant to disease, that it may be affected however in predisposed individuals after relatively long contact with benzol, x-ray, radium, and lead Each of these agents has a special affinity for a particular part of the blood system Benzol first acts on the leukoblasts causing a leukopenia, it later affects the platelets and red blood cells to give an aplastic anemia which is usually fatal The leukopenic stage is still reversible, the aplastic usually is not The only efficacious treatment is repeated blood transfusions X-ray and the radioactive substances have a special affinity for the hemolymph glands, not the bone-marrow The action is stimulatory and causes a lymphocytosis, either relative or absolute This is still a reversible stage Later hemorrhagic diathesis develops and

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SCHMINKE TUMORS

MURRAY BERGER, M D *New York City*
Lincoln Hospital

In 1921 Schminke[1] described a tumor which he called lymphoepithelioma. This peculiar tumor arises from the lymphoepithelial organs—the pharyngeal, faucial and lingual tonsils The question whether lymphoepithelioma and transitional cell epithelioma are identical tumors or represent different types has not been decided

Quick and Cutler[3] studied a group of cases at the Memorial Hospital Their cases presented the same clinical symptomatology but were somewhat different in their histologic structure and were termed by the authors "transitional cell carcinomata" (1927) In 1929 Ewing[4] published a study of lymphoepitheliomata in which he confirmed the occurrence of the tumor described by Schminke He maintained, however, that the group of cases which was termed "transitional cell carcinomata" at the Memorial Hospital presented different histologic structures, but even so the response to irradiation and the clinical course were identical in his cases with those termed "lymphoepithelioma" He also mentioned the fact that Laccasagne, with whom he had discussed this problem, had stated that the cases described "transitional cell carcinomata" at the Memorial Hospital would be termed lymphoepithelioma by the Paris school Erdheim feels that in order to make sure of the pathological diagnosis the patient should be watched from the clinical standpoint

This group of intraoral carcinomata have certain outstanding characteristics such as (1) They are extremely radiosensitive, (2) they have more or less a characteristic clinical course, (3) they metastasize early, (4) there is an absence of squamous characters, hornifications, and pearl formation, (5) they run a rapid course

Microscopically the tumor consists of masses or strands of large polyhedral to thick spindle-shaped cells with large round or oval hyperchromatic nuclei The stroma is usually delicate. Large numbers of mitosis are usually present

This tumor is seen in three places tonsil, base of tongue, and the nasopharynx. The primary tumor is usually small and often undetected especially when it develops in the nasopharynx where it usually arises in the recessus pharyngeus Owing to the promixity of the primary growth to the nervous system at the base of the skull, a variety of symptoms may be presented, which is why they are often overlooked Symptoms of involvement of the Eustachian tube, second, third, fourth nerves, to the second and third divisions of the fifth and sixth, the Gasserian ganglion, sella turcica or the jugular foramen should immediately suggest the possibility of a tumor As a rule the trigeminal or abducens nerve is the first involved It also appears that the ophthalmic branch of the trigeminal is apt to be invaded earlier than the other branches and that the motor branch of the same nerve is only rarely involved The involvement of the various cranial nerves can be best explained by an anterior extension of the tumor growth into the anterior portion of the middle cranial fossa In the nasopharynx syndrome, pain may simulate that in acute condition of the ear Pain may be constant or recurrent extending over the cheek mastoid region, frontal and temporal regions or to the eye One patient complained of diplopia and severe frontal headache for six weeks Some patients have no pain, they seek relief from enlarged glands of the neck Early involvement of the cervical lymph-nodes is one of the characteristics of this tumor The lymph-nodes involved are those of the superior deep cervical group and usually on the side of the primary growth The earliest affected are those lying on the jugular vein behind the angle of the jaw From here the invasion extends to the whole deep cervical group The lymph nodes are hard and usually freely movable Recognition of this early lymph node involvement is extremely important, in view of the frequent failure to detect the primary small growth

the patient responds poorly to treatment pital where the intern was so certain Lead causes the least serious of the blood dyscrasias Its affinity is for erythroblastic tissue, depressing red blood cell formation The body in almost all cases compensates for this by regeneration The anemia is usually part of generalized lead intoxication and yields to the usual iron treatment for secondary anemias The therapeutic desiratum in all occupational blood dyscrasias is to recognize and treat them in the functional reversible stage—and not in the organic irreversible stage

2 E. 95 St
237 E. 20 St

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WINTER COMPLAINT"

Babies and young children need to be as carefully protected at this time of the year against "winter complaint" as they do during the warm weather against "summer complaint," Dr J H M Knox, Jr, Chief of the Bureau of Child Hygiene of the Maryland State Department of Health, said recently, in discussing seasonal disease hazards for young children, as quoted in the *News Letter* of the Suffolk County Medical Society

By "winter complaint" Dr Knox said he meant influenza, tonsilitis, pneumonia, bronchitis and other diseases of the respiratory or "breathing" system as distinguished from "summer complaint" which attacks the digestive system He said, "Diseases like pneumonia may develop from a neglected cold, they may follow as an after-effect of measles or whooping cough or one of the other so-called children's diseases, or they may occur suddenly and with very little warning

They are more prevalent in winter than in summer and they are even more difficult to combat than the digestive ailments Nearly all are spread through the secretions from the nose and mouth

"These respiratory diseases are particularly dangerous to babies and young children Those not in vigorous health are more susceptible to these infections The first line of defense is to strengthen their powers of resistance against ill health, the second is to keep them under regular medical supervision, the third is to keep them away from others—young or old—who have coughs, colds or fevers

"A child's resistance to disease can be greatly increased by establishing a regular routine as outlined by the family doctor Food suited to the child's needs, a balanced diet supplemented by a daily allowance of cod liver oil, orange or tomato juice, sunshine, fresh air, a daily sponge followed by a brisk rub with a coarse towel, regular hours for sleep and plenty of it, freedom from excitement, clothing adapted to the weather with special regard to sudden sharp changes of temperature, are among the essentials for normal growth and health A baby's feet should be kept warm at all times, but the covering should not be enough to make him perspire visibly The run-about child who is allowed to remain for hours with cold, wet feet is apt to take cold and perhaps develop something more serious

"Well children under three should be taken to the doctor two or three times a year, and oftener if the child is not gaining satisfactorily The doctor should be sent for without delay when any suspicious symptoms are observed

"The importance of keeping young children away from others who have colds, or any other infectious disease can not be emphasized too strongly The utmost care should be exercised by those who have colds, and who are unavoidably brought into contact with young children not to cough or sneeze so that the spray of saliva reaches the children"

ease completely (b) In advance cases, where there is extensive local involvement or distant metastasis, irradiation should be given only as a palliative measure

3 *Infection in the surrounding tissues* Cases in which infection is present must be carefully treated with small doses over a long period of time to prevent precipitation of untoward reactions

4 *Location of the primary tumor* (a) In the nasopharynx, the tumor should be cross-fired from both sides of the face, and often a third posterior field may be advisable, the glands of the neck should be treated separately In all these cases the Coutard method seems to give better results (b) In the tonsils, treatments from both sides of the face and neck should be given, and very often a simple fractionated method may give excellent results (c) For lesions located in the base of the tongue and in the larynx, the Coutard method seems to be preferable

After the patient has received the required amount of radiation several weeks are allowed to pass and then the residue of the growth is removed by electrocoagulation The prognosis depends on the stage of the disease and the location of the tumor Seeing a patient before metastasis, we are naturally able to prolong life When the growth is in the tonsil we also give a better prognosis The average duration of life is about two and a half years, but five year survivals have been reported

I wish to present a few of my cases that are still alive

Case 1 A man, age thirty-five, came into my office in March 1935, complaining of deafness in the right ear, occasional headaches, and difficulty in breathing on the right side This had been going on for several weeks and now he felt that the right naris was completely obstructed Physical examination showed a well-nourished individual in distress The right nostril was full of polypoid tissue Hearing was impaired on the right side with practically normal bone conduction, indicating a conduction deafness X-ray and Wassermann were negative A few days later I removed all the polyps that I was able to see The patient was immediately able to breathe again and the hearing seemed to have improved However, during the operation I noticed considerable bleeding which I had never seen when operating on polyps Three weeks later the patient came back and I was amazed to see the same obstruction as before the operation I then performed a biopsy and the report was a Schminke tumor This patient then received radon seeds plus numerous x-ray treatments and within two weeks the nose cleared Three months later we noticed two cervical glands at the angle of the jaw and we gave some more radiation It is now a year and the patient is back to work and doing well and there are no signs of any metastasis

Case 2 Male, age forty-four, was referred to me because of deafness in right ear, difficulty in swallowing, and expectoration of blood He noticed a mass in the neck at the angle of the jaw Examination revealed a deeply excavated ulcer at the base of the tongue which extended to the lateral wall of the pharynx There was a slight deviation of the tongue on protrusion Blood Wassermann, spinal fluid, and x-ray of skull were all negative I removed the lymph node and on section it revealed a typical lymphocarcinoma A week later the patient complained of loss of mobility of his tongue He disappeared

Case 3 Female, age fifty-five, complained of lump in throat for last two weeks Examination revealed an acutely inflamed granular mass arising from the tonsil invading both tonsillar pillars and running up behind the soft palate. A biopsy was taken at once with an electric knife and it revealed a Schminke Radon seeds were then inserted, and later followed a series of x-ray treatments It is now two months later and the mass has seceded immensely, at present, I am coagulating the residue

The time is too short to predict the ultimate fate of these patients

101 Central Park West

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"Didn't you claim when you sold me this car that you would replace anything that broke or was missing?"

"Yes, sir What is it?"

"Well, I want four front teeth and a collar bone"—*Automobilist*

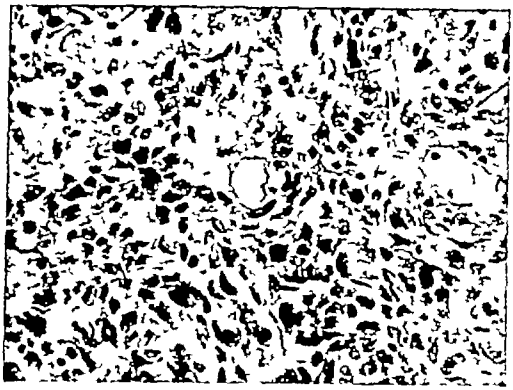


Fig 1 Section of tonsil showing areas of a typical transitional epithelium with mitotic figures and anaplasia (Schminke tumor)

This lesion is most common in the tonsil and it is more or less characteristic It presents a finely granular, velvety surface which looks like an erosion of the mucous membrane rather than a frank coarse ulceration, with an indurated border, a depressed ulcerated crater as of the more common squamous type The Schminke is flatter and it requires very little radiation to destroy it, compared to the squamous type which is radioresistant (Fig 1)

In case of the nose, there is difficulty in breathing through the affected side The growth has a tendency to fill the entire naris The patient complains of a mucosanguineous discharge It then involves the sinuses, continues to the orbit and then we have symptoms of pain in the eye, failing vision, and diplopia (Fig 2)

When the lesion originates in the tongue, the first symptoms are usually difficulty in swallowing, later, due to the involvement of the epiglottis, there may be difficulty in breathing Hemorrhages occur occasionally The tongue has a tendency to deviate to one side or else it protrudes Eventually anemia and metastasis cause death

Diagnosis

Early diagnosis is extremely important and yet sometimes very difficult due to the fact that the primary growth is as a rule very small Recognition of the early lymph node involvement will often save the patient many months of life A history of glands in the neck with the previous clinical symptoms, plus a positive biopsy and immediate response to radiation will tell us that we are dealing with a Schminke tumor

You must differentiate this particular from the ordinary polypoid tissue, sarcoma, lues fibroma, Tbc granuloma, and Hodgkin's disease

As for the treatment of this condition I will quote Dr Kean, who has had considerable experience as a radiologist with this type of carcinoma After performing a biopsy with a radio knife, no other surgery is done until the patient has had the required amount of x-ray His plan differs somewhat with each patient depending on the following

1 *General condition of patient* Patients who have no systemic disease, respond better to radiation and can be treated more intensely, the others have to be treated more carefully and supporting medication or blood transfusion is often necessary

2 *Stage of the disease* (a) Early cases, where no extensive metastasis to the neck or extensive local destruction of bone are present, should be treated more intensely with a view toward eradication of the dis-

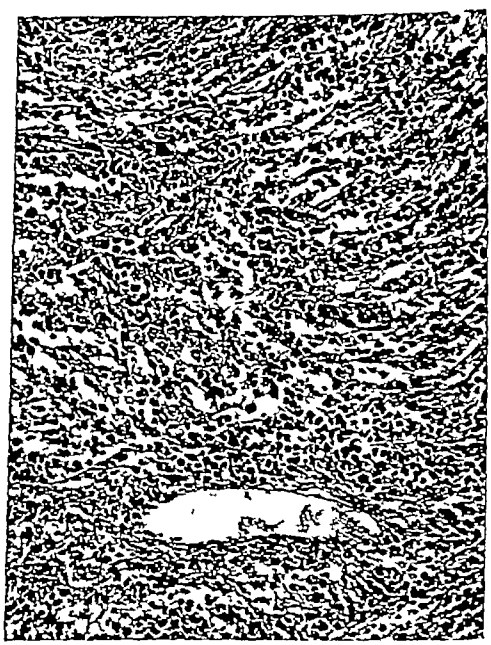


Fig 2 Section of nasal polyp showing large epithelial cells with pale staining nuclei infiltrated with lymphocytes Many mitotic figures can be seen

or indirect. In this paper we consider direct intra-abdominal injuries to be those in which there has been penetration of an intra-abdominal organ by the contact force causing injury. Indirect injuries are those in which the contact force causing injury has not penetrated the peritoneal wall, or, if it has, has not injured an intra-abdominal organ. In general, the types of contact force that cause direct injuries are those in which a sharp point is present as knives, pitch forks, sharp steel, as in auto-accidents, and gunshot. Indirect injuries are caused by blows of solid objects as a blow from the fist, the foot, hitting a wall or crushing injuries, as well as force transmitted through from the extremities, as in landing on the feet in a fall.

3. The organ injured is of great importance both as to surgical procedure to be performed and prognosis. A ruptured spleen, lacerated liver or bladder have different problems confronting the surgeon and different prognosis than a ruptured section of the intestinal tract. The factors of hemorrhage and infection are present in all these injuries, but, in general the first group is a problem of hemorrhage, the latter a problem of infection.

It must be mentioned that indirect injuries are related in their site to the factor of force applied diffusely or locally. Localized blows as of a fist are likely to injure intestines, mesentery, kidney or bladder. Diffuse force as in crushing or a fall is more liable to injure the spleen, liver or pancreas or to rupture the diaphragm. Likewise the site of an indirect localized force is of significance in sometimes suggesting the organ affected. However the local trauma to a circumscribed area of abdominal wall may be confusing and tend to blind the hasty surgeon. Large deep hematomas in the abdominal wall may often suggest the acute abdomen. In like manner, rupture of the rectus muscle will give a similar confusing picture.

Another factor influencing the presence or absence of intra-abdominal injury is the state of the individual organs of the patient's abdomen and abdominal wall at the time of accident. The relaxed abdominal wall needs much less force than that with taut musculature to cause an injury to the intraperitoneal organs. A distended stomach, intestinal tract or bladder is more liable to rupture than an empty one from indirect force. The diaphragm is less liable to rupture in full inspiration than in expiration.

Pathological conditions of the intra-abdominal organs are of significance as much as the previously mentioned physiological conditions. Hepatomegalia, splenomegalia, hydrops of the gall-bladder, diverticulitis, gastric ulcers, carcinoma, hydronephrosis, and tabetic bladder as well as megacolon—all predispose to rupture of these organs by indirect violence.

Of the individual organs affected by indirect violence the spleen is the most commonly injured.[1] Here the problem of hemorrhage and resultant shock are the only factors of importance. Early diagnosis is paramount to successful therapy. Naturally a blow to the upper left quadrant, left back or indirectly as in landing on the feet following a fall are the usual etiological factors. The local history is one of sudden abdominal pain and often pain in the left shoulder. Nausea and weakness from shock may be present. Examination reveals abdominal rigidity and an increase in the area of splenic dullness. This latter does not usually change on movement to the side, due to the clotting of blood. Rapid pulse, increase in respiration, and other signs of hemorrhage are present. The blood picture as presented by the laboratory is likewise one of hemorrhage. The hemoglobin and red blood count after a slight increase falls only after a period of hours, as it takes time for blood volume to be augmented by fluid from peripheral tissues in anemia. Rapid bleeding will increase the rate at which this process takes place. Immediate intravenous fluids are necessary to combat shock and often blood transfusions. As soon as the diagnosis has been made and shock allows, laparotomy should be performed. The time at which this is performed and the evaluation of the patient's condition and ability to stand the procedure entails surgical judgment of the best. Occasionally the injury may be such that the organ may be resutured, but, in any case of doubt splenectomy should be performed. If this latter is not done the peritoneum should not be closed until it is definitely established that no bleeding is taking place. There is no great risk in

INTRA-ABDOMINAL CONDITIONS DUE TO TRAUMA

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Careful minute observation, prompt accurate diagnosis, and early competent treatment entailing mature conscientious judgment are the factors of importance in intra-abdominal conditions due to trauma Each factor is of paramount importance and the surgeon presented with such a case must excel in all Any one failing to evaluate these rules is likely to treat his patient inadequately

It is not easy to secure careful minute observation The patient may not be conscious and often his and observers history is clouded by hysteria Such patients must be observed continuously by competent nursing and intern staffs in the hospital, and by the surgeon himself as much as possible Frequent temperature, pulse, and blood pressure readings must be taken and careful note made of the nature, place, and instrument of injury as well as the changing general appearance and mental status of the patient Diagnosis cannot wait for convenience or indeed often times until it is obvious Far too frequently this is done and then it is too late Laboratory procedures such as blood counts, urine, and flat plate of the abdomen can, however, always be accomplished quickly and may afford great diagnostic aids Treatment must be instituted as soon as the diagnosis is made as to the extent of the injury It must be adequate, and, the patient's condition often calls for the greatest skill in the deftness and speed in which the surgical procedure is accomplished, lest the amount of shock entailed be overpowering Also supportive treatment must be instituted immediately the patient is admitted to the emergency ward

The most important factor, if any, is that of judgment Experience of the attending surgeon is tantamount to successful diagnosis and therapy To recognize the true situation present at the bedside, to institute the proper therapy, and to know the extent of surgical procedure the patient will tolerate, means success to the surgeon and life to the patient Proper judgment is the most difficult task in all surgery

The wisdom of these factors is shown by a simple study of statistics The mortality and disability arising from such conditions is in direct proportion to the facilities of the hospital to which the patient is admitted and the surgical maturity and judgment of the attending surgeon The primary purpose of this paper is to impress this fact on the general practitioner and to urge him in all cases to seek the best surgical consultations available Excellence in a surgeon is always illustrated in his willingness and eagerness to secure the judgment of his colleagues In this manner alone will the medical profession be able to appreciably reduce such mortality

Intra-abdominal conditions due to trauma must be considered along three different lines

1 Internal hemorrhage or shock
2 Manner and instrument of injury
3 The organ or organs affected.

1 Of these the first is of greatest importance in as much as they must be considered and treated first Unless this is done, all other factors are useless Here judgment is of supreme importance Almost all cases of intra-abdominal injury due to trauma have one or the other of these conditions and very often both The proper evaluation of the condition qualitatively and quantitatively must be decided. Experience is the great teacher for this, but experience must go hand in hand with the painstaking frequent nursing and intern observations aforementioned It is common knowledge, that in internal hemorrhage there is, *first,* an increasing pulse rate, *second,* increasing pallor, *third,* increasing air hunger, *fourth,* restlessness, *fifth,* later, a falling blood pressure In shock there is early, *first,* diaphoresis, *second,* falling pulse followed by a thready pulse, *third,* pallor, *fourth,* early fall in blood pressure. These facts are well-known but too often are not recognized, and accurate charts to help evaluate them, kept

2 The manner of injury may be direct

direct violence from without or by spicules from a fractured pelvis Urine usually seeps into the retroperitoneal tissues between the rectum and the bladder, and as it accumulates works forward over the pubis to the anterior abdominal wall Local drainage is needed Perineal approach is advisable When the peritoneum is perforated, immediate operation is indicated The operator should explore the space of Retzius, suture and repair the bladder wound, wash out the abdominal cavity with warm salt solution, drain the abdomen, and institute both suprapubic and urethral drainage

Laceration of a ureter is rare due to its small anatomical nature. Likewise indirect rupture of the ureter is rare although crushing injuries may catch it as it crosses the brim of the pelvis over the vertebral column This is a problem of infection and chemical irritation Diagnosis is suggested by an enlarging retroperitoneal mass, anuria from one uretreal orifice and occasionally hematuria Treatment is laparotomy with end-to-end anastomosis of the ureter or anastomosis to the bladder If this is impossible, ligation of the ends of the ureter should be attempted if the other kidney is normal, functionally The kidney on the affected side will then atrophy or go on to hydro- or pyonephrosis and may be dealt with subsequently

More frequently the ureter is inadvertently severed during a pelvic operation or perforated during ureteral catheterization

The other solid organ affected occasionally is the pancreas Anatomically it is difficult to rupture this organ without injuring other organs When it does occur, symptoms are profound shock with severe epigastric pain radiating through to the back, gastrointestinal nausea and vomiting, evidence of hemorrhage, and occasionally of upset carbohydrate metabolism

Shock is more severe in the pancreatic lesions than in any other intra-abdominal injury The surgical problem is most difficult The pancreas may be exposed through the gastrocolic omentum, the transverse mesocolon or posteriorly through the back Occasionally bleeding points may be located and ligated Most commonly the operator can only pack by means of gauze pack and rubber dam Hemorrhagic pancreatitis will develop if surgical intervention is postponed The cases surviving conservative therapy develop suppurative or gangrenous processes, chronic pancreatitis with diabetes, or cysts

Any portion of the intra-abdominal intestinal tract may be injured directly Naturally the small intestine with its position and length is more often injured by direct injury and is often penetrated in numerous places rather than in one place Indirect violence most commonly ruptures the small intestine This is explained by the fact that injury is more liable to occur near a fixed portion of the intestine which is evidenced by ileocolic juncture, duodenal-jejunal juncture or the second portion of the duodenum The cecum, hepatic and splenic flexures, and the sigmoid are most liable to be ruptured indirectly in the large intestine The type of injury is usually local and crushing in nature The problem presented is one of infection locally, with generalized peritonitis following If the rupture is high in the small intestine the bacterial feature is secondary, and chemical irritation is more marked [2] Mortality is in direct ratio to the position of the wound in the intestinal tract with a rapid rise in mortality the lower the wound History is one of acute pain, tenderness, occasionally vomiting with shock clouding the picture The physical findings are rigidity, tenderness, muscle spasm, and presence of air under the diaphragm obliterating liver dullness In these cases flat plate is of great importance as it often reveals air over the liver before this may be elicited clinically A leukocytosis and polymorphonuclear rise with Schilling shift to the left is usually soon present It should be remembered that a direct wound through the pleural cavity may penetrate the stomach or intestine if the penetrating missile is pointing downward

As soon as diagnosis is made, and often even if only suspected, exploratory laparotomy should be performed The wound should be located as quickly and deftly as possible, always remembering that one is working in a contaminated field If the wound or wounds in the

splenectomy in as much as its functions are assimilated by other organs and temporary blood alterations are readjusted completely in a year Intravenous fluids, blood transfusions, and sedation postoperatively are major factors in the therapy

Next in frequency affected by indirect violence is the liver, as it is also commonly injured directly Blows to the right upper quadrant and crushing injuries compressing the liver posteriorly are usual etiological factors It should be remembered that the thoracic cage is of considerable protection to the liver preventing more frequent injury As in the spleen the problem is one of shock and hemorrhage History of epigastric pain and right shoulder pain is frequently present Examination reveals tenderness in the right upper quadrant, rigidity, and an increasing tumor in this area with the signs of hemorrhage Bradycardia is often associated with liver injury Laparotomy is urgent and more frequently reveals injury to the right than to the left lobe The usual finding is a torn capsule with associated parenchymal tear and hemorrhage Hepatectomy is impossible Mortality due to difficulty of diagnosis and therapy is high—about forty per cent Suture and hemastasis are the only positive surgical maneuvers applicable In as much as the liver is such a vascular and friable organ approximation alone of the wound edges by deep mattress sutures or the so-called ribbon-gut of Dr Lowsley, using large dull pointed needles, is advisable Often in severe cases strips of rectus muscles or vaseline gauze mattressed into the wound are necessary for hemostasis Only too often all one may do is pack the wound with gauze These wounds should be drained with cigarette drains, within rubber dams and gauze strips as there is always biliary and serous drainage Complications are secondary hemorrhage, biliary peritonitis, infections causing subdiaphragmatic or intrahepatic abscesses or thrombophlebitis of part of the portal system Purulent material in the liver causes very high febrile rises (106 to 108° F) Transfusions pre- and postoperatively are very necessary

Of the solid organs the kidney is often injured Blows in the flank, crushing force, and force transmitted through the extremities as well as a large portion of direct injuries, as stabbing, affect this organ History is one of pain in the region, frequency, and hematuria with often dysuria Examination reveals a tumefaction in the flank and often deep in the abdomen Whether there are abdominal signs depends on whether the mass is large and whether the peritoneum has been torn allowing blood or seepage intraperitoneally Here the problem is shock and hemorrhage and, with spillage of urine, infection When the ureter is clogged with blood clot there may be no gross hematuria After resolution the flank tumor may become fluctuant

Treatment of kidney lesions vary with the severity of hemorrhage and the presence of infection Due to its anatomical position mild hemorrhage is controlled by topographical hemastasis, conservative rest therapy with ice and sedation is indicated With persistent bleeding extraperitoneal approach with the Bevan incision is indicated Surgical procedure is the same as in the spleen Suture repair, partial resection or nephrectomy depends on surgical judgment In all questionable cases it is wisest to perform nephrectomy if the other kidney is normal Free drainage by indwelling catheter is essential if the ureter postoperatively clogs when repair is attempted

Rupture of the bladder is usually the result of direct injury but may occur when the pelvis is crushed with jagged spicules of bone projecting, or by indirect blows when the bladder is distended The problem is primarily one of infection although hemorrhage to more or less degree is usually present It should be remembered anatomically that rupture may be intra- or extraperitoneal or both Intraperitoneal rupture is usually due to direct violence or when the bladder is distended Here a chemical peritonitis due to urine is present and this, in most cases, will become bacterial if not treated promptly The symptoms are usually lower abdominal pain in the midline, with anuria Examination reveals rigidity of the lower recti muscles, tenderness, and blood on catheterization

Extraperitoneal rupture is caused by

ARTHRITIS

Treatment by Physical Therapy

JOSEPH ECHTMAN, M D, *New York City*

"Arthritis has become in the United States the subject of much more intensive study in many of our research institutions " because "definite evidence is at hand to indicate that we are seeing and hearing of many more cases of arthritis today than we noted previously In the past few years, much new and useful information has been brought to light for the betterment of this class of cases There is still much, however, to be learned As newer information is added to what we already know, we shall be enabled to hasten still further the relief and cure of this rapidly increasing class of sufferers" Thus spoke Lautman[1] in 1936 It is hoped that the experience here presented may constitute a useful grain of that information, and, if this report of ten years' work proves to be at least that much I shall feel rewarded for my years of labor

It seemed necessary, in order to see what physical therapy can do in arthritis, to personally supervise and even personally administer most of the treatments given to a large number of patients in an active clinic in the same fashion as in private practice This was done and the progress of each patient was watched from the beginning to the end of treatment In addition to the usual, there were used by me many ionization methods which are not generally known to physical therapists and are not found in medical literature The beneficial effect of these original procedures has been personally verified in a total number of cases that exceeds six thousand

Classification, without definite percentages, of the various arthritic conditions has been made in accordance with the methods of therapy by which each group was most favorably benefitted Considered in this way the bases fell readily into six classes or groups—(1) Thermal, (2) Ultraviolet, (3) Salicylate, (4) Lithium, (5) Magnesium, Sulphate, Sodium Chloride, (6) Iodine

Thermal Group

To this belongs gonorrheal arthritis While other types of arthritis are also benefitted by heat, the representative, however, is that due to gonorrheal infection because it is most favorably benefitted in all its stages by thermal measures, such as infrared, diathermic heat, and fever therapy So far as I am aware, no form of ionization has ever benefitted this condition materially *

The employment locally of infrared radiation alone proved to be of benefit Conventional short or ultra short wave diathermy were superior to infrared The application of thermal measures to the site of the focal infection, prostate, seminal vesicles, cervix, etc, in addition to the treatment of the affected joint (Comberbatch's method) was of special advantage

Fever Therapy While it is known that most striking results have been obtained by fever therapy, the danger of this treatment should be realized "Death has occurred many times from fever therapy in the desire to cure the infection A point that should be emphasized is that the thermal death point of the gonococcus is only one-half degree Fahrenheit below the average thermal death point of man " (Clark[2]) One of the greatest authorities on fever therapy, Dr Walter Simpson,[2] voices a warning that "fever therapy is analogous to a surgical procedure or, in other words, that the patient must be a surgical risk before fever therapy can be prescribed safely" It is notable that the *American Medical Association Journal*[3] and the *Deutsche Med Wochenschrift* refer to this treatment as "heroic" The latter also refers to it as "Gewalt Kur" (brutal cure) and "Pferde Kuren" (horse cures)

For the pathology of the affected joint

* Kling and Sashin have reported (*Arch of Physical Therapy*, 18 333, 1937) results in five cases of gonorrheal arthritis treated with histamine ionization

intestine are small and local, repair with purse-string suture may be attempted If the wound is larger enterorraphy or temporary colostomy should be performed Where there is trauma to the mesenteric blood supply with questionable viability, resection or Mikulicz procedures should be performed In any lesion below the first part of the duodenum it is wise to drain the abdominal cavity Drains should be plentiful and placed in the dependent gutters of the abdominal cavity as well as locally Postoperatively the patient should be placed in high Fowler's position as soon as possible If the wound is high in the duodenum and less than three hours of duration, it is usually permissible to close the abdominal cavity without drainage

The stomach is rarely ruptured indirectly unless distended or having a weak point as an ulcer or carcinoma More commonly it is penetrated by a direct missile The picture presented is that of chemical peritonitis and is identical in symptoms and signs with those of a perforated peptic ulcer Repair is one of surgical judgment and naturally varies with the site and extent of the wound Here because of the upper abdominal wound and the secondary factor of contaminating gastric juices the wound should be sutured most carefully Interrupted as well as continuous sutures should be used in the peritoneum and fascia, and retention sutures of silkworm-gut or black silk added In cases of stomach wounds the abdomen usually may be closed without drainage

Not uncommon, in both direct and indirect injuries, the mesentery is lacerated or torn This is primarily a question of hemorrhage The extent of the injury is of tremendous importance Small hemorrhages may stop spontaneously and form an inflammatory mass. Larger ones may stop spontaneously but very frequently the blood supply to a section of the intestine is shut off and the picture of mesenteric thrombosis develops There is extreme pain and later perhaps vomiting and blood in the stool after gangrene has started Examination reveals little tenderness and rigidity Later of course distention and paralytic ileus are present

Treatment is laparotomy in all cases except when the operator is sure that but a very small hemorrhage not imperiling viability of bowel, is present This of course is rare Occasionally ligation of bleeding points and evacuation of clot is all the procedure necessary More commonly resection of the nonviable bowel as well as ligation of bleeders must be performed It is to be remembered that in the small intestine, tears near the mesenteric base are most serious as a large portion of the blood supply to many feet of intestine may be injured and endangered in a very small wound

Rupture of the diaphragm is rare but is often a very serious injury Pneumothorax with mediastinal shift is always possible Small injuries usually heal spontaneously—large vents should be repaired

It should be remembered that paralytic ileus may follow an indirect injury It is also occasionally found in pelvic or splenic injuries as well as direct injuries to the lower intestinal tract The etiology is neurogenic with reflex cessation or inhibition of peristalsis Nausea and vomiting are early, later there is pain and distention The abdomen is silent to auscultation Frequently this condition is cured spontaneously Surgical pituitrin, pitressin, and prostigmine are useful drugs and Wagensteen apparatus should be used to prevent over distention

In the female during pregnancy both direct and indirect injury may rupture the uterus There is acute shock and hemorrhage Immediate repair is necessary to save life Rarely the nonpregnant uterus, tubes, and ovaries may be perforated directly Hemorrhage is the problem to consider, and suture repair or removal varies with the case

Traumatic hernias are occasionally found Incarceration or strangulation of an already present hernia due to trauma is of course a surgical emergency and should be treated as such

We feel that we should emphasize that in no field of surgery is each case such a distinct individual problem as in intra-abdominal conditions due to trauma

30 E 40 St

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Rupture of the diaphragm is rare but is often a very serious injury Pneumothorax with mediastinal shift is always possible Small injuries usually heal spontaneously—large vents should be repaired

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In the female during pregnancy both direct and indirect injury may rupture the uterus There is acute shock and hemorrhage Immediate repair is necessary to save life Rarely the nonpregnant uterus, tubes, and ovaries may be perforated directly Hemorrhage is the problem to consider, and suture repair or removal varies with the case

Traumatic hernias are occasionally found Incarceration or strangulation of an already present hernia due to trauma, is of course a surgical emergency and should be treated as such

We feel that we should emphasize that in no field of surgery is each case such a distinct individual problem as in intra-abdominal conditions due to trauma

30 E 40 St

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shown by Maragliano[6] He proved by plethysmographic measurements that the vessels of the skin are dilated by salicylate when taken internally It has, therefore, been administered to those of my patients who suffered from insufficient circulation of the extremities in the effort to relieve their pain Sodium salicylate has also a softening or lytic effect on fibrous tissues This explains its desirable action upon fibrous ankylosis which is so often associated with chronic rheumatoid arthritis Judging from my own experience, I feel safe in expressing my opinion that ionization with sodium salicylate is the best treatment for the salicylate group of arthritis It is indicated in all forms and stages of the disease atrophic, hypertrophic (rheumatoid and osteoarthritis) in the chronic stage as well as in the acute and subacute exacerbations In the latter, ionization is, I think, of the utmost importance because thermal measures are then absolutely contraindicated I am convinced that there is no better method to relieve the pain in those exacerbations than by ionization with sodium salicylate (Russian workers have employed in arthritis ionization with calcium They do not seem to be very enthusiastic about the results) This treatment takes care of the inflammatory processes more quickly than any other physical therapy method available

The technic described by me[7-10] previously holds good for all drugs mentioned in this paper in connection with their employment in ionization, except for histamine and mecholyl

In addition to the ionization treatments, ultraviolet general body radiation was employed for systemic effect in all stages of arthritis There is no contraindication to employ these rays in any stage, provided suberythema exposures are employed (Ultraviolet radiation, by the suberythema method, has no clinical contraindications, according to my experience, the one exception being overactivity of the thyroid)

Some believe on the contrary that ultraviolet erythemas are useful because they provoke or increase the defensive powers of the body, acting thus like foreign protein therapy While an erythema may be usefully produced twice or three times, repeated erythemas especially in the weak or sick, according to my observation, are injurious

Reasons for ultraviolet Radiation Arthritics are benefitted by vitamin D which is supplied by the radiation It is, however, worthy of note that the vitamin is destroyed soon after its formation, if too long or too strong exposures are given—in other words, if given to the point of erythema Blood changes are present in both rheumatoid and osteoarthritis Usually a secondary anemia is noticed which is favorably influenced by ultraviolet radiation The latter also favors metabolism, aids digestion, and according to the investigation of Bunker,[5] imparts energy to the body

The ingestion of a sufficient amount of liver should be encouraged because it aids in blood formation Reduction of carbohydrate intake is advised by various workers and articles of food rich in vitamins are especially advocated

The three vitamins considered to be of importance in the salicylate group are B, C, and D The last is supplied by the ultraviolet radiation Vitamin C, which has a favorable effect on the arterioles, is easily supplied by ingestion of citrous fruits

Vitamin B, which is believed to influence carbohydrate metabolism and neuritis, is not easily supplied because the average foods are deficient in this vitamin and because cooking destroys it

The articles of food having high contents in vitamin B are unpolished rice, whole wheat, internal organs, eggs, etc The yolk of the egg is considered an important article in the diet of the arthritic not only because of its vitamin B content but also because of its richness in sulphur, the importance of which in arthritis is a subject much discussed today

It is possible that nature utilizes the sulphur of the body in the repair of arthritis and, therefore, less of it is left for carbohydrate metabolism Pemberton,[11] however, states that "no constant changes in total sulphur metabolism were found to be related to the clinical course of the disease" (arthritis) Senturia,[11] too, found no evidence of disturbance in total sulphur metabolism in arthritics as compared to normals It is my belief that the quantity of sulphur constituting the difference between normal and pathologic

additional local treatment is often necessary even after fever therapy For this purpose, conventional or short-wave diathermy *followed by interrupted* sinusoidalization has been employed by me

It is important that the sinusoidalization or some other form of exercise of the affected joint should be started early It has seemed to me that the ankylosis occurring in gonorrheal arthritis, if neglected, becomes more difficult to manage than that of the rheumatoid or traumatic varieties and a greater percentage tends to become permanent A young woman referred to the clinic for chronic gonorrheal arthritis of the wrist of one year's duration had a completely ankylosed joint All efforts to improve the condition failed This was not the only case I have seen in my experience Such failures were comparatively more rare in the rheumatoid and traumatic varieties, especially in the former, though it constituted probably about eighty per cent of all the several thousands of arthritic conditions under care

Ultraviolet Group

This comprises (a) tuberculous arthritis and (b) psoriatic arthritis

a Tuberculous arthritis In this condition I have employed ultraviolet radiation from the air cooled and water cooled apparatus In the employment of the former, my own suberythema method[5] was strictly prescribed Some workers are employing infrared radiation or short-wave diathermy instead of ultraviolet radiation (I learned about two years ago by personal communication, that in some sanatoria infrared is employed in tuberculous arthritis Liebsny strongly advocates short waves)

I have never utilized any form of ionization in tuberculous arthritis, though in Europe ionization with iodine and calcium (the former on the negative, the latter on the positive pole) for this condition has been employed by some workers

Not many cases of this group came under my care, but those that did benefitted by the treatments The following case of tuberculous polysynarthroditis is, I believe, of interest

A male patient, age four years of Puerto-Rican parents, was referred to the clinic for the treatment of tuberculosis of the facial bones —duration one year (probably longer) The zygomaticofrontal, sphenozygomatic, and sphenofrontal synarthrodial joints on the left side were affected. This was a very pathetic picture. The tubercular pus undermined those synarthrodial joints to such an extent that they became "arthrodial" One could actually feel the separation of the bones and move them with the fingers The pus was oozing out of the outer canthus of the left eye which was much injected, though not yet *tuberculously diseased* I never believed that there was a possible cure for this child, but after eight months of persistent treatment with ultraviolet radiation, local and general, three times a week, the patient fully recovered

b Psoriatic arthritis Some patients suffering from psoriasis complain of pain in the joints The condition has been diagnosed as rheumatoid arthritis These sufferers, however, give a history of a close relationship between the exacerbation and the subsidence of the skin manifestation and the joint pain In fact, whatever tends to relieve the psoriasis relieves the joint discomfort Because of this relationship, the arthritis is regarded as psoriatic

Ultraviolet radiation which has a favorable effect on the dermatologic condition (particularly if the lesions are covered previously to the exposure with crude coal tar ointment, as suggested by Herrick and Sheard*) has also a favorable effect on the arthritis The rays, I am convinced, aid greatly in elimination of the toxic products caused by the lesions which may act as an etiological factor in the arthritis Besides, they possess an analgesic power The treatment was, therefore, given also locally to the affected joint Thermal measures did not seem to benefit this form of arthritis

Salicylate Group

Here belong all those varieties of arthritic conditions in which sodium salicylate is by common consent clinically indicated (rheumatoid arthritis and osteoarthritis, corresponding to the terms atrophic and hypertrophic respectively, also arthritis deformans) In the treatment of this group, the author employs mostly ionization with sodium salicylate Experience with some thousands of such patients proved the paramount importance of ionization with this drug

The action of salicylate by ionization appears to cause vasodilation which influences even the vessels of the skin as

* Crude coal tar, Pulvis Zinc Oxid. āā dr 2, mix with corn starch and petrolat āā oz. 2. Sig cover lesions with a thin layer of the ointment and subject to ultraviolet radiation. (The ointment alone has no effect at all on the lesions)

I noticed that small arthritic joints (interphalangeal) especially of not long duration have appeared to improve more quickly, sometimes astoundingly, with short waves

Because of this peculiar behavior of the short waves, they are not infrequently blamed by some writers as worthless in arthritis Lautman says "Short wave therapy has been widely heralded for the treatment of arthritis So far the results from this type of treatment has been found for the most part disappointing" Lichterman and his collaborators,[14] who employed weak thermal doses in administering short waves in arthritis, claim good results They state "Employing weak doses of short waves, we had almost no failures whether the cases were in the acute, subacute, or chronic stages, with more or less stationary changes in the articular or periarticular tissues"

It is in place here to remark that while some workers believe that it is only the thermal effect that is responsible for the results obtained with short waves, other reliable workers do not share this opinion at all Piontkovsly and Fabricant[15] state that the therapeutic effect of short waves did not seem in their experience to depend on the creation of heat within the tissues, since identical results were obtained with small doses incapable of producing the sensation of warmth I also have had interesting experiences in that direction Lichterman and his collaborators[14] conclude from their investigations and experience that the result obtained by short waves should be regarded as one of the manifestations of the transformation of the high frequency energy within the tissues and the accompanying biological reactions brought forth by that transformation

Taking into consideration these statements it becomes apparent that the establishment of the quality of a short or ultra short wave therapeutic apparatus by means of thermocouple tests, as well as the addition of the word "diathermy" to the terms "short" and "ultra short wave" is unscientific

Fever therapy in rheumatoid arthritis This treatment is considered useful by some workers, and denied by many others Hansson,[16] for instance, states "My experience with hyperpyrexia in other forms of arthritis (rheumatoid) has been discouraging A series of cases of rheumatoid arthritis which I treated with hyperpyrexia showed only temporary relief, and the sedimentation rate was not affected"

Lithium Group

This group comprises gouty arthritis Heberden's nodes, and Still's disease I am inclined to believe that all these three conditions have some common etiologic factor because of the fact that ionization with the same drug—lithium, which is specific in gout*—seems to influence this group more favorably than ionization with any other drug

It was Thomas A Edison who first showed that ionization with lithium was of benefit in gouty arthritis It has been my own experience in treating cases with Heberden's nodes that lithium ionization benefitted the condition more than any other physical therapy method available I, therefore, have thought that Heberden's nodes are probably a form of gout In searching the literature on this malady, I found that Osler[17] writes "Heberden says the nodes have no connection with gout, yet they are often regarded as indicating gout" Luff[18] states "Heberden's nodes are a mild form of gout"

In the case of Still's disease I noticed the same thing, that ionization with lithium influenced this condition more favorably than ionization with any other drug employed in arthritis I have, therefore, put the three conditions—gouty arthritis, Heberden's nodes, and Still's disease—into one group, the Lithium Group

It is worthy of note that diathermy (conventional), which I have tried in many cases of Heberden's nodes, had no effect at all upon them Lithium considerably ameliorated the condition The signs of inflammation—i e the redness, swelling, and the pain—disappeared and the nodes markedly diminished in size They, however, never disappeared entirely even with lithium ionization, which in my experience was the best treatment available for this affection When the progressive improvement from this ionization reaches

* Lithium has an affinity for uric acid

amounts may be so small as to be undetectable

The author has experimented for a number of years with sulphur prepared in a certain way and has found that a quantity less than 1/10 of a grain per day administered to mild diabetic patients causes a disappearance of the sugar in the urine and a reduction of the quantity of the former in the blood, the diet being only moderately controlled [12]

I believe that sulphur and vitamin B play an important role in carbohydrate metabolism (Vitamin B stimulates pancreatic activity and helps to promote normal functioning of anterior lobe of the pituitary body—Funk & Dubin) I suggest, therefore, that they be administered to salicylate arthritis The reduction of the carbohydrate intake, which may cause a weakening effect on the myocardium of the patients would then, possibly, become an unnecessary practice

Case Reports

CASE 1 Mrs F, age thirty-six, was referred to the clinic with the diagnosis of an acute exacerbation of chronic rheumatoid polyarthritis She was a mother of three children She was pale, emaciated, frail-looking, weak, and with no spark of life in her eyes The joint most severely affected was treated daily with sodium salicylate ionization As soon as it was relieved, it was treated only three times a week and another joint more painful than the rest treated daily, etc She also received ultraviolet exposures three times a week The treatments were given for a period of three months with most desirable results When she was discharged, she had no pain in any of her joints She gained weight and looked healthy and rosy When seen the following Winter, she had no complaints

CASE 2 Mrs D, age forty-three, was referred to the clinic for the treatment of osteoarthritis with ankylosis of both knees She had suffered from this condition for three years probably longer Due to the ankylosis, she walked with knees bent at a fixed angle She was treated with conventional diathermy accompanied simultaneously by exercise of the knees for a period of several months without results The treatment was then changed to sodium salicylate ionization followed by interrupted sinusoidalization which was administered three times a week for four months with remarkable results A comparison of the x-rays of the knees taken before and after the ioniza tion treatments showed marked changes in the pathology

CASE 3 Mrs D, age twenty five, a mother of two children, a cardiac patient with a rheumatic etiology, had suffered severely from an acute attack of arthritis of the right sternoclavicular articulation Three treatments by salicylate ionization, given on consecutive days completely relieved the patient

Arthritis deformans The sodium salicylate ionization treatment is also very valuable in patients suffering from this condition Usually patients with arthritis deformans of the hands were referred In these cases, prolonged treatment is necessary to get the desired results

Spondylitis and sacroiliac arthritis I have obtained good results in severe types of these conditions with ultra short wave diathermy (six meters) In some stubborn cases, however, iontophoresis with sodium salicylate had to be resorted to This was preceded by short wave diathermy and followed in some cases by interrupted sinusoidalization

In many cases of spondylitis and sacroiliac arthritis, an accompanying condition may be a myositis, a myalgia, or both, which aggravate the symptoms and interferes with the progress of the treatment Unless one has a method to combat these accompanying conditions, the effort to cure the spondylitis or the sacroiliac arthritis may be useless It has been my experience that the effluve from the Oudin current is specific in myalgia, and infrared radiation specific in myositis

In the treatment of the salicylate group of arthritis thermal measures such as conventional short or ultra short wave diathermy were, of course, also employed when they were indicated In connection with this, I wish to remark that in the majority of cases, short wave diathermy benefitted arthritis of the spine and sacroiliac, more so than the conventional diathermy An occasional patient benefitted more by the latter I have not noticed any advantage in treating large joints with shortwave over the conventional diathermy The pain did not subside more quickly from the former than from the latter Often the beneficial effect of short waves was even less than that of the conventional diathermy *On the other hand,*

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a standstill, conventional or short-wave diathermy may then be tried

The technic of therapy for Heberden's nodes is the same as for arthritis of the interphalangeal joints It is, of course, understood that here a one per cent solution of the Lithium salt is employed Almost all the cases treated by the author were women, their ages ranging from 38–50, i e, they were in the climacteric period The etiology of Heberden's nodes may rest in glandular dysfunctions or endocrinopathies which are common in that age period

Magnesium Sulphate-Sodium Chloride Group

To this group belongs traumatic arthritis It should be given proper attention and as early as possible In the acute and subacute stages, in my experience, ionization with magnesium sulphate gives the most desirable and sometimes dramatic results

This drug is characterized by its anesthetic effect, so much that it has been substituted for cocaine in some surgical operations Magnesium sulphate has a biologic effect on acute inflammation due to trauma It causes the tissues to lose alkali thus relieving pain In the acute stage of the trauma pain is due, aside from other factors such as edema, anoxemia, etc, to a disturbance in the hydrogen ion concentration The hydroxyl ions (the alkalinity) increase Alkali is a stimulant, an irritant, and when present in a relative excess becomes a factor in the causation of pain Magnesium ions have a favorable influence on local edema, according to my experience

In the protracted condition of traumatic arthritis characterized by edema, but without adhesions, ionization with magnesium sulphate followed by interrupted sinusoidalization is probably the best method of treatment It is here in place to mention that I employed the same method in stubborn edema in fractures of the extremities with remarkable and even dramatic results[13] While interrupted sinusoidalization alone is of benefit in *traumatic edema, preceded,* however, by ionization with magnesium sulphate, it is of still greater value

Turrell[20] apparently only recently noticed the useful action of interrupted sinusoidalization in edema He characterizes its beneficial effect as follows "The sinusoidal current of lower voltage and greater amperage stimulates all tissue cells within the bi-polar path, recurrent hydrogen and hydroxyl concentration taking place at every interruption simultaneous with the neuro-muscular response This current has, therefore, nutritional effects and is especially indicated in the treatment of edema of extremities"

In the chronic stage of traumatic arthritis with adhesions I employ ionization with sodium chloride This ionization exerts a lytic action on fibrous adhesions when employed with the negative pole.* The treatment is followed by interrupted sinusoidalization

Case Report

CASE 4 Miss S, age twenty-eight, fell and severely injured her left knee She came under the care of an orthopedic surgeon who diagnosed the case as traumatic arthritis complicated by synovitis and possible injured semi-lunar cartilage He put the knee in a cast for four weeks This treatment, however, gave no relief The pain was unbearable, interfering with rest and sleep The surgeon decided that an operation was inevitable, but the patient refused surgery The orthopedic man and the family physician then agreed to give physical therapy a trial, and referred her to me with a request for short-wave or conventional diathermy The patient came in limping supported by a cane She complained of pain, "locking" and a sensation of throbbing in the knee which was red, swollen, tender, and imparted a warm sensation to the touch more marked than in the other knee. There was considerable limitation of motion and

*Sodium salicylate and iodine also possess this lytic quality but to a less degree. The negative pole alone possesses a lytic action which is increased in the presence of sodium chloride The chlorine ions liberated by the galvanic current beneath the material soaked in the sodium chloride solution penetrate the superficial and gradually the deeper tissues, exerting a lytic action on the fibrous tissue there Sodium hydroxide, a mild caustic, is also formed, which influences superficial fibrous tissue such as light scars The author has occasionally combined sodium chloride in certain proportions with other drugs which he has employed in ionization with the belief that the combination yields better results

apparently interference with circulation, for the entire lower leg was swollen, blue, and cold My opinion was that the request for thermal *measures was illogical* as an inflammatory process was still going on in that knee. Because, however, of the chronicity of the case, I cautiously administered the thermal measures requested by the physicians The result was that the pain became more severe and the patient more discouraged I advised the doctors that in this case the most suitable treatment was ionization Six ionization treatments given on consecutive days with magnesium sulphate, markedly relieved the pain This ionization treatment was continued until the pain completely disappeared It was then changed to ionization with sodium chloride followed by interrupted sinusoidalization to take care of the adhesions caused by the cast. Occasionally the ionization treatments were interchanged by short-wave diathermy, followed by massage. The patient received a total of fifty treatments with excellent results

Iodine Group

Little work has been done on this ionization in the United States Ionization with iodine has been employed by Vienna workers in surgical tuberculosis including tuberculous arthritis I have employed this ionization in pyogenic and infective arthritis caused by wounds, in the absence, of course, of any pussy matter Iodine is employed with the negative pole Devitalized tissue cells are stimulated to activity by that pole (Because of its biologic effect, it causes an increase in the [OH] ions which are stimulative) In the presence of iodine, the stimulative *effect is increased* The germicidal effect of the drug adds to the advantage

Comments

Ionization methods in conjunction with interrupted sinusoidalization (as here described) appear to accomplish great clinical improvement by affecting the inflammatory process in arthritis

In particular they benefit greatly the chronic stage and influence ankylosis probably better than any other method available

Summary

Ten years' experience in treatment of arthritis by physical therapy methods has been presented with special reference to iontophoresis

Close personal supervision from beginning to end of treatment in a very large number of patients led to the conclusion that they could best be classified into six groups on the basis of the particular therapy that proved most favorable in each group—(1) The Thermal group (2) The Ultraviolet group (3) The Salicylate group (4) The Lithium group (5) The Magnesium Sulphate-Sodium Chloride group and (6) The Iodine group

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I sneezed a sneeze into the air,
It fell to ground I knew not where,
But hard and cold were the looks of those
In whose vicinity I snoze —*Epitome*

"An exclusive vegetable diet will make you beautiful," asserts a woman columnist. Lady, did you ever take a good look at a hippopotamus?—*Thomaston (Ga) Times*

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plete, well-balanced accomplishment, that value which develops from well-rounded general management Mary was a "stunter" —she did two stunts well—two marvellous stunts according to us men—but she stunted the growth of her home The home-maker must be a general manager or there will be wanting in that home the order, the style, the atmosphere, the influence in the community and the influences upon children which are unconsciously woven into their natures Yes, John and Mary had children—fine children—but we doubt if any of them would today realize what is meant when you say "The beauty of the house is order"

The stores in which you elect to buy have something more than goods with which to attract and please you You can purchase the same manufacturer's blankets, towels, baby-carriages or canned corn, luggage, bacon or safety pins, at about the same price in two different large stores You automatically choose the one where the beauty and color of arrangements are not all in the exaggerated show-window When you walk in and find the atmosphere of the show-window enhanced, and each counter or section brings new and increasing volume and charm of arrangement, you are much impressed with the values of the goods When you enter the other store where aside from the show-window you receive impression of chaos—more and more expansive chaos as you go—you do not wish to buy—the disorder detracts from the desirability of the goods If the sales girls are surly, say "that is all we have" when you can see many other varieties of the needed article directly before you—that means poor selection or training of sales-force or both The lighting, the ventilation, the atmosphere of pleasant friendliness and desire to accommodate are all elements in the general management of a store upon which may depend success or failure in business Price counts! Yes—but general management more

Visit any factory and envisage the activities that produce necessities and luxuries by cleverly general managed proceedings Each detail is simple enough but the methods of combining and correlating them makes it possible for anyone who chooses to own wonderful possessions at an excessively low price The automobile assembly-line is an interesting example

* * *

The hospitals of America demonstrate many kinds of management systems A hospital is a hotel embellished by service to the sick and injured It would seem reasonable to expect the hotel section to be best managed by a person conversant with hotel operation More reasonable would it seem to have the service to the sick managed by a physician who has a talent for administration Still more reasonable would it seem to have its Board of Directors largely medical or scientific men Taking a birds-eye view of hospital management and you see a heterogeneous crowd of persons most of whom know nothing about the conduct of hotels except what they learn at the expense of the hospital Except for a few medical superintendents the only persons educated in the care of the sick in the remotest way are graduate nurses who are supposed to be physicians' helpers Of course it all depends what the objectives of general management are. We physicians think that the original, primary, most important objective is the salvation and relief of human beings in physical (and perhaps mental) trouble

If there were more physician-superintendents with experienced hotel executives as assistants the economics of hospital management as well as efficiency would unquestionably be served A brilliant example of what may be accomplished by physician management is the outstanding accomplishments under gifted experienced Commissioner of Hospitals in New York City under Mayor LaGuardia, handicapped as he has been by the maintenance of palaces built extravagently under previous unreformed administrations When we consider the background, previous experience, and non-scientific education and associations of most superintendents, many of them must be praised for their records Viewed with clear-visioned criticism of the management of dollars for sick-care, many fall so far short of the ideal as to make angels of mercy weep

The objective of some hospital superintendents seems to be securing profit from competing, at ruinous charges, with physicians immediately surrounding the institution, by emergency ward service, dispensary and even ward service to those able to pay and requiring their unpaid staff to perform

Preventive Medicine

An Evaluation of General Management

CHARLES H GOODRICH, M D, *Brooklyn*

Presidential Address

There has recently been published an account of a new business developed at Hollywood by which the control of the financial affairs of the actors is entrusted to management companies These relieve the previously struggling artist of the responsibilities which go with an increase of his income to one or two hundred times what it formerly was "They can forget home, business, and personal worries" The star turns over all pay checks The firm works out a scientific budget and makes him adhere to it If he wishes to give a reception costing several hundred dollars over his weekly budget he is told that he cannot do it Help is hired and discharged by them and they take care of all bills and investments They obtain prices from several dealers and buy advantageously Considerable time is given to looking after his relatives "Anybody in Hollywood who is not keeping at least a half a dozen families is hardly a star" His personal expenses are neatly budgeted often as low as Fifty Dollars a week out of a salary of Two Thousand Dollars But they humor their clients as much as they can and provide for their future The hope is that when the stars cease to be great they may not have to struggle for work as extras We happened upon this modern note after our talk was planned and substituted it for the ancient poetry originally set down as a suggestive introduction

When John married Mary she was noted among her friends as a great cook Her mother had trained her to cook She was a fine seamstress, too, and John was very proud of their grand meals, and dainty linens with their hemstitching and embroideries John enjoyed working about the house and he chopped wood, mowed the lawn, raked leaves, and trimmed the flower beds It was not many months before there dawned upon him the impression that all was not well *within* the home The food was delicious (even on their limited budget), her rejuvenated left-overs were appetizing, her vegetables and desserts were luscious, and the table appointments perfect How ever, the closets were always in disorder, shoes scattered about, and it was often difficult to find something he needed, when hidden in a pool of lingerie. Then there was the little room which they planned for his "den" or "study!" After six months it was still piled with boxes and baskets and blankets and clothing and numberless little and big affairs that Mary had brought from home to add to their possessions—none es sential to every day living—but needed to be classified and placed where they belonged. When John gently suggested that they must get that room in order Mary was cross for the very first time No "den" for months more! When the laundry was done or sent some of John's essentials were often forgotten and he did emergency shopping using money he had planned for something else—usually something to please Mary! If there is anything which enrages an adoring husband it is his wife's upsetting his secret plans to delight her!

Working on a strictly cash basis Mary would let a bill go because she had no change, and many little delinquencies came home to roost weeks afterward She would lack some essential for housekeeping at critical moments and somebody, usually John, had to walk or run downtown and secure them Mary never saw dust, or dirt, or disorder except in the dining room and bed-room These were always in perfect order! Twenty years and more we followed Mary and John—and Mary never excelled in general management. She was a talented cook and an artistic seamstress She was a specialist! She and her husband were happy together, they prospered, but their home even with servants to help, was never what it might have been It lacked that thoughtful correlation of all essential factors into a com-

Read at the Annual Dinner, Rensselaer County Medical Society, Troy December 15 1937

we should sometimes *ask ourselves* if we are using general management in our cases to the full therapeutic degree

* * *

It is in *life* itself that we see the magnified importance of general management and that general management should begin its efficiency about the time the new baby has its first bath Someone has said "Give me a child during the first five years and I will determine his character and industry"

We shall not discuss the tremendous field suggested What should interest *us physicians* and the gentle martyrs who patiently companion us, is the general management of body and mind of ourselves and our patients which will make life most healthy, efficient, comfortable, and happy, a life of physical liberty—not license—and one that can be viewed in retrospect at any point with serene content We can best contribute to this end by a continuous program of preventative medicine especially that feature which gives us a long-handled lever to regulation—the Periodic Health Examination

We are familiar with the very modern fashion of taking the baby or the small child to the physician monthly or bi-monthly for examination, checking up weight and nutrition and the giving of general guidance The outgrowth of this excellent regime among the intelligentsia has been the well-baby clinics in Hospital Dispensaries and Municipal Health Centers Did you ever compare the children in one of these clinics with the average child of the tenements *before* there were such clinics? The contrast is amazing!—so is the mortality among children today as compared with thirty years ago, especially in the large cities! These well-baby inventories with advices have had a tremendous influence, all agree Then why not the same process for ourselves, our partners, our athletic youths, and flowering maidens?

This Periodic Health Examination is not only material insurance for the examinee but affords him the opportunity of calm intellectual consideration with the physician of physical and nervous conditions while he is apparently in good health Little ills can be swept away by a few general directions or trifling therapeutic procedures The direct object of these annual or semi-annual audits is, of course, the preservation of Health This is accomplished by recording the normal and abnormal conditions found and giving instructions so that the abnormal may be eliminated before physical or mental handicaps ensue.

Carlyle once wrote "The healthy know not of their health—but only the sick. This is the physicians' aphorism and applicable in a far wider sense than he gives it" Perhaps he was *suggesting* Periodic Health Examinations!

It remained for Voltaire to become even more suggestive in the remark that "The fate of a nation has often depended on the good or bad digestion of a Prime Minister"

Aside from their peculiar and impressive benefits to the individual examinees there are certain by-products which recommend these inventories to the mind of the earnest scientific physician Of these by-products we have elsewhere spoken and written and we would feel complimented if you will read of them in the January 15 JOURNAL [page 127]

Thus we can conclude that, regardless of the priceless value of the diagnosis and treatment of disease which we now largely practice because of the urgent demand of the public and our own intense interest, prevention is a larger and more fruitful field in the *general management of life* The scope of this prevention was suggested in an address to the House of Delegates at Rochester (1937), and a review of this may be of advantage tomorrow or soon Some of it lies in the domain of Health Department action This should excite our interest, not the disposition of it with a "Let George do it" gesture For Health Departments need our cooperation as urgently as we need theirs, and in our own State as well as in many others the mutual endeavors are ideal Current cooperation is making health history We should be constantly urging proportionately greater appropriations for Health Departments for most of the physician employees are grossly underpaid besides having such niggardly sums with which to work as to tax their utmost ingenuity and wisdom to say nothing of health The disproportions of appropriations can be illustrated by a page of recent history in New York City For years there has been an agitation for a change in the Fire Department from the two platoon system to the three platoon system This

the essential service without compensation This type of procedure may seem to help the hospital overhead but it embitters the neighborhood physicians and this unfavorable reaction spreads to members of the staff and engenders unpleasant, defiant outbreaks in the Halls of Medicine With physician management the disadvantages to everyone concerned, including the pauperizing of otherwise self-respecting people, would be clearly seen and except for needed emergency care patients would be referred to their family physicians

There is no field today, except some governments, that would extend its usefulness more vividly by improved general management than that occupied by the general hospitals However, it requires leadership, even statesmanship, among medical men

* * *

When physicians come to respond to the demand for their help by those who are ailing we meet with certain difficulties We once cared for a high-born lady whose prides were her social position, her clothes and her self-will She had dispensed with her husband She ate what she liked, never exercised, played bridge without mercy, and was always in trouble with somebody To use her own words she "lived on excitement" Periodically she had severe attacks of toxic migraine (headache) as agonizing as we have ever observed, with violent gastric protestations, which had been daily gathering force since the last attack

Her only use for the physician was during such an attack Then she was too ill to advise regarding anything but immediate relief As soon as relief arrived she reported well and resumed her turbulent campaign of uselessness After a few years of this she suffered an especially intense and prolonged seizure, and begged for *any* measure tending to prevent her suffering We agreed to call upon her the day after the attack was over and outline a regime expected to help her in time She permitted us to call when she was still limp and pallid—and expecting her to be clay in the hands of the potter, we outlined a regime of diet, water drinking, and exercise, quite different from her habits We read from the outline carefully prepared for her She listened, received the paper tore it up at once and said, "Doctor, you know I will not do any of these things I do not care to eat slops—I won't drink water, it's inconvenient, and as for a daily walk and the calisthenics, I won't bother,—give me some medicine and *let* me get well" That lady needed very little medicine. She needed a *regime of general management*

Lacking appreciation of the importance of general management, many people slip into ghastly conditions They will conscientiously take all the medicine we will prescribe, they will accept surgery with grace and without any or much question, but ask a frail lady with arteriosclerosis and chronic cold feet to wear woolen stockings by day and bed-socks at night and see her face curdle! Or advise a merry jocular cardiac gentleman to cease smoking and note the severe contour of his jaw! Or urge Mrs Plumpity to eliminate sugars, cream, mayonnaise, and pastry from her diet and note the sudden pallor and shock of desperation! The values of *sleep, rest, fresh air, exercise,* the needed *ration of fluid,* the *dietary* fitted to the expenditure of heat and energy, are recognized theoretically by almost all intelligent persons—but if the physician prescribes these things in proper doses and at the best hours they feel that he has departed from his science, and trodden upon treasured possessions all their own. Whereas the *general management* of most cases, whether bed-fast or ambulatory, is of such importance that without it much medical and surgical care is unduly prolonged or unsuccessful The modern serum treatment of pneumonia is urged only *added* to adequate nursing, plenty of fresh air (or oxygen), rest and sleep, and ideal hygiene Obesity, a real disease, needs only dietary adjustment and exercise except in endocrine cases Moreover, obesity is the largest single cause of diabetes The *early* nephritic or cardiovascular needs regulated diet, water drinking, rest, and exercise more than he needs medicine Give him medicine and let him otherwise run wild, and he is badly treated Many of the commoner forms of modern physiotherapy can be classified as general treatment massage, passive exercise, hydrotherapy, and others

Thus while we seek to elevate the standards of practice one of the momentous duties of physicians and their ladies is the education of the public in the value of *general management* of illness great and small As we seek to teach others perhaps

we should sometimes *ask ourselves* if we are using general management in our cases to the full therapeutic degree

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has recently been voted and approved by the Legislature

We are informed by credible authority that this change, involving the employment of fifty per cent increase in the number of firemen, provides for an added appropriation for the Fire Department which exceeds the entire appropriation for the Health Department. You can rebuild houses! Should we watch undisturbed the destruction of human lives because of scrimping appropriations? Tax payers *can* be made to understand the need for greater appropriations for health work Henry Vaughan has done it with the cooperation of the Wayne County Medical Society in Detroit

Thus it appears that *our* contribution to the essential *general management of life* can be immediately expanded by employing a broader concept of our duties which embraces the prevention of injury and disease enthusiastic education of the public in the desirability and value of prevention especially through Periodic Health Examinations, the re-preparation of ourselves to fully meet the demand we create, and the provision for ourselves and our families of such preventive measures as will make our public envious and clamor to be in style and up-to-date. This will naturally involve some alterations of *our* conduct for we must all abide by the judgments and directions of our Periodic Health Examiner and report for record every six months The results would be astonishing to most of us

Without swerving from our magnificent purposes in life we could fulfill these purposes more efficiently and dodge many little uncomfortable handicapping ills Moreover we could sidetrack cerebral accidents and coronary thromboses which now deplete our ranks with increasing frequency and distressing discrimination

It seems particularly consistent and important for us the physicians of this fascinating perilous day to thus *emphasize in precept, practice, and example the general management of life itself* through Preventive Medicine

BETWEEN MENTAL HEALTH AND MENTAL DISEASE

B LIBER, M D, DR P H, *New York City*

Editorial Note Under this title will appear short summaries of "transition cases" from the service of this author in the New York Polyclinic Medical School and Hospital The descriptions are not complete clinical studies, but will accentuate situations from the point of view of individual mental hygiene such as crop up in the every day practice of medicine

Low Mentality

Some years ago, during a strike of coal miners in Pennsylvania, when the local physicians were intimidated by the employers' agents and secretly forbidden to take care of the strikers and their families, an appeal was made by the workers' committee to distant physicians And one New York doctor volunteered to serve freely for several weeks as a general practitioner—internal medicine, minor surgery, etc It was a dangerous business, since the masters' men, all powerful, controlled the countryside and waylaid anyone who helped the strikers He was fully rewarded, however, by learning who those miners were and how they lived He saw many of them, every day in a different town or camp He received his patients, in most cases, in some tent, or shack, while a long line of them was extending outside into the field. To be sure, he was unable to do anything to remedy their insufficiency of food or their lack of shoes and so the value of these consultations was quite limited This is not the place to go into details, which were all extremely interesting The one outstanding fact was that the majority of these hard-working men and women of foreign origin had, in spite of their bitter poverty, enormously *large families* Some enjoyed or were hampered by as many as fourteen or more children and the couples who, before the age of thirty, had six, were not rare *Mortality among the offspring was high, but mental deficiency was comparatively even higher* There was profuse quantity, but poor quality—a fact from which we should learn a lasting *lesson in preventive medicine*

Not only the workers were affected by the strike, but the small dealers and shop keepers of the entire region as well They, although slightly better off financially, were not far removed from their customers and were just as prolific as the latter Several of these people, the most impoverished of them, came to see the city physician

In one especially afflicted family, where the father, a store owner, was dull himself,

one-half of the children had been more or less below normal Fortunately for them they were physically just as unfit and all the mentally deficient ones but one died.

This child, otherwise in good health, was brought to a New York mental hygiene clinic years later The family meanwhile had established itself in a town close to the Metropolitan area

An Italian girl of twelve, then, comes with her mother and makes an excellent impression.

She happens to be pretty and, at the first glance, her eyes betray intelligence Or are we bribed by her beauty? Who knows, by the way, how often we are unjust to bright people who are homely?

But what bitter disappointment when she opens her perfect mouth!

It is a so-called "borderline" case She is *much behind in school, plays with children a good deal younger than herself* She knows well those things that have been repeated to her many times She is always trying to guess—unsuccessfully—but never attempts to understand the question She spells "nkot" for "knot" because she knows that these letters are components of this word, but she does not care how the letters are arranged "Leatst" stands for 'latest", "mnoutain" for "mountain", "frineds" for 'friends", "ym" for "my", "swa" for "was", "scaer" for "scare", "readres" for "readers", "theet" for "teeth", "seplling" for "spelling" Also "wouan" and "wonan" for "woman", "swept" for "sweet", "autonbile" for "automobile" Where she has forgotten what letters the word contains, she ignores them

She is a *quiet, submissive* type Playful, happy

Mother says she *never asks questions*

The small problems, as, where to hang her overcoat in the room, how to buy a pair of shoes (her mother planned to go to a shoe store on the same day), are difficult to solve.

The medicine closet in the Clinic is a "bureau" Asked why the closet has glass doors, she says "because windows"

She owns five pairs of shoes Asked how many single shoes it makes, she says "nine" But one can see she is guessing, not figuring

Asked how long it took her to come to the hospital from her house, she cannot answer When asked how many hours, she says 'three" And when her mother protests, she says "four" Again only guessing

She is always looking to the mother for approval or disapproval

One gains the impression that to ordinary things in life she applies her school method learning by heart, guessing Whenever she is unable to do so she gives up

A letter from school states that patient's mental age is "seven", her IQ 85

Before going further I wish to remark that the phrase or expression *"mental age'* is erroneous and misleading and should be abolished A child of seven is usually highly intelligent and mentally very alert, indeed much more so than the average adult and also perhaps more so than he himself or she herself will be later in life The only superiority of the older person consists ot the advantage gained by experience and training, which really correspond to mental culture, in the same sense as body strengthening is acquired by physical culture. Now culture undoubtedly improves the mind and it may broaden intelligence, but not always so It is certainly unfair and a great mistake to say that a deficient or 'borderline" child of twelve or a semi-moron of twenty or of any age may be compared to a mentally normal child of seven or of whatever age

There is but little to be done in a case of this sort Nothing in the world can give this girl the intelligence with which she has not been endowed by nature. In the course of the years some training will help, she will learn a few things, but she will never amount to anything worth while

We should warn the parents about the dangers lurking in the rapidly oncoming adolescence, particularly in a child who is physically so attractive

And, seeing that the mother, who is of average or adequate intelligence, in her great desire to enhance her daughter, is giving her instructions which can never have any effect it is our duty to explain to her what a child of this sort must learn

This mother is committing the error of supplementing at home the schooling to which her girl is so indifferent She is teaching her spelling, arithmetic and other academic subjects which mean nothing to a mentality of this kind

A backward child should learn the *practical things* that it will need to know like buying something in a store, taking and giving change, dressing and undressing, easy work in the house, names of common objects, how to go about town and soon and if necessary and possible, to earn a living by some simple trade

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"Insomnia is nothing to worry about," according to a physician Maybe not, but we always lose a lot of sleep over it—*St Louis Star-Times*

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EDITORIALS

Medical Care for All the People

(Leading Editorial, reprinted from the Journal of the American Medical Association, January 15, 1938)

Under the leadership of many county medical societies, with the approval of the state medical societies and in accordance with the actions of the House of Delegates of the American Medical Association, definite provisions for medical service to the indigent and to those partially able to pay have already been established in various parts of the country Hundreds of such plans have been reported to the Bureau of Medical Economics of the American Medical Association and many of them have been described from time to time in considerable detail in the Organization Section of *The Journal* In the state of Pennsylvania seventeen counties now have such plans actively in effect In the state of Iowa many county medical societies have taken over completely the medical care of the indigent In Kansas, in California, in Michigan, in Missouri and in many other states, plans already functioning seem to have solved to a large degree the question of preventive medicine and medical care for the people covered by these plans

At its annual session in June, 1937, the American Medical Association reaffirmed its willingness to do its utmost today, as in the past, to provide adequate medical service for those unable to pay either in whole or in part for medical care. At that time the American Medical Association also officially reaffirmed its willingness, on receipt of direct request, to cooperate with any governmental or other qualified agency and to make available the information, observations and results of investigations together with any facilities of the Association The Social Security Board, the United States Public Health Service, the bureau devoted to maternal and child welfare in the Department of Labor, and many other government bureaus, commissions and agencies are known to be engaged in studies of health services which may yield information of importance in planning for the future Thus far no call has come from any governmental agency for the cooperation of the American Medical Association in studying the need of all or of any groups of people for medical service, or to determine to what extent any considerable proportion of our public are suffering from lack of medical care

At the meeting of the American Public Health Association, held a few months ago in New York City, an address was

made by Miss Josephine Roche, third assistant secretary of the treasury and in charge of the United States Public Health Service, in which she emphasized to that organization the importance of determining and meeting as soon as possible the actual needs of the indigent and of those partially indigent in relationship to medical care Moved perhaps by her appeal, the American Public Health Association appointed a committee to confer with the Board of Trustees and the officers of the American Medical Association with a view to stimulating medical organizations everywhere toward greater activity in this matter That committee met with the Executive Committee of the Board of Trustees of the American Medical Association in Chicago late in December As a result of that conference the following resolutions were adopted by the Board of Trustees

> WHEREAS, A varying number of people may at times be insufficiently supplied with needed medical service for the maintenance of health and the prevention of disease, and
>
> WHEREAS, The means of supplying medical service differ in various communities, be it
>
> *Resolved,* That the American Medical Association stimulate the state and county medical societies to assume leadership, securing cooperation of state and local health agencies, hospital authorities, the dental, nursing and correlated professions, welfare agencies and community chests in determining for each county in the United States the prevailing need for medical and preventive medical service where such may be insufficient or unavailable, and that such state and county medical societies develop for each county the preferable procedure for supplying these several needs, utilizing to the fullest extent medical and health agencies now available in accordance with the established policies of the American Medical Association Be it further
>
> *Resolved,* That the Board of Trustees of the American Medical Association establish a committee to cooperate with the Bureau of Medical Economics in outlining the necessary procedures for making further studies and reports of the prevailing need for medical and preventive medical services, and that the Secretary of the American Medical Association arrange to develop such activities through the secretaries of state and county medical societies in each instance, urging the formation of special committees in each county and state where committees are not available for this purpose.

The undertaking proposed by this resolution is an attempt to apply on a nationwide scale the best features of the numerous plans already in effect, utilizing in each county to the fullest extent the resources there available Thereby it becomes possible for the organization to act specifically as a clearing house in the initiation, development and functioning of what may well evolve into a comprehensive system of medical care for all the people according to the American plan of medical practice

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Realism in Government

Governor Lehman's voice has been raised more than once during the past year in favor of governmental self-restraint His Jackson Day address again gives hope that as long as he remains in office New York State will not overstep its proper functions—in medicine or anything else

Mr Lehman holds to the time-honored creed of this country, viz, that government should be the servant and not the master of the people The principle of compulsory sickness insurance, by which the state establishes rigid control over the people in one of their most intimate concerns is wholly alien to the American tradition

Speaking of political party, which he likens to government, Mr Lehman declares, "It must be sensitive to the needs of the people—open-minded but not visionary— progressive but not impractical, and finally it must be responsive to the realities of today and the hopes of tomorrow, as well as to the traditions of yesterday" These words describe everything that the adherents of compulsory sickness insurance are not

From the time the health insurance bug bites a politician, he becomes incapable of viewing it or anything pertaining to it clearly He closes his mind to international morbidity and mortality rates, which clearly demonstrate the superiority of independent practice He refuses to face the staggering administrative expense, the red tape, the bureaucratic muddling which make it impossible for obligatory insurance systems to deliver high grade medical service at low cost

We need realism, as Mr Lehman says—in government, in social leadership, and in medicine—and the proposal of compulsory sickness insurance for this country is anything but realistic It fails to take care of the large number of indigent and unemployed who are our greatest problem It does not even provide for all workers in the low-income class. It raises the cost of living and lowers the standards of medical care—a combination doubly dangerous to health

Speak Up, Mr President

The weeks are slipping by and no food and drug bill has made its appearance in Congress Unless some one with influence takes the initiative, there is danger that this important legislation will be lost in the press of larger political issues

It would be entirely compatible with President Roosevelt's interest in public health if he gave the necessary push to start a suitable control bill on its way There are plenty of Senators and Congressmen who would be willing to introduce such legislation under the aegis of Presidential approval Mr Roosevelt is a good fighter for anything in which he believes Surely he must recognize the need to prevent a repetition of the country's tragic experience with "Elixir Sulfanilamide"

The deaths attributed to the latter have served to focus public attention on the inadequacies of existing food and drug legislation Actually they represent only a fraction of the annual mortality from dangerous and useless nostrums Many preparations which do not kill outright are guilty in an indirect way Their advertisements, promising impossible cures, persuade the ignorant to delay authentic treatment until it is too late.

Some manufacturers who would hesitate to do physical injury think nothing of robbery They charge anywhere from a dollar to ten for a cheap product—worth ten or fifteen cents or even less—which cannot possibly perform what they promise for it This is not fair trade, on which the President lays so much stress

Once a control bill reaches Congress, it will face a stiff fight The drug and cosmetic lobbies have strong allies in both Houses There will be little chance of enacting a vigorous law at the present session unless it is introduced soon, so that public opinion has time to make its influence felt

No legislation is closer to the health and welfare of the average man than an adequate food, drug, and cosmetics control law None is more necessary to his safety In the absence of other responsible leadership, President Roosevelt should bring his great influence to bear in favor of such a measure.

Prophylaxis of Measles

While the mortality from measles in itself is not high, the pulmonary complications which so frequently accompany it makes it rank as one of the most serious diseases of childhood The usual methods of prophylaxis are often of little avail

because of the prolonged period of incubation During this stage of invasion, measles can be rapidly disseminated through contact Unfortunately, there still exists, among the greatest portion of our population, the misconception that measles is just one of those things that every child has to have Many parents deliberately expose their children to definite contacts simply to "get it over with"

The efforts which have been exerted by the medical profession in its endeavors to control the ravages of pneumonia have included the prevention of all conditions which predispose to its occurrence While no specific prophylactic measure is at present available for measles, it has been demonstrated that convalescent or immune serum is highly effective as a means of lessening the incidence of this disease From a comprehensive survey of this subject, Hyland and Anderson[1] have shown that measles can be prevented among the greatest proportion of contacts Of over three thousand cases which had been exposed to measles in schools and hospital wards, 83 9 per cent escaped the disease entirely following the administration of convalescent serum The others who contracted measles exhibited an attenuated form of the disease in all but 2 6 per cent of the patients studied What is of the utmost significance, however, is that pulmonary complications were limited to only *seven* among the 3,610 cases who had been given serum as a preventive, whereas in the control group of 626 cases, fifty-three complications and nine deaths occurred

Hyland and Anderson feel that the prophylactic value of convalescent serum definitely has been established While whole blood can be used, serum alone is preferable because of the smaller dosage required and the avoidance of a hematoma at the site of injection The use of immune adult serum, while not as effective as the convalescent serum, should be resorted to as a preventive measure at such times when the latter is not readily available

1 Hyland C. M and Anderson L R. *Arch. Pediat* 54 653 1937

The Endocrine Factor in Eclampsia

The etiology of eclampsia still remains one of the unsolved problems in gynecology Many theories have been advanced for its appearance during the later stages of pregnancy, among the most prominent of which has been that explanation based on an impairment of renal function Others have held to the opinion that the eclamptic state is the result of the liberation of toxic substances during the period of gestation None of these premises, however, has supplied the answer to the prophylactic aspect of this question

The intense interest which has been manifest in recent years concerning the role of the endocrine glands in the functional activity of the female genital organs has stimulated workers in this field to investigate the relationship of the organs of internal secretion to the incidence of the toxemias of pregnancy Baer[1] and Pardy[2] demonstrated an increase in the basal metabolic rate during the later months of normal pregnancy Plass and Bogert[3] have shown that a diminution in the plasma proteins occurs in the toxemia of pregnancy—a condition which likewise can be induced by abnormalities of the endocrine system These reports tend to confirm the belief that an endocrine imbalance may be the responsible factor in the production of eclampsia

Recently, moreover, Vorzimer, Fishberg, Langrock, and Rappaport[4] have studied this subject from the clinical aspect In a group of unselected patients, these investigators have determined that women who have stigmata of endocrine disturbance are very prone to develop a toxemia during pregnancy A tendency

1 Baer *Am J Obs and Gyn* 2 249 1921
2 Pardy *J Iowa Med Soc* 25 493, 1935
3 Plass and Bogert *Bull Johns Hopkins Hosp* 35 361, 1934
4 Vorzimer Fishberg Langrock, and Rappaport *Am J Obs and Gyn* 33 801 1937

Speaking of political party, which he likens to government, Mr Lehman declares, "It must be sensitive to the needs of the people—open-minded but not visionary— progressive but not impractical, and finally it must be responsive to the realities of today and the hopes of tomorrow, as well as to the traditions of yesterday" These words describe everything that the adherents of compulsory sickness insurance are not

From the time the health insurance bug bites a politician, he becomes incapable of viewing it or anything pertaining to it clearly He closes his mind to international morbidity and mortality rates, which clearly demonstrate the superiority of independent practice He refuses to face the staggering administrative expense, the red tape, the bureaucratic muddling which make it impossible for obligatory insurance systems to deliver high grade medical service at low cost

We need realism, as Mr Lehman says—in government, in social leadership, and in medicine—and the proposal of compulsory sickness insurance for this country is anything but realistic It fails to take care of the large number of indigent and unemployed who are our greatest problem It does not even provide for all workers in the low-income class It raises the cost of living and lowers the standards of medical care—a combination doubly dangerous to health

Speak Up, Mr President

The weeks are slipping by and no food and drug bill has made its appearance in Congress Unless some one with influence takes the initiative, there is danger that this important legislation will be lost in the press of larger political issues

It would be entirely compatible with President Roosevelt's interest in public health if he gave the necessary push to start a suitable control bill on its way There are plenty of Senators and Congressmen who would be willing to introduce such legislation under the aegis of Presidential approval Mr Roosevelt is a good fighter for anything in which he believes Surely he must recognize the need to prevent a repetition of the country's tragic experience with "Elixir Sulfanilamide"

The deaths attributed to the latter have served to focus public attention on the inadequacies of existing food and drug legislation Actually they represent only a fraction of the annual mortality from dangerous and useless nostrums Many preparations which do not kill outright are guilty in an indirect way Their advertisements, promising impossible cures, persuade the ignorant to delay authentic treatment until it is too late.

Some manufacturers who would hesitate to do physical injury think nothing of robbery They charge anywhere from a dollar to ten for a cheap product—worth ten or fifteen cents or even less—which cannot possibly perform what they promise for it This is not fair trade, on which the President lays so much stress

Once a control bill reaches Congress, it will face a stiff fight The drug and cosmetic lobbies have strong allies in both Houses There will be little chance of enacting a vigorous law at the present session unless it is introduced soon, so that public opinion has time to make its influence felt

No legislation is closer to the health and welfare of the average man than an adequate food, drug, and cosmetics control law None is more necessary to his safety In the absence of other responsible leadership, President Roosevelt should bring his great influence to bear in favor of such a measure

Prophylaxis of Measles

While the mortality from measles in itself is not high, the pulmonary complications which so frequently accompany it makes it rank as one of the most serious diseases of childhood The usual methods of prophylaxis are often of little avail

in the name of Medicine, in the name of Humanity, immediate action is demanded Get busy, Doctor! Get busy now! Don't stop until you reach your representatives and your senators down in Washington, D C Begin with your alderman and keep on going! Educate them Explain to them Let them know what they are doing Like the man in the traditional early American story, try a little 'moral suasion' "—The editors of the *Illinois Medical Journal* for January wish their readers a Happy New Year with the above suggestions, which we think are very wise

"THE FIRST 'NATIONAL CONGRESS of the German National Health Movement' was held recently at Düsseldorf In attendance were several thousand members of German societies which advocate living habits and medical practice in conformity with nature Kees, director of the league of heilpraktiker (lay practitioners), spoke in a characteristic manner All regular medical procedures, he said, were products of the 'bare' intelligence, whereas the procedures of nature medicine were rooted in the soul, in the emotions "—The Berlin Correspondent to the *J.A.M.A.* under date of January 8, informs us of "Developments in the National Health Movement" now in "progress" in Germany

"I HAVE A BETTER FAITH IN the millions to come I cannot but believe that they will make the most of the lively possibilities of the new metals, new plasters and pastes and plastic substances, that are being put into their hands Even if there are disasters and crashes ahead, I think this new everyday life of greater spaciousness, more light, more health, longer years, wider interests, will come about "—H G Wells, peering into the future, voices considerable hope in his article to be found in *The New York Times* of January 16

DOUBTS ABOUT PRENUPTIAL EXAMINATIONS

The rising tide of state laws requiring prenuptial medical examinations prompts Dr Young of the *Urologic and Cutaneous Review*, to observe that while "the average person probably accepts a certificate as a guarantee of safety," yet "it is obvious that it is nothing of the sort Active disorders may be readily diagnosed, but such is not the case with latent infections Here there is not only room for an honest difference of opinion as to whether or not an infection has been cured, but the patient may appear for examinations during a period of remission of symptoms and may lie when questioned. Infection after examination is a possibility Hence a medical certificate is of variable value The fact that the public does not realize this constitutes a legal danger for the physician issuing a certificate Care in the wording of any statement issued is an important precaution

There are practical difficulties in the way of giving a valid opinion A series of tests over a considerable period of time may be necessary, yet neither the time nor the money to pay for such an extended examination may be available Berlin and Vienna offer free prenuptial consultation to meet this problem Evasion by various extra-legal means may prevent the application of the law to many unions

There are large numbers of young people who have never thought of an examination and accept the law willy-nilly It is these heedless ones who gain most from such limited protection as a medical certificate gives This is the group which needs education most if the purposes of the law are to be fulfilled Fortunately these young people can be educated with a minimum of effort and a maximum of coverage. They, one and all, consult a physician, the very person best equipped to explain to them the medical aspects of marriage This lays a responsibility upon every member of the medical profession, but a responsibility which can and will be met easily and gladly for the increase of human happiness

FRACTURE DAY"

"Fracture Day," under the auspices of the New York and Brooklyn regional fracture committee of the American College of Surgeons, will be held February 25, 9 30 A M to 4 30 P M at the Lenox Hill Hospital, New York City

All members of the medical profession interested in fractures are invited to attend For complete information regarding program, etc, address Herbert M Bergamini M D, Secretary, 101 E 89 St, New York City

toward obesity, abnormal distribution of the hair, a thick-set stature, the absence of a gynecoid pelvis as demonstrated by roentgenograph and a lowered basal metabolism were found by Vorzimer et al, to be associated with an elevation in the blood pressure characteristic of a pre-eclamptic state In addition, the report of Savage and Wylie[5] indicates that in toxemia of pregnancy there is a definitely lowered level of esterin excretion in the urine as determined by the chemical test devised by Schmulovitz and Wylie[6]

Thus the preventive phase of eclampsia has been brought into the clinical field The recognition of these endocrine stigmata is possible by the ordinary physical examination The gravid woman who presents these factors should be carefully watched, and should be treated as a potential eclamptic. In prenatal clinics, she should be segregated for further investigation and proper therapy Vorzimer and his coworkers recommend measures directed toward dehydrating the patient and they have obtained splendid results in avoiding the appearance of eclampsia

CURRENT COMMENT

"STEADILY THE GRISLY TIDE of human slaughter rises In the hamlets, at the crossroads, on the highways, in the ether, under oceans,—man, the killer—looses his machines for wanton murder Some for Communism, some for Fascism, others for conquest, more just for the ride From familiar places stare the glazed and stony eyeballs of the dead In little hamlets, at the crossroads, on the highways, from the byways, stare the glazed, accusing eyeballs of the dead

"Is it because of advanced education and progressive civilization that we condemn the bombing of non-combatants in other countries and neglect the slaughter of equally innocent civilians on our own highways? Is the citizen any less dead who dies by benefit of motorcar, or by virtue of the fact that his killer is a compatriot dedicated to the cause of peace, the support of foreign missions, who can read and write?

"Insofar as the operation of motor vehicles involves the physical and mental fitness of the front-seat murderers, can organized medicine not lend a hand in answering the too-silent appeal of those glazed, accusing eyeballs of the dead?"—After reading the above "Man, The Killer" in the January issue of the *Westchester Medical Bulletin*, we were unable to refrain from quoting it in its entirety

"SINCE COMPULSORY MEDICAL EXAMINATION has failed in European countries, no one desires to attempt it in this country but the habit of voluntary annual physical examinations can be brought about with relative ease by a popular education of the masses I have learned from the statistician of the association of the Life Insurance Presidents, that in 1936 there were no less than 64 million policy holders in the United States A thorough physical examination was required from every applicant Since Surgeon General Parran started the anti syphilitic crusade, thousands of men and women have voluntarily submitted to the diagnostic test for syphilis A start should be made with all employees of federal, state, and city governments, insurance companies should further insist upon physical examinations every year, employers of large or small bodies of men should urge these examinations for their own interest as well as that of the employees Colleges, schools, and other institutions of learning, should have annual physical examinations These periodic surveys will soon become a national habit

"The need of the hour is a united progressive medical profession with enough of the nation's wealth to further the nation's health and as pointed out before, to make us physically, mentally, morally and spiritually, and economically strong, eager for peace but prepared to defend it"—From a paper by S Adolphus Knopf, M D, to be found in *Medical Record* of January 5

"THE PROMOTION AND DISSEMINATION of medical knowledge throughout the state remains our important function"—Sir William Osler said this some time ago and it still is a vital truism today

"ALL OVER THE UNITED STATES, with this incoming year, are assemblying those bodies of men who have been elected by taxpayers all over the country to dictate the ways of government, the paths of citizenship, and the collection and the subsequent spending of the tiethes In the name of America,

5 Savage and Wylie *Ibid* 33 771 1937
6 Schmulovitz and Wylie *J Lab and Clin Med* 21 210 1935

health and medical services and activities The study of any subject, matter or thing adjudged by the commission to be relevant or germane to the subjects of inquiry hereunder shall be deemed within the scope of the investigation directed to be made by this act."

Assembly Int 35—Wagner, establishes state-wide system of health insurance to be administered by a board in the Labor Department, of five members appointed by the Governor, and appropriates $150,000 Referred to the Ways and Means Committee

Comment Only two of the five members of the Board to be appointed by the Governor are to be licensed physicians Each member shall receive a salary of $10,000 per year The board may appoint an executive director, district medical superintendent, and other necessary employees A fund for administration of the act shall be created principally by taxing employers "six per centum of the total of all wages periodically paid to employees plus one-tenth of the amount of such contributions which shall be appropriated annually to the fund by the state out of the state treasury"

"Employees sixty-five years of age or over shall be insured only for medical benefits and shall pay proportionately reduced premiums The employers, however, shall pay the usual premium due for full benefits"

Employees receiving twenty dollars a week or less shall not contribute amounts greater than one per cent of their wages If wages are in excess of twenty dollars but not exceeding forty dollars, they shall contribute not more than two per cent. Employees' contributions are to be taken from their wages by the employers Full benefits shall be termed "health insurance benefits" and include cash, maternity and medical benefits Medical benefits shall consist of "(a) The service of a physician in general practice at the office, home, hospital, or elsewhere, in preventive, diagnostic, and thereapeutic treatment and care, which shall include immunizations and periodic physical examinations, (b) On the prescription of the physician in charge, and the approval of the district medical superintendent,

1 General and special hospital treatment and care which shall include nursing and the other usual hospital services

2 Prenatal and maternity treatment and care in the home or in the hospital

3 The services of a surgeon, diagnostician, or other specialist at the office, home, hospital or elsewhere

4 The service of laboratories and clinics

Provision is made for voluntary insurance by persons "not employed in an employment within the definition of this article and not over sixty-five years of age who is dependent upon his earnings which average sixty dollars a week or less"

"(a) The board shall fix in each district the manner of remunerating physicians and dentists in general practice, surgeons, and other medical and dental specialists, pharmacists, nurses, hospitals, clinics, laboratories, and the other persons and agencies furnishing the medical benefits after consultation with the appropriate professional organizations in each instance. No mode of remunerating physicians and dentists in general practice shall be adopted for any local area within the state without the consent of a majority of such physicians or such dentists, respectively, in that locality, unless the majority of such physicians or dentists fail to agree upon any method of payment No mode of payment of the physicians rendering general practitioner service under this article shall be adopted in any district that does not involve the collective responsibility of the general practitioners, therein rendering insurance service for the general practitioner medical benefits prescribed in this article, (b) Any one of the following modes may be adopted for remunerating physicians and dentists in general practice

1 A salary system

2 A per capita system whereunder payment will be based on the number of persons entitled to medical benefits included in the practitioner's list.

3 A fee system whereunder payment will be based on the extent and character of the treatment given and services rendered by the practioner to persons entitled to medical benefits"

Bulletin No 2

January 17, 1938

Please set aside Wednesday, February 9, as a tentative date for the annual conference of County Society Legislative Chairmen As usual, the conference will be held at the Hotel Ten Eyck, Albany, beginning at ten o'clock and adjourning about 3 00 P M

New Bills Introduced

Senate Int. 117—Feld, defines roentgenology and radiology and limits practice thereof to certain qualified persons Referred to the Education Committee

Comment The several provisions of the bill are highly contradictory, making it absolutely impossible of enactment. This is

COMMITTEE ON LEGISLATION

Bulletin No 1

January 10, 1938

Already several bills that are of vital interest to us have been introduced

Senate Int. 99—Twomey, Assembly Int. 127—Newell, requires serological blood test for syphilis of pregnant women from sample taken by licensed physician and submitted to "approved laboratory," birth certificate to contain report of such test, and appropriates $15,000 Referred to the Finance Committee in the Senate and the Ways and Means Committee in the Assembly

Comment Mr Twomey and Mr Newell argue that if every pregnant woman were to receive a blood test early in pregnancy, treatment might be instituted and congenital syphilis prevented They realize that there will be plenty of instances where the patient will not see a physician until late or probably not until labor has begun, and that under those conditions congenital syphilis may not be prevented, but they believe that inclusion in the law of a measure of this kind will have a great educational value To include on the birth certificate a statement that a blood examination has been made we are informed will be accomplished in such way as not to violate the Confidential Communication Act Provision is made for securing specimens from women delivered by midwives or others not permitted to take blood specimens, by requiring that they "shall cause a sample of the blood of such pregnant woman to be taken by a duly licensed physician" The blood is to be examined at approved laboratories and an appropriation of $15,000 is carried to cover the additional expenses to the laboratory and the Department of Health

Senate Int 100—Desmond, amends the Public Health Law in relation to serological tests of expectant mothers "It shall be the duty of the physician attending a woman during pregnancy to cause a serological test for syphilis to be given such woman prior to the birth of the child If more than one physician attends her or is consulted by her during such period, each shall be responsible for complying with the provisions of this section unless and until some one of them shall have complied herewith" Referred to the Public Health Committee

Comment No provision is made for the examination of women delivered by midwives

Senate Int. 101—Desmond, Assembly Int 124—Breitbart, requires that marriage license application be accompanied with statement by licensed physician that applicant has been examined for syphilis not more than twenty days prior to application, unless judge or justice makes an order that same be dispensed with, and provides that no marriage shall be solemnized after 65 days from date of license Referred to the Health Committee in the Senate and the Codes Committee in the Assembly

Comment This is the bill that Assemblyman Breitbart has carried for two years, except for slight modifications

Assembly Int 34—Wagner, creates temporary commission of three Senators, three Assemblymen, and three persons appointed by the Governor, two to be licensed physicians, to study and recommend ways and means for minimizing risk of illness through extension of public health services, for medical care for indigent, for raising standards of medical practice, for using private institutions in allocatng public funds, etc., and appropriates $50,000 Referred to the Ways and Means Committee

Comment Eight suggestions for study by the commission are as follows "(a) proposals designed to minimize the risk of illness by increasing preventive efforts through extension of public health services, (b) proposals for furnishing adequate medical care for the medically indigent, the cost to be met from public funds, (c) proposals making available public funds for the support of medical education and for studies, investigations and procedures for raising the standards of medical practice, (d) proposals making available public funds for medical research in recognition of the need for maintaining high standards of practice in both preventive and curative medicine, (e) proposals making public funds available to hospitals which render services to the medically indigent and for laboratory, diagnostic and consultative services, (f) the utilization of private institutions in the allocation of public funds for any of the foregoing so long as the services rendered by them are designed to carry out the objectives of such program and the declared policy of the state, (g) the investigation and planning of the measures proposed by the commission and the direction and execution of such measures by persons expert in the work involved, and (h) proposals designed to effect adequate administration and supervision of the health functions of the state government and if deemed advisable the consolidation under a separate department of all federal and state

mate consumer as to its fitness Referred to the Judiciary Committee

Assembly Int. 272—Fitzpatrick, requires common carrier, railroad and omnibus line carrying passengers for hire, to carry first-aid kit for convenience of passengers Referred to the Public Service Committee

Assembly Int. 291—Breitbart, permits blood-grouping tests of criminals for identification purposes Referred to the Codes Committee

Assembly Int. 292—Breitbart, permits serologic blood test in criminal proceedings, if necessary to determine parentage of any child or identify any person or corpse, upon order of court Referred to the Codes Committee

Assembly Int. 334—Peterson, empowers peace officer to require person driving motor vehicle or cycle, whom he believes to be intoxicated, and within two hours after arrest therefor, to submit to examination by a physician to determine by blood and urine tests whether such person is intoxicated Referred to the Motor Vehicles Committee

Assembly Int. 339—Phelps, creates rehabilitation board for future care of released state hospital patients, provides for examination by three qualified examiners or psychologists before commitment to insane institutions, on whose certificate court must forthwith issue commitment order Referred to the Health Committee

Comment Changes the Mental Hygiene Law with regard to the mental examination of patients for commitment to or discharge from hospitals for the treatment of insane, by requiring that the qualified psychologist must be a practicing physician, and further provides that the commitment may be made on order of a justice of a court of record as well as a judge, and a certificate made by three qualified examiners instead of two The rehabilitation board shall consist of five members appointed by the Commissioner with the consent of the Governor and will include two qualified psychologists, two psychiatrists, and one social service worker

Action on Bills

Senate Int 100 Mr Desmond has amended his bill so that blood examinations will also be made on women attended by midwives or persons other than physicians

* * * *

The Committee, in conference on January 12, gave approval to the following bills

Senate Int. 99—Twomey—blood tests of pregnant women

Senate Int. 100—Desmond—as amended

Senate Int 101 — Desmond, Assembly Int 124—Breitbart, pre-nuptial examinations

Assembly Int. 157 — Hawkins — radiology

Assembly Int 236 — Schwartz — food labels

Assembly Int. 272—Fitzpatrick, first-aid kits

The Committee refused to approve Senate Int. 117—Feld, radiology, and considered Senate Int. 202—Stagg, Assembly Int 287—Shaw, provisions for care of poliomyelitis patients, as unnecessary

JAMES H BORRELL
B WALLACE HAMILTON
JOHN L. BAUER

THE WOMAN'S AUXILIARY

To the Medical Society of the State of New York

MEMBERS OF THE Orange, Rockland, and Nassau County Auxiliaries were guests of the Kings County Woman's Auxiliary at their regular meeting held in the Kings County Medical Society Building on January 11 The attendance was large in anticipation of the unusually interesting program arranged by Mrs John L Bauer, Program Chairman

The guest speaker was Dr Chas H Goodrich, President of the Medical Society of the State of New York, who read a most interesting paper on "Beauty and Preventive Medicine." Discussion of Dr Goodrich's paper was followed by short talks by Dr Anna R Robinson, District Health Officer, on the work of the Health Centers and their cooperation with physicians and by Mrs Luther H Kice, Legislation Chairman of the Woman's Auxiliary to the Medical Society of the State of New York, who stressed the need for better understanding and interest by all members of the Auxiliary in legislative matters of vital importance to the medical profession

On behalf of the Executive Committee and the members of the Kings County Woman's Auxiliary, Mrs Edwin A Griffin, retiring President, was presented with a personal gift and a retiring presidents' pin by Mrs Thomas A Wood

A social hour followed the meeting

fully demonstrated by the following excerpts

"9-a 'Roentgenology' means the scientific application of x-rays by means of x-ray devices including the fluoroscope."

"9-b 'Radiology' means the diagnostic or therapeutic application to human beings of radiant energy including x-rays, radium, ultraviolet rays and other spectral radiations"

"3 (a) The provisions of this article shall be deemed to prohibit the practice of radiology by any person other than a person licensed under the provisions of this article, or article forty-nine or fifty-three of this chapter, subject, however, to the conditions and limitations of his license"

Thus far the bill is satisfactory, but clause 3-b, as you will see, voids completely all of the preceding provisions

"3 (b) The practice of roentgenology upon human beings for the purpose of the making of an image or images of any part of the human body either by fluoroscopic demonstration or by registration on film, paper or other permanent means by the use of x-rays, and the rendering of a report on the matters shown by such image or images to a person licensed under the provisions of this article or articles forty-nine or fifty-three of this chapter or the ownership, maintenance or operation of a laboratory where roentgenology is or may be so practiced, shall not be deemed to constitute the practice of radiology"

Senate Int 187—Esquirol, Assembly Int. 183—Todd, provides for license of registered nurses and nursing aides by board of not less than seven members appointed by the Regents, and makes general rules and regulations Referred to the Education Committees

Comment Includes a comprehensive definition of the practice of nursing and requires that every nurse be licensed by the State in one or the other of two classes, "registered professional nurse" or "nursing aide." The qualifications of the registered professional nurse are those of the registered nurse of today, the qualifications of the nursing aide are to be defined by the Regents Ample waiver provision is made for licensing all unlicensed nurses practicing in the State today, into one or the other of the two groups Adequate provisions for enforcing the law are included and violations are listed and classed as misdemeanors

Senate Int. 202—Stagg, Assembly Int 287—Shaw, empowers local health boards and officers to provide surgical, medical treatment or hospital care for persons infected by or exposed to infantile paralysis who can not otherwise be provided for, one half of cost to be assessed against county and other half against State, and appropriates $200,000 Referred to the Health Committees

Comment It would seem that the State has already adequate facilities for meeting the provisions of this bill

Senate Int 243—Livingston, Assembly Int. 332—Wagner, relates to the practice of nursing, provides for licensing to practice as registered nurse, for appointment of advisory council, nothing in article to prevent a person from engaging in nursing if he or she does not assume title of registered nurse Referred to the Education Committees

Comment This bill is a very poor attempt at a solution of the nurse problem today It would extend the right to the title "R N" beyond those who are now entitled to receive it, to (a) those licensed as registered nurses in any state or any foreign country prior to the effective date of this act, (b) those registered in the future by any state or foreign country recognized by the Department as maintaining standards at least the equivalent of those required by this State, (c) those now licensed to practice in this State as trained nurses, and further provides that graduates of schools giving training courses of not less than two years may take a practical examination for registration Provision is made for the licensure of only one group of nurses, namely, the registered nurse, and while the waiver would admit to examination many who can not qualify under the present law, the period of this provision is limited There is nothing that will prevent in the future persons practicing nursing, regardless of their training or qualifications, provided they do not falsely claim to be registered or use the title "R.N" Violation of this provision shall be deemed a misdemeanor

Assembly Int 157—Hawkins, defines radiology and prohibits its practice except by certain persons and empowers municipalities to grant permits to physicians, dentists, podiatrists, and osteopaths to conduct places for practicing the same Referred to the Education Committee

Comment The radiology bill that we endorsed and approved last year In this bill the term "radiology" is adequately defined and the provisions for its practice and the conduct of laboratories are also well defined

Assembly Int. 236—Schwartz, provides that where seller labels canned, packaged or bottled food products for human consumption, there is an implied warranty to ulti-

Medical News

Broome County

DR. R J McMAHON addressed the Broome County Medical Society on "Cardiovascular Emergencies" on Jan 11, at the Monday Afternoon Club House in Binghamton The discussion was led by Drs R L Hamilton and Carl S Benson

Cattaraugus County

DR MARY JEPSON, who died recently in Miami Beach, Fla, had practiced medicine in Olean more than forty years

Chenango County

NEW BERLIN, LEFT WITHOUT a resident physician by the removal of Dr Cartwright appointed a committee to invite another doctor, and has secured Dr Michael A Cavuoti, who was graduated from the Long Island College of Medicine in 1933

Delaware County

DR WALTER E EELLS of Walton succeeds Dr Doreen R Corke of Hobart as president of the Delaware County Medical society Elections were conducted at Delhi on Dec 21

Other officers for 1938 include Dr W H F Newman, of Stamford, vice president, and Dr Orin Q Flint, Jr, Delhi, secretary-treasurer Dr Flint was re-elected

Principal speaker at the meeting and dinner was W T Burke of Poughkeepsie, who described the group hospitalization plan

DR WILLIAM B MORROW, seventy-nine, dean of Walton physicians and a civic leader in Walton and Delaware County for more than a half century, died December 18 a few minutes after he suffered a stroke at his home Dr Morrow had practiced medicine fifty-seven years of which more than fifty had been in Walton

Erie County

THE THINNING NUMBER OF PHYSICIANS' offices in Franklin street, Buffalo, south of Allen, at one time a medical center, was further reduced in January when Dr James B Cross removed his offices to 333 Linwood Avenue at Utica Dr Cross had occupied his recent offices in the Crosby building for twenty-one years The movement northward of physicians in that neighborhood began about 1922 when the late Dr DeLancey Rochester removed his office to 131 Linwood Avenue and a year later Dr Edward A Sharp removed to 81 Linwood Avenue It was again accentuated in 1926, '27 and '28 with the removal in a northerly direction of the offices of Dr Richard E DeNiord, Dr Ray H Johnson, Dr Irving W Potter, Dr Julius Ullman and Dr Allen A Jones Meanwhile death intervened and claimed the lives of Dr Henry R Hopkins, Dr James B Croff, Dr Francis W McGuire, Dr George W York, Dr Fred D Lewis and Dr Charles G Stockton, for many years residents in that section of Franklin Street The oldest surviving physician in the neighborhood is Dr Herbert Beals, hale and hearty in his eighty-third year Dr Beals was graduated in medicine in 1878

Franklin County

DR LAWRASON BROWN, tuberculosis specialist, died at his home at Saranac Lake, on Dec. 26, after a long illness of heart disease Dr Brown was sixty-six.

Dr Brown was a pioneer in work on intestinal tuberculosis and was among the first to suggest the use of roentgenologic evidence of classification of pulmonary tuberculosis as it is used today He founded "The Outdoor Life," which was first published by the Trudeau Sanatorium His book, "Rules for Recovery From Tuberculosis," written with H L Sampson, is widely used He also was the author of "Intestinal Tuberculosis," and "The Lung and Tuberculosis," the latter in collaboration with Fred H Heise

Dr Brown had long been an associate editor of "The American Review of Tuberculosis" and was one of the founders of the Saranac Lake Society for the control of tuberculosis He also founded the first chapter of the Osler Society

Greene County

AT THE ANNUAL MEETING of the Medical Society of the County of Greene the following officers were elected for 1938

President	A B Daley	Athens
Vice-President	G L. Branch	Catskill
Secretary	W M Rapp	Catskill
Treasurer	M H Atkinson	Catskill
Legislative Comm		
Chairman	P G Waller	

Public Health News

Social Hygiene Day

J Rosslyn Earp, L R C P, Dr P H
New York State Department of Health

The first anniversary of Social Hygiene Day (February 2) finds undiminished the popular hue and cry after syphilis Our profession is loaded with the responsibility of directing all this popular enthusiasm into useful channels

Two bills aimed at the prevention of congenital syphilis are before the Legislature One requires medical examination for syphilis before marriage, the other requires a serological test either during pregnancy or at the time of delivery Arguments pro and con will no doubt be advanced with a good deal of heat and the public interest that will result should create an opportunity for public education One thing is certain about both bills if they become law, their success will depend upon the support they receive from the public If the discovery of contagious syphilis is regarded merely as a tiresome barrier to matrimony, either the barrier or the matrimony will be circumvented and infection will not be controlled But if the discovery is felt to be as fortunate as the condition is regrettable and it leads to eager cooperation with the physician something important will have been achieved. Similarly a doctor may be required to test the blood of pregnant women but women can hardly be compelled to report their pregnancy in due season The fact that a test is routinely required should simplify the task of the obstetrician some of whose patients resent a serological test and it will undoubtedly bring to the attention of many women the importance of this precaution But it will not greatly influence the incidence of congenital syphilis unless there is widespread public sympathy with the intention of the law and an intelligent desire to take advantage of it

Of course there will be a certain number of conscientious objectors Even the innocent attempts of the Division of Syphilis Control to tell the public about syphilis in a form letter has aroused resentment here and there. Some recipients who had but recently been identified as syphilitic, not knowing that the same letter was falling upon saint and sinner alike, assumed that their confidence had been betrayed Others, less personal in their protest, object to departmental propaganda that conflicts with their religious faith Thus

> "Dear Doctor Brumfield
>
> I am also advertising a book entitled "Science and Health" by Mary Baker Eddy It is ignorance today not to know what it is Your propaganda sent me is an advertisement of the devil
>
> Yours sincerely,"

The campaign against syphilis is one that requires an unusual measure of goodwill and understanding between the branches of our profession engaged respectively in cure and in prevention For in this case treatment and prevention very conspicuously overlap The state, interested in the protection of its citizens from the contagious case, is prepared to subsidize treatment to any extent necessary Some private physicians, however, so much dislike the principle of subsidy that they would almost prefer to take the burden of cost upon themselves I found recently among the reports of district state health officers the following short story

> The reason for delinquency in this case was partly due to the inability of the patient to pay and the reluctance of the health officer to request payment from the local board of health.

All of us who are or have been in private practice will understand the doctor's hesitancy Yet I believe that we have no alternative in the face of a public menace but to accept public aid, unless we are in such a fortunate position that we can do the job equally well at our own expense

Medical Consultant Appointed

The Division of Syphilis Control, New York State Department of Health, announces the appointment of Dr James H Lade as medical consultant Dr Lade attended school at Fayetteville, New York, and went from there to the University of Syracuse, graduating in medicine in 1934 He served internships in the Syracuse General Hospital and in Fordham Hospital, New York City Dr Lade was granted a fellowship at Johns Hopkins Hospital Here he served for one year as assistant dispensary physician in the syphilis department under Drs J E Moore and T B Turner

declared in his annual report to Dr Nicholas Murray Butler, president of Columbia

Serving one of the largest university communities in the nation, the medical office not only ministers to the ill, but fosters a program of health supervision embracing examination and advice for students in the university and employes of the Department of Buildings and Grounds, the dormitories and the campus restaurants, Dr McCastline pointed out.

In 1912, when the medical service was organized, 2,967 persons were treated with limited facilities by a staff of two Since then the staff has grown to twenty-nine, including two full-time and nine part-time physicians, who are assisted by a group of thirty-five others in the annual medical examination of freshmen in Columbia College Consultations and treatments totaled 57,064 in the last year, which has been notable for a decrease in respiratory diseases, no epidemics and few contagious diseases

LECTURES AT THE NEW YORK ACADEMY OF MEDICINE

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Niagara County

DR. WILLIS P WEAVER, eighty-four, one of Lockport's oldest physicians, died on Dec. 26 in Deaconess hospital, Buffalo Dr Weaver had been a practicing physician for fifty-five years

Ontario County

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Officers for 1938 are

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Secretary Treasurer	Daniel A Eiseline,	Shortsville

Board of Censors
Joseph S Morabito Malcolm R. Blakeslee
Albert G Odell

Delegate to State Society
H J Knickerbocker

Editor of Bulletin
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Treasurer	Joseph B Ringland Oswego

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Economics	A G Dunbar Pulaski
Public Health and Medical Education	G A. Marsden, Oswego
Legislative	O J Mowry Minetto
Public Relations	Wm Fivaz Fulton

Censor (Three years)
Leroy Hollis

Delegate to State Society
O J Mowry

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K. Wood Jarvis

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Secretary	F J Atwell, Cooperstown
Censor	E C Winsor

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F J Atwell

Alternate Delegate
F F Harrison

—Reported by F J Atwell, M D, Secretary

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Public Relations Comm
Chairman W A. Perry
Delegate to State Society
K. F Bott
Alternate Delegate
E G Mulbury

—Reported by Wm M Rapp, M D, Secretary

Kings County

DR CLIFTON BOGARDUS, retiring president of the Ridgeboro Medical Society, after serving during 1936-37, was tendered a testimonial dinner by the Society on January 4, at the Bay Ridge Hofbrau

Many prominent physicians of Bay Ridge and South Brooklyn, in addition to men prominent in the political and business life of Bay Ridge were present

At its regular monthly meeting the Ridgeboro Medical Society heard an interesting discussion on "Pneumonia in Infants and Children," by Dr C H Smith and Dr H Greenwald

The newly-elected officers for 1938 are as follows Dr William Ostrow, president, Dr J Masterson, Dr H Bellach, and Dr Samuel Lasky, vice-presidents, Dr M Fisher, corresponding secretary, Dr J Koota, secretary, and Dr R Princer, treasurer

Dr Bogardus, retiring president, is chairman of the Board of Censors

ON THE EVENING OF Washington's Birthday, Feb 22, at the Hotel Astor, New York City, at 7 P M, The Medical Society of the County of Kings and the Academy of Medicine of Brooklyn and the Doctors Club will give a testimonial dinner to Dr Charles H Goodrich, president, Medical Society of the State of New York The tickets will be five dollars per person Following the dinner there will be entertainment consisting of a program by stars of the radio, screen and stage, and dancing to the music of a famous radio band This generous contribution is being made by The Mennen Company, Newark, N J All of the proceeds will go towards the fund to erect the proposed new building of the Medical Society of the County of Kings and the Academy of Medicine of Brooklyn

Madison County

THE MADISON COUNTY MEDICAL SOCIETY on Dec 16 elected these officers

President Richard B Cuthbert, Jr Canastota
Vice President Ernest Freshman Oneida
Secretary Lee S Preston Oneida

Board of Censors

Otto Pfaff Eugene H Carpenter
Orthello S Langworthy

The society was in session during the afternoon and evening and papers were given by Drs W Groat, Leo E. Gibson Edward C Hughes and W D Ayer, all of Syracuse. It was voted to form a speakers' bureau and make available to clubs and organizations members who can talk on the work of the medical profession in safeguarding public health

Monroe County

AT THE ANNUAL MEETING of the Medical Society of the County of Monroe, held December 21, the following officers were elected for the year 1938

President Leo F Simpson, Rochester
Vice President C V Costello, Rochester
Treasurer J J Rooney, Rochester
Secretary W A. MacVay, Rochester

Board of Censors

Warren Wooden Sol Davidson
B J Slater J J Finigan
J P Henry E G Whipple

Delegate to State Society

Warren Wooden J J Rooney
W A MacVay

Alternate Delegates

W H Veeder T T Huntington
Willis E. Bowen

Members of Milk Commission

J Merrell Parker A H Waffle

—Reported by William A MacVay, M.D., Secretary

THE MONROE COUNTY MEDICAL SOCIETY is polling its entire membership for volunteers to carry out a plan of District Attorney Daniel J O'Mara to examine all alleged ly intoxicated drivers immediately after their arrest

This poll will determine who will serve on a panel which will provide physicians in every precinct and town These doctors will be on call by police and deputy sheriffs

A committee under the direction of Dr G Kirby Collier is drawing up a proposed method of diagnosis which will be submitted to a meeting of the panel

In an attempt to determine how many cancer cases exist in Rochester, a questionnaire has been sent to every physician to list the cases he is treating

AN ESTATE EXPECTED TO approximate $500,000 was left by Dr C Sahler Hornbeck, thirty-nine, socially prominent Syracuse physician, who was killed Nov 7 when his automobile left Allen's Creek road and struck a tree, according to probate of his will in Surrogate's Court

New York County

MORE THAN 750,000 CONFERENCES and treatments have been provided for students, faculty members and employes by the Columbia University Medical Office since it was established twenty-five years ago, Dr William H McCastline, director of the office,

declared in his annual report to Dr Nicholas Murray Butler, president of Columbia

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Queens County

DR WALTER G FREY was honored at a dinner under the auspices of the Long Island City Medical Society January 27, at the Hotel Commodore, Manhattan, on the occasion of his fiftieth anniversary as a practicing physician Dr Frey will be seventy-five years old February 15 Dr Frey is dean of the visiting medical staff at St John's Hospital, Long Island City, and has the distinction of having practiced longer in Long Island City than any other member of his profession

THE WILL OF DR JOHN J KINDRED, wartime Congressman from Queens and for many years the head of the Rivercrest Sanitarium in Astoria, has been filed for probate His estate is listed at $50,000 in real and $100,000 in personal property, the more important holding being the sanitarium

The bulk of the estate goes to the widow, Mrs Ella Cramer Kindred, who lives on the sanitarium property in Astoria and a son, John Cramer Kindred.

St Lawrence County

THE ST LAWRENCE COUNTY MEDICAL society at their annual meeting in Ogdensburg elected Dr S Pope Brown of Potsdam president to succeed Dr W H Mulholland of Heuvelton Other officers include

Vice President	J E Meeker Ogdensburg
Treasurer	L T McNulty Norwood
Secretary	S W Close Gouverneur
Associate Secretary	Robert J Reynolds, Potsdam

Delegate to House of Delegates
W H Mulholland

Alternate Delegate
S W Sayer

Delegate to District Branch
Albert Letherland

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Saratoga County

THE OFFICERS OF THE MEDICAL SOCIETY of the County of Saratoga for 1938 are

President	W S McClellan Saratoga Springs
Vice-President	R. B Post, Ballston Spa
Secretary	M J Magovern, Saratoga Springs
Treasurer	W John Maby, Mechanicville

Censors
G F Goodfellow
Frank Sherman Arthur Johnson

Delegate to State Society
G Scott Towne

Alternate Delegate
John MacElroy

Reported by M J Magovern, M D, Secretary

Schoharie County

THE OFFICERS OF THE SCHOHARIE COUNTY Medical Society for 1938 are

President	Carolyn L. Olendorf, Cobleskill
Vice-President	Lyman Driesbach, Middleburg
Treasurer	LeRoy Becker Cobleskill
Secretary	Herbert L. Odell, Sharon Springs

Censor
Joseph F Duell

Delegate to State Society
David W Beard

Reported by H L Odell, M.D, Secretary

Seneca County

THE OFFICERS OF THE SENECA COUNTY Medical Society for 1938 are

President	E. F Engel Seneca Falls
Vice-President	C. B Bacon Waterloo
Secretary Treasurer	F W Lester, Seneca Falls

Censors
C B Bacon
E P McWayne F W Lester

Delegate to State Society
W R Holmes

Alternate Delegate
R. F D Gibbs

Reported by F W Lester, M D, Sec'y

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RE-ELECTION OF ITS OFFICIAL staff featured the annual meeting of the Tompkins County Medical Society in Ithaca Hotel on Dec 22

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Vice President	Hudson J Wilson Ithaca
Secretary Treasurer	B F Hauenstein Ithaca

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Harvey L Van Pelt William L Seil
J W Judd

A buffet supper served after the brief business session was followed by moving pictures of the 1937 Cornell football team in action against several of its major opponents Assistant Coach Mose Quinn presented the films

Washington County

THE WASHINGTON COUNTY MEDICAL SOCIETY had as speakers at its meeting on Jan 4 two members of the staff of the Mary Imogene Bassett Hospital, of Cooperstown Dr John H Powers spoke on Prostatic Disease and Dr David M Kydd on Diabetes and the New Insulin The officers are

President	Samuel J Pashley, Hudson Falls
Vice-President	William B Nuzzo, Hartford
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Treasurer	Charles A. Prescott, Hudson Falls

Censors
R E LaGrange
W C Cuthbert C H Holmes

Committee on Legislation
Chairman W A Leonard

Committee on Public Relations and Medical Economics
Chairman M A Rogers

Delegate to State Society
D M Vickers

Westchester County

DR RAPHAEL KURZROK addressed the Medical Society of the County of Westchester on Jan. 18 on "Endocrine Aspects of the Menopause," at New York Hospital, Westchester Division.

OBJECTION FROM A POLICY standpoint is expressed by the New Rochelle Medical Society to the Board of Education's plan to have its lunchroom workers examined by the school physician

The Society's protest was heard by the Board in a letter read at its monthly meeting on Jan 4 The doctors said they felt the examinations should be handled by the foodhandlers' own private physicians The Society contended the Board's proposition would be precedent-forming in the City

Mrs Charles P Oliver, chairman of the Special Cafeteria Committee, said school doctors perform the service in other County communities The Board decided to refer the matter to Superintendent Herold C Hunt for further consideration

A REGULAR MEETING OF THE New Rochelle Medical Society was held at New Rochelle Hospital, December 13 Dr Henry B Wightman, President of the Society, was in the chair and the guest speaker was Mr Elmon L Vernier, Director of Health and Physical Education of New Rochelle Schools, whose topic was "The Relationship of the Physician to the School Physical Education Program" Dr Charles Ogilvy, who has been voluntarily assisting the schools in conducting corrective physical education, also spoke on the prevention of deformities in the growing child

THE YONKERS ACADEMY OF MEDICINE held a stated meeting on December 15 at the Hudson River Country Club and received a timely paper on the "Management of the Pneumonias" by Dr Jesse Godfrey Bullowa Professor of Clinical Medicine at Cornell University and Director of the Nathan Littauer Foundation for the Study and Control of Pneumonia at Harlem Hospital, New York City Dr Bullowa's paper evoked a very interesting discussion and the Academy also held a lively business session, followed by the usual collation shortly after midnight

THE TOWNSFOLK OF YORKTOWN HEIGHTS, a quiet old town lying placidly among the hills of northern Westchester, are definitely charmed by the news that science, in the form of experts from the Rockefeller Foundation will soon be hovering over them, scraping germs from their throats, testing the blood and digging into family histories, in search of a vaccine for influenza, reports the New York *Evening Journal*

No such momentous event has occurred since, during the boom, a real estate development bought a lot of acres for about $80 an acre, divided each one into twenty parts and sold each part for $500

Now, they hear, the scientists are to bring up a lot of ferrets The ferrets will be infected with the virus taken from the noses and throats of Yorktowners

The ferrets, presto, will get influenza themselves And some ferrets will be injected with the blood of Yorktowners who had influenza, then re-infected, to find out whether the blood makes them immune

It is fascinating Except for a gas station man who thought the scientists ought to go to work on mumps instead—no less than 70 children having them at the present time—they were all strong for the idea

Said Enoch Lees, president of the Board of Education

'The people here are definitely receptive to the study, indeed, very glad to cooperate Yorktown was chosen, I am told, because it is a perfectly normal American community"

Yorktown has just enough isolation to suit the research workers, said Dr Matthias Nicoll, Westchester County health commissioner

There has never been a long-range study of influenza, which is what this study will be, Dr Nicoll said

"We don't know a great deal about influenza," said Dr Nicoll "During the first severe epidemic there was little opportunity for careful study The influenza virus has been isolated, it has been used to infect ferrets But we are still a long way from a vaccine Perhaps this study will help to find it."

A Correction

In the article entitled "Traumatic Subdural Hematoma" by Sidney W Gross, M D and Thomas J O'Kane, M D, which appeared in the last issue of the JOURNAL, an entire line was omitted

On page 117, right hand column, the second line did not appear The last sentence in that paragraph should read "In these cases a well-defined membrane has already formed The contents of the hematoma in the early cases is of the consistence and appearance of currant jelly"

We regret the error and extend our apologies to the authors

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however, escape is indicated, the following list of "shoulds" must be observed exit signs should be placed over all doors leading to the outside, red exit lights should burn continuously, exit doors should be equipped with anti-panic bolts, alternate means of egress should be provided, and elevators should be in running condition at all times A reasonable number of stretchers should be available for bed patients, at least a three-foot pathway between rows of beds should be clear, stairways, fire escapes and fire towers should be of adequate width and the turns should allow for the easy maneuvering of the loaded stretchers The use of open outside stairway fire escapes is definitely contraindicated for hospitals and is fraught with danger because of sleet, ice and snow Since it is impractical to litter patients downstairs, vertical means of evacuation should be replaced by horizontal exits which have the advantage of ease and speed of movement and the protection of patient from exposure and unfavorable emotional reaction

The effectiveness of all fire apparatus will depend on the degree to which the personnel has been trained. Rescuers must be mobilized with military precision and every man must discharge his duties efficiently when the emergency arises But this is possible only where the fire drill is made part of the regular function of the institution.

However, if fire proof roofing is used exclusively, if the principles of good housekeeping are rigidly adhered to, if the circuits are not overloaded, if attics and basements are sprinklered, if plant and equipment are frequently inspected, if fire apparatus is maintained in working condition, if horizontal exits are provided, and if the personnel is fire-disciplined—then will casualties and money losses be reduced to a minimum

Seamy Side of Soviet Hospitals

A NEW BOOK ON THE land of Stalin, by a writer who ought to know what he is talking about, gives us an illuminating glimpse of their far-famed medical system The book, reviewed in the *AMA Journal* is entitled "Assignment in Utopia," by Eugene Lyons, who was for some seven years the United Press representative in Russia. He was sent to Russia because he had been known in this country as a communist and because his appointment was acceptable to the Russian government. He was probably the first to interview Stalin As the seven years passed he gradually changed his point of view so that eventually he left Russia at the request of the government. In his book, based on seven years of life in Russia from 1930 to 1937, he reflects in four and one-half pages his personal observations of medicine in Russia He says

> We came, unluckily, to know a lot more about Soviet medical practice than most of our colleagues Like the "stable" currency and the wonderful educational methods, the socialized medicine under the official statistical surface was a snarl of contradictions, shortages and ineptness Doctors and dentists regarded their obligatory work for the state as an exaction and depended on private practice for their real income. The more famous medical specialists did not budge for less than fifty or a hundred rubles, often it required "pull" to get their services at any price The public health service was by all odds inferior to the free public and charitable health services available to the poor in cities like New York or Chicago

Mr Lyons describes the experience of his wife, who became ill and who was taken to Botkinsky Hospital This section concludes

> Billy improved rapidly, despite the special care, and was soon well enough to watch the conduct of that hospital by way of sociological diversion. If I had not been there day after day and seen some of the primitive and careless procedure myself, I should have thought the details she told me were the effects of delirium. Only a few of the women were trained nurses—the others were ignorant girls of the servant type. They stomped up and down corridors and banged doors and called for one another in loud voices Except under unusual circumstances, bed linens were changed once a week. The blankets were not washed but merely disinfected, so that they were crusted with the dirt and vomit of previous patients The precious rules prohibited the bringing of linens, blankets, or other accessories from outside. But by devious means I smuggled in everything Billy needed, and doctors, nurses, patients came to her ward to inspect and exclaim over the fleecy American blankets, the hospital buzzed with the news of a foreigner who changed her sheets, her nightgown, and even her pillow-cases, every day
>
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Hospital News

Hospitals Lead in Fatal Fires

AMERICA LEADS THE WORLD in fires, and our hospitals "lead all institutions in the number of fires and loss of life and property," we are informed by E Ray Gram, of the New York State Department of Social Welfare, writing in *Hospital Management* "We boast of our high standards of hospital services," he remarks, "we lavish medical science and nursing care on a patient to save him from the abyss, only to sacrifice him later on the altar of fire" The lesson is, of course, that "the prudent superintendent should evaluate his fire protection before too late"

For example, the building should be constructed of fire-resisting materials, bins and storage rooms be well ventilated, inflammable waste put in metal containers, rubber hose not used on gas connections, and electric circuits not overloaded Mattresses and paints should be "fire-retardant," roofing fireproof and lightning rods placed where needed The danger of fires from anesthetic apparatus is well-known and should be carefully guarded against The heating plant should be in a separate building, or in quarters shut off from the rest of the institution Fire doors should be installed, and old hot-air conduits, laundry-chutes, dumbwaiters and flues should have cut-offs to stop the passage of fire and smoke Further

Among a multitude of fire hazards are faulty electric wiring, unprotected electric motors, loose coupling on electric cable conduits, paint shop near to boiler room, paper and towels used as shades in contact with electric bulbs, cloths drying on steam pipes, rags in back of radiators, leaking oil barrels, alcohol drums and other inflammables, debris in elevator pit, combustibles under stairways, disorderly storerooms, basements and attics Rats gnawing through electric insulation and spontaneous combustion of cosmetic rags in dresser drawers have caused more than one fire Electric flat irons and open gas flames are more common offenders So called fire proof buildings tend to give the administrator an undue sense of safety But concrete has been spalled and steel supports have been bent into fantastic shapes by high temperatures developed in intense fires

Right and Wrong Extinguishers

Various fire-alarm systems are described, and then Mr Gram has a word to say about extinguishers

There are extinguishing agents particularly effective for each class of fire, and a wrong choice may do more harm than good. The familiar soda-acid extinguisher if played on burning oil would spread the fire, if directed at a blaze rising from electrical machinery might prove fatal to the amateur fire-eater In addition to being an excellent conductor of electrical current the soda-acid solution tends to corrode machinery Be sure to test this extinguisher just before recharging, otherwise if inverted for test and then replaced for use corrosion may "fix" the cork in the acid bottle or plug the nozzle, thus creating a potential retard. Keep foamite extinguishers on hand in the operating room, kitchen, boiler room and drug room or wherever there is risk of fire from oil. The tetrachloride extinguisher is preferred where machinery is concerned. If extinguishers are placed where low temperatures may prevail, select a solution with anti-freezing components such as calcium chloride, carbon tetrachloride, etc. An extinguisher of less than two and a half gallons capacity is advisable because it is lighter and easier for nurses to handle. Distribution of extinguishers should be made according to the floor plan and the peculiar conditions extant. Know which one to use and get acquainted with its range, coverage and method of use The National Fire Protection Association will gladly furnish instructions

The weight of expert opinion rests on automatic sprinklers as the most efficient fire-fighting apparatus Especially is their installation necessary in attics, basements, closets, storerooms, laboratories and stairways This system should be inspected annually and a supply of sprinkler heads should be kept on hand.

Water supply and water pressure found to be under requirements should be supplemented by a water tower and pressure pumps Water towers in rural communities should be heated in winter when the temperature drops below the freezing point. This is accomplished by jacketing the tower for passage of live steam or affixing an electric plate to the base. A clear path to outside hydrants should always be maintained. Fire equipment is not complete without a supply of smoke masks

To Escape the Flames

But suppose, despite everything, that fire breaks out Then—when to fight and when to flee belong to the niceties of decision If,

however, escape is indicated, the following list of "shoulds" must be observed exit signs should be placed over all doors leading to the outside, red exit lights should burn continuously, exit doors should be equipped with anti-panic bolts, alternate means of egress should be provided, and elevators should be in running condition at all times A reasonable number of stretchers should be available for bed patients, at least a three-foot pathway between rows of beds should be clear, stairways, fire escapes and fire towers should be of adequate width and the turns should allow for the easy maneuvering of the loaded stretchers The use of open outside stairway fire escapes is definitely contraindicated for hospitals and is fraught with danger because of sleet, ice and snow Since it is impractical to litter patients downstairs, vertical means of evacuation should be replaced by horizontal exits which have the advantage of ease and speed of movement and the protection of patient from exposure and unfavorable emotional reaction

The effectiveness of all fire apparatus will depend on the degree to which the personnel has been trained Rescuers must be mobilized with military precision and every man must discharge his duties efficiently when the emergency arises But this is possible only where the fire drill is made part of the regular function of the institution.

However, if fire proof roofing is used exclusively, if the principles of good housekeeping are rigidly adhered to, if the circuits are not overloaded, if attics and basements are sprinklered, if plant and equipment are frequently inspected, if fire apparatus is maintained in working condition, if horizontal exits are provided, and if the personnel is fire-disciplined — then will casualties and money losses be reduced to a minimum

Seamy Side of Soviet Hospitals

A NEW BOOK ON THE land of Stalin, by a writer who ought to know what he is talking about, gives us an illuminating glimpse of their far-famed medical system The book, reviewed in the *AMA Journal*, is entitled "Assignment in Utopia," by Eugene Lyons, who was for some seven years the United Press representative in Russia He was sent to Russia because he had been known in this country as a communist and because his appointment was acceptable to the Russian government. He was probably the first to interview Stalin As the seven years passed he gradually changed his point of view so that eventually he left Russia at the request of the government. In his book, based on seven years of life in Russia from 1930 to 1937, he reflects in four and one-half pages his personal observations of medicine in Russia He says

> We came, unluckily, to know a lot more about Soviet medical practice than most of our colleagues Like the "stable" currency and the wonderful educational methods, the socialized medicine under the official statistical surface was a snarl of contradictions, shortages and ineptness Doctors and dentists regarded their obligatory work for the state as an exaction and depended on private practice for their real income. The more famous medical specialists did not budge for less than fifty or a hundred rubles, often it required "pull" to get their services at any price. The public health service was by all odds inferior to the free public and charitable health services available to the poor in cities like New York or Chicago

Mr Lyons describes the experience of his wife, who became ill and who was taken to Botkinsky Hospital This section concludes

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soon as she could be moved safely she returned home

Ever after, the glowing reports of socialized medicine in Russia in American books and magazines have been a source of amusement to us Always we have wished their authors only one punishment—a week or so as patients in the second-best hospital in Russia.

New York City's Army of Nurses

BESIDES THE NEW Central Nurses' Residence with 678 rooms on Welfare Island, New York City, another Nurses' Residence providing 669 rooms is nearing completion at Kings County Hospital in Brooklyn New modern fireproof Residences have been completed and occupied at Greenpoint (94 rooms) Kingston Avenue (147 rooms) and Queens General Hospital (136 rooms) Modern fireproof extensions have been added and occupied at Harlem (216 rooms), Riverside (37 rooms), Metropolitan (40 rooms) and Sea View Hospital (172 rooms)

This represents a total of 2189 rooms in which Resident Nurses will be housed under most satisfactory conditions

The new Central Nurses Residence on Welfare Island will permit of the evacuation of present unsuitable Nurses' quarters at City Hospital, Neurological Hospital, Cancer Institute, and the Home for Dependents

Modern Nurses' homes of fireproof construction, some, however, not adequate in size, are to be found at Bellevue, Coney Island, Fordham, Gouverneur, Lincoln, Morrisania, and Willard Parker Hospitals

The nursing service of those institutions that were in the Department of Hospitals in 1933 has been augmented, under the present administration, by 1738 trained nurses and 802 attendants, total 2540 In addition, 448 trained nurses and fifty-nine attendants have been obtained for new institutions or units opened during this period, or a grand total of nurses and attendants added by Dr S S Goldwater, Commissioner of Hospitals, of 3047

Six schools of nursing are conducted in the Department of Hospitals at Bellevue, Cumberland, Harlem, Kings County, and Metropolitan Hospitals respectively Bellevue Hospital has a school for men and a school for women and serves as a central School for the preclinical students of three other city schools Schools for affiliating students are conducted at Sea View, Willard Parker, and Fordham Hospitals A school for communicable disease nursing was opened at Kingston Avenue Hospital last October

The Department of Hospitals had admitted for training and experience in selected services students from more than fifty schools of nursing

To Open Hospital Doors to a Million More

PLANS FOR LOW-COST GROUP hospitalization for 1,000,000 persons now unable to pay for medical service are now being formed, Dr S S Goldwater, Commissioner of Hospitals, revealed at the Cosmopolitan Club, to a meeting of the New York City Visiting Committee of the State Charities Aid Association on Dec 17

Dr Goldwater explained that if present plans are carried into effect group hospitalization in wards could be provided for those who are now forced to seek free medical care. He said negotiations are now going on among the Department of Hospitals, representative groups of the medical profession and the hospitals to evolve a suitable organization He praised the cooperation and interest which medical leaders are showing in the negotiations

Dr Adolph G DeSanctis, president of the Medical Society of the County of New York, when asked about the proposal, confirmed that a committee of medical leaders is "investigating thoroughly" the group hospitalization project He said that both he and Dr Goldwater are serving on the committee, which includes representatives from all five county medical societies

"We are especially concerned about providing proper medical care for the large number of persons who are in the group just above the indigent class," Dr DeSanctis asserted "We have achieved nothing concrete as yet, but may do so by next month We are very hopeful that something will come of the proposal after thorough investigation"

Dr DeSanctis, at his induction as presi-

dent of the New York County Medical Society last January, proposed a plan to bring about a considerable lowering of the cost of medical care to New Yorkers in the "moderate income" group Dr DeSanctis, who is a director of the Department of Diseases of Children at the New York Post-Graduate Medical School of Columbia University, proposed the establishment of a medical service bureau to provide medical care according to a patient's ability to pay

Dr Goldwater told the 200 persons at the meeting that there is "an increased trend" toward government responsibility in providing adequate medical care for the people He asserted that "there is nothing in sight" to indicate that the drift toward community responsibility for the sick would be altered Dr Goldwater appealed for additional funds to allow his department to construct new hospitals and to rehabilitate others

Homer Folks, president of the New York City Visiting Committee and chairman of the meeting, said that the city under the present administration has "a unique opportunity to obtain intelligent and sufficient hospital care" He paid tribute to the interest shown by Dr Goldwater and Mayor La Guardia in improving city hospitals

Newsy Notes

GREATER EFFICIENCY AND ECONOMY in the management of the hospitals at the Medical Center during 1938, under control of a single governing board which became effective on Jan 1 is forecast by officers of Columbia University and Presbyterian Hospital, which jointly operate most of the facilities at the center

Five vacancies on the board of thirty-six managers of the Presbyterian Hospital were filled by appointees from the Neurological Institute board, it was explained. Although the Neurological Institute, which is part of Columbia University, and the Presbyterian Hospital will continue separate existences, both hospitals will be operated under the one board.

"The new plan will greatly strengthen the Columbia-Presbyterian Medical Center by centralizing control," John McCormack, superintendent of Presbyterian Hospital, said

"With the exception of Columbia's School of Medicine, the teaching facilities of which will remain exclusively under the control of Columbia, and the New York State Psychiatric Institute, a State project, the entire Medical Center group will now be under one organizational control"

Dr Walter W Palmer, Professor of Medicine at Columbia University, will assume the post of medical director of the Neurological Institute. He will continue also as head of the medical service at Presbyterian Hospital

THE NEED FOR THE ESTABLISHMENT of a community hospital was stressed at a meeting of the Taxpayers' Civic Association of Maspeth held in the clubrooms at New National Hall, in December

Walter Scahacz, president, pointed out that Maspeth residents are forced to seek hospitalization at St John's Hospital, Long Island City, Queens General Hospital on Grand Central Parkway or in Wyckoff Heights Hospital, Ridgewood.

"We deserve adequate hospitalization for our families and children," Mr Scahacz remarked in urging that immediate steps be taken to secure this objective.

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THE COUNTY WAS WELL REPRESENTED by its physicians at a dinner given in December at the Memorial Hospital of Greene County, by the hospital's board of managers and Miss Alice Le Gallais, superintendent, for the medical staff George W Irwin, board president, presided and gave a brief welcoming address in which he also expressed his appreciation for the cooperation extended by the physicians in establishing the hospital

It was noted that the hospital had received provisional recognition from the American College of Surgeons and was to receive full recognition when a few requirements were met and these were discussed by the group at the meeting

AN OLD MAN, rabbi of the Dean Street Temple, Brooklyn, returned to St. John's Hospital on Jan 2 with a testimonial penned

soon as she could be moved safely she returned home

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the Medical Society of Westchester County has gone on record with a resolution urging the Board of Supervisors to provide funds to increase the number of beds and nursing staff, purchase additional equipment and expand the outpatient departments

At the present time there are 252 beds in use for tuberculosis adult patients at Grasslands, although the building was originally planned for 210 It is estimated to take care of load of the entire county, including the city of Yonkers, it would be necessary to provide 300 more beds

To meet part of this load, the Department of Public Welfare has requested funds for the renovation of the old tuberculosis wing of the main hospital building, which would permit the addition of eighty beds

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GROUND WAS BROKEN on Christmas Day at Patchogue, L I, for the proposed $175,000 John Van Brunt Roe Municipal Hospital to be built with funds bequeathed by the late Nettie C Roe, who died in 1929 The hospital is to be named for her late father

THE RECENTLY COMPLETED FIVE-STORY wing to Holy Family Hospital, which cost $300,000, will be officially dedicated early in February by Bishop Thomas E. Malloy

The twenty-five year-old hospital at Dean and Hoyt Sts, Brooklyn, will be supplemented by a new building, which will have beds for 110 patients

More than $200,000 of modern equipment will be distributed in the wing's two new operating rooms Electrocardiographic appliances will be installed.

The opening of a new wing for the hospital is a victory for various civic and religious organizations, which contributed to the institution s support when it was threatened financially a few years ago

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THE NORWEGIAN HOSPITAL in Brooklyn celebrated the Christmas season with the opening of its enlarged and thoroughly modern pediatric department in the north wing of its building

The new department consists of a large general ward for children, a private ward, an examination room equipped with modern operating facilities for blood transfusions and child care, an electrically operated dietetic kitchen, where food for infants and children is prepared under the most exacting scientific conditions, and a modern milk laboratory

The general children's ward has room for twenty-six beds and is equipped with cubicles, the upper half of which are of glass, giving the effect of private rooms for each patient, yet making it possible for the children to see each other

The examination room is apart from both the general ward and the private ward. In addition to the pediatric department a pediatric clinic is available for the periodic examination of infants born in the maternity department. Here babies are carefully examined over a period of six months or a year

The enlarged department is under the supervision of Dr Charles M. Fisher, F.A C P, and Dr John Monfort, F.A.A.P They are assisted by Dr Herman Kretzchmer, Dr Anna R. Mustonen and Dr Thomas Re A specially trained pediatric nurse, Miss Elizabeth Berg, R.N, is in charge of the nurses in that department.

Funds for the enlarging and equipping of the department were largely contributed by supporters of the institution. Dr Andrew N Rygg is president of the hospital board.

At the Helm

THE FOLLOWING HOSPITAL OFFICIALS HAVE BEEN CHOSEN

Harry Weinberg, to be president of the Beth El Hospital in Brooklyn, fourth consecutive term.

Mrs Paul Beck, to be president of the Flushing Hospital Auxiliary Governing Board.

Dr H P Groesbeck, to be president of the board of managers of the Schenectady County Tuberculosis Sanatorium.

Dr Glenn R. Ford to be president of the staff of Endicott Ideal Hospital Dr Frank G Moore was reelected chief of the surgical staff and Dr Edward M Jones was renamed chief of the medical staff

W W Smith, reelected president of the Alice Hyde Hospital Association at Malone.

and illuminated in water-colors by him in token of his gratitude to the institution for saving his life when he was stricken with heart disease last Summer The hospital is maintained by the Church Charity Foundation of the Protestant Episcopal Diocese of Long Island

When Rabbi Elias Margulies arrived, his beard neatly trimmed and step firm, the Rev Charles Henry Webb, director, greeted him with evident surprise He accepted the scroll, which read

"I was saved by the skill of the physicians whom God gave power and the will my prayer to fulfill And the wonderful nurses of the hospital staff treated me fine, I therefore want to express my thanks—it was divine. God bless you for the fine work you do in helping those who are sick to become well and strong I thank you."

Improvements

PREPARATIONS TO EVACUATE THE Administration Building at Ellis Hospital, Schenectady, are under way as the hospital's Board of Managers are planning the razing of the structure and construction of the new wing on its site

The firm of James E Lowe and Sons, Schenectady, has been awarded the general contract for the addition

The new wing, to be forty feet wide, 260 feet deep and five stories high, will extend toward the junction of Rosa Road and Nott Street

The project was made possible through the pledges of over $850,000 made in the recent campaign

Enlargement of the pathological laboratory on the ground floor of Wing D and new quarters for the physiotherapy department on the ground floor of Wing E will be made possible by the additional space afforded

The new building, in addition to giving space to 100 beds, thus increasing the hospital's capacity to 375 beds, will house a modern x-ray department, a library and records department The ground floor of the new structure will be used as a kitchen and dining room It will contain also a diet kitchen, central serving room, dietitian's office, guest dining room and dining accommodations for internes, officers, faculty of nurses' school and hospital personnel There will also be a cafeteria

A waiting room, administration and business offices, medical wards and four private rooms will be on the first floor Near the private rooms will be the metabolism and electrocardiograph room

The second floor, devoted to a maternity department, will contain three delivery and three labor rooms, two nurseries and a solarium There will be a formula room and private and semi-private rooms for patients

A children's ward, with the x-ray, library and records departments, will be on the third floor The Schenectady County Medical Society will have a special tonsil ward on this floor

About twenty-five private rooms, a seven-bed ward and a three-bed ward, and a spacious solarium will be located on the fourth floor

The addition is expected to be ready for occupancy next Fall

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THE HOSPITAL FOR JOINT DISEASES in New York City has filed plans for a four-story clinic adjoining its main building, which occupies the block front on the east side of Madison Avenue, between East 123d and 124th Streets The addition will cost $450,000 and will occupy a frontage of 99.2 feet on 123d Street and 57 8 feet on 124th Street, running through the block It will be erected from plans by Charles B Meyers, architect.

OAKLEIGH THORNE, Millbrook, one of the trustees of St. Francis' hospital, in Poughkeepsie, has presented the hospital with a new La Salle ambulance It will accommodate two patients and has a detachable swinging hammock for a third patient. It carries a chromium plated portable type stretcher carrier, mounted with balloon type tires The stretcher is equipped with a form fitting rubber mattress with foot rests as well as arm supports Modernistic mahogany cabinets decorate the interior, ample enough to supply any medical need while en route to the hospital

FEELING THAT PROVISION of immediate needs of the Tuberculosis and Psychiatric Divisions of Grasslands Hospital will be a future saving in human life and money,

In so ruling the Court said in its opinion with reference to the interpretation of the statute above referred to

Mr G (appellant's counsel) contended that the proper construction of the words 'infamous or disgraceful conduct in a professional respect" is infamous or disgraceful "in the ordinary sense of the epithets and in accordance with the common judgment of men." Mr M, on behalf of the College, contended that the test is not whether the acts complained of would be regarded as infamous or disgraceful conduct in the common judgment of men, but whether they would be so regarded by the accused's professional brethren of good repute. Who would be the best judges of what was infamous or disgraceful conduct in a professional respect? Obviously, the members of a man's own profession where certain recognized conventions or codes of honor prevail It appears to me that the natural construction of the language used is that the standard by which the accused is to be judged is not what is infamous or disgraceful conduct in the common judgment of men but that which is infamous or disgraceful conduct in the judgment of his professional brethren of good repute and competency

With reference to Dr H's failure to disclose the nature of his remedy, the Court said in part

Dr H gave no satisfactory reason for failing to disclose to his professional brethren or to the public, the formula of his serum. If he really believes he has discovered a serum which will cure cancer, why does he not confer on humanity the benefit of his discovery If his serum has real merit no one would receive greater honor or reap a richer reward than Dr H from such disclosure. His persistent refusal to make disclosure compels me to ask the question, is he really convinced that his serum will do all he claims for it, or is his opinion influenced, consciously or unconsciously, by the remuneration he receives for treating patients? The question, however, is not whether Dr H is honest in his claim, he may be perfectly honest. The question is not whether his serum may or may not ultimately prove all that he claims for it. The real question is, having regard to the widespread and malignant character of the disease and the anxiety of people to secure a remedy, has a physician who claims to have discovered a serum which will cure cancer, but which has not been submitted to any scientific test nor disclosed to any scientist or any other medical man, and which has not in fact been proven to be a cure for cancer, and who advertises by circulars to the profession that he has a cure for cancer, and solicits patients through these circulars, done something in the pursuit of his profession "which would reasonably be regarded as disgraceful or dishonorable by his professional brethren of good repute and competency?" Such conduct may, I think, be "reasonably regarded as disgraceful and dishonorable by his professional brethren of good repute and competency"

It is of the greatest importance that if there is real merit in Dr H's serum the public should have the benefit of it. If there is no real merit, the public should know it. During the course of argument the Court suggested as a possible solution that Dr H should disclose to some independent scientific body the formula for his serum, and that under the supervision of this body, with Dr H's cooperation, patients should be treated, so that its effects might be carefully tested, and that in the meantime Dr H's name should be restored to the register Counsel for the College intimated that the College would accept this solution but counsel for Dr H stated it was not possible to agree to it as Dr H's position was that the time was not opportune to disclose his formula I hope Dr H will yet change his mind and act on the suggestion of the Court, and if he does so, that the College will reinstate him

POSTGRADUATE STUDY IN SYPHILIS

A program of postgraduate study in syphilis has been arranged at the New York University College of Medicine to extend from February 15 to June 15 The course is made possible by a grant from the United States Public Health Service through the State Department of Health

The training is intended primarily for physicians already working in state and local departments of health but other physicians may be accepted The work will be done in the New York University College of Medicine, in the syphilis clinics and wards of Bellevue Hospital, and in the various laboratories and bureaus of the New York City Department of Health devoted to venereal disease study

Physicians at present engaged in health department work may apply either directly to the office of the dean at the College of Medicine, 477 First Avenue, New York City, or through their state health departments Others should apply directly to the College

ALUMNI DAY MEDICAL PROGRAM

The New York University College of Medicine announces through James W Smith M D, Secretary of the Committees on Science, Education, and Entertainment that Alumni Day will be celebrated February 22 Many prominent medical men are scheduled to speak The complete program will be published in the next issue of this JOURNAL

Medicolegal

LORENZ J BROSNAN, ESQ
Counsel, Medical Society of the State of New York

Professional Misconduct — Falsely Advertising Cure for Cancer

An interesting case involving discipline of a licensed practitioner of medicine in connection with his activities with respect to an alleged specific cure for cancer recently came before the appellate court in a nearby jurisdiction *

Charges were brought against a certain Dr H that he had been guilty of infamous or disgraceful conduct, first in that he had claimed to have discovered a specific cure for cancer but that his claim was unsubstantiated, and, second, in that he had represented to persons suffering from cancer that if they would submit to his treatment they could and would be cured when in fact they were not so cured The relevant sections of the Act relating to medical practice under which the proceedings were instituted against Dr H contained the following provision

> 30 (1) Where any registered medical practitioner has either before or after he is registered been—guilty of any infamous or disgraceful conduct in a profession respect, such practitioner shall be liable to have his name erased from the register

The charges against the accused were duly investigated by the Discipline Committee of the College of Physicians and Surgeons Upon those hearings it appeared that Dr H claimed that he had been working for years upon the subject of cancer seeking to discover a remedy, and that in 1931, he discovered what he described as a "specific" for it, which he had been using since that time The next year he had circularized the medical profession concerning his claimed discovery and in his circular he had stated "The germ theory plus irritation is the only rational explanation of the cause of cancer and this must be met by a specific This I have discovered and it is given intravenously The result of this treatment is seen in my patients Shall be pleased to have you correspond and make inquiries as regards any case you may have" Other circulars were sent out which included particulars of cases treated with illustrations of claimed results

When he appeared before the examining body Dr H declined to disclose what his specific was or how it was prepared He was vague in his responses as to the amount of the solution administered, and as to methods of administering doses He was unable to furnish definite information as to the number of cases treated each year, but it appeared that he treated a considerable number Four patients treated gave evidence upon the hearing, but all had been operated and had received x-ray or radium treatment or both before Dr H had begun his treatments

Although these patients credited their improvement to Dr H, the evidence was not clear as to whether the results were due to his treatment or were in spite of his treatment There was no proof that any of these patients were definitely cured.

Dr H was given an opportunity to call as witnesses patients who had not had prior x-ray or radium treatment whom he had claimed to have cured, but he failed to produce such proof

Dr H explained his refusal to disclose the formula of his remedy by claiming that he was afraid he would lose the benefit of it and thus lose the result of his life's work.

There was proof adduced that the accused had made charges to his patients of from $15 to $25 per treatment

After hearing the evidence the Discipline Committee reported that it was determined that Dr H, a registered medical practitioner claimed to have discovered a specific and a cure for cancer, that his said claims were not supported, but that in spite of that fact he had for over five years treated cancer patients with his remedy and charged fees therefor The report, however, included a finding that the evidence was insufficient to support the charge that he had warranted cures Upon these findings the Medical Council of the College of Physicians and Surgeons by resolution ordered that the name of Dr H be erased from the register of physicians and surgeons, thereby revoking his license to practice

Dr H appealed from the action taken but the appellate court sustained the disciplinary action which had been taken, and dismissed the appeal

* Matter of H——(1937), 3 D L R. 687

Hospitals Opened to Invasion

"Every hospital in the state" would find itself invaded by this amendment, declares President Black. To quote

Let us consider what this amendment would do It specifies, "tax-supported and partially tax-supported hospitals" Every hospital in the state comes under the legal definition of "*partially tax-supported*" Every time a private hospital accepts even a single patient whose hospitalization is paid for by city, county, state or by The Workmen's Compensation Insurance Fund, that hospital then is partially tax-supported for that year, and therefore it is evident that should this proposed amendment become a part of our constitution, it would open every hospital in the state to chiropractors, optometrists, chiropodists, midwives, naturopaths, and WHAT HAVE YOU!

"Scintillating Pseudo-Science"

A sample plea of the backers of this measure is interesting, or, as *Colorado Medicine* calls it, "a sample of their scintillating pseudo-science." Here it is

Did you know that the majority of ordinary mental cases can be cured by chiropractic—that 40 to 60 per cent of the 'hopeless' cases in psychopathic hospitals throughout the country are being completely cured, despite the fact that most of them had been declared incurable—that your loved ones confined in the insane asylum in Pueblo and tax supported homes for child mental defectives are denied the benefits of such treatment—that chiropractic and other drugless treatment could cure a very large percentage of them, restore them to their loved ones and greatly reduce the expense of such institutions to the tax payers? The Health Freedom Amendment makes it incumbent upon the authorities to supply all recognized drugless methods, as well as medical treatment, to these poor helpless victims

"Chaos Worse than Babel"

Other states are taking alarm and see the Colorado campaign as merely the opener of a drive that may become national in scope. Thus the *Illinois Medical Journal* prints a leading editorial declaring that this "is the problem of every state in the Union, for what can happen in Colorado can and will happen anywhere" It observes

Demonetization of silver was the first contemporary disaster to overtake the grave western state of Colorado, and to break down its fences for progress Trouble after trouble has since overtaken the commonwealth—one of the younger states in the Union since its admission dates back only as far as 1876 Industrial arguments, political confusions, dust storms and other ebullitions of economics or of nature are followed now by what seems to be the complete communization of Colorado

New legislation would appear to be about to sweep away the bulk of the safe and sane statutes with medicine being the wooden horse to drag the enemy, concealed and dangerous, within the gates, and the cults booting the horse from behind. Word from Colorado announces that petitions are now in circulation throughout Colorado's extensive area to initiate an amendment to the Constitution of Colorado, which if adopted will effectively repeal *the Medical Practice Act, at least temporarily cancel every professional license in Colorado, repeal the bulk of the public health laws, destroy the Basic Science Law and open every hospital and all insurance and compensation practice to every conceivable type of healing cult* What price the confusion of tongues?

Chaos worse than Babel will result in the professions of medicine, law, dentistry, nursing, engineering, accounting and all other professions ad infinitum if this proposed amendment goes through It is expected from the number of signatures already obtained to the petitions in circulation that the constitutional amendment will appear on the ballot for the 1938 general election.

The amount of money that all the charlatanistic cults are pouring into this effort to achieve this sad end is amost beyond the imagination. Public statements of the backers of the endeavor evidence plainly that the chief objects in view are the destruction of those statutes designed to protect the public by licensing professions under state regulation, with the attack of course PRIMARILY AGAINST MEDICINE, which it must be confessed looks much like a gentle touch from Washington, D C. Staid Colorado citizens—and some few such remain—state candidly that this is the most vicious attack ever aimed in Colorado at medicine and public health

This is the rankest of medical anarchy, and it is not Colorado's problem alone. It is the problem of every state in the Union, for what can happen in Colorado can and will happen anywhere.

Apathy in the face of this peril will be fatal, declares President Black of the Colorado Hospital Association, and in a neat paraphrase he gave a piece of advice that fits all the struggles that now beset the profession

Ill fares the land to hastening ills a prey,
Where overconfidence accumulates and men delay

Across the Desk

"Freedom! What Crimes are Committed in thy Name!"

"HEALTH FREEDOM" is the engaging title attached to a proposed amendment to the Constitution of Colorado which the cultists of the state are working tooth and nail to get adopted at this year's election Its backers must have 37,000 signatures to "initiate" the measure and assure its appearance on the ballot, and *Colorado Medicine* said in November that they were reputed to have two-thirds of that number then Colorado medical and hospital authorities expect that the required signatures will be obtained by the corps of workers paid to get them, and the amendment will face the voters on the ballot in the fall

How the Colorado physicians feel about it may be gathered from this biting comment in the organ of that State Medical Society

So they call it the "Health Freedom Amendment!"

Yes, it has to do with Health, all right—it would endanger the health of every citizen in the state, particularly the poor and those in any type of state institution

Yes, it has to do with Freedom, too—freedom from prosecution, for every quack, crook and charlatan who calls himself some kind of doctor and imposes upon the credulous, for the amendment would repeal all the protective health and healing laws built up by previous generations—freedom, yes, the same kind that exists in pure anarchy

Merely the Opening Battle

Nor is Colorado alone in danger President Herbert A Black, M D, of the Colorado Hospital Association, says that the state has been selected for the opening battle "by interests national in extent." If they win there, then other states will be attacked, so that we have here a matter of acute national concern The proposed amendment reads

"Be it enacted by the people of the State of Colorado, The Constitution of the State of Colorado is hereby amended to include therein the following *Article*

"Section 1 No person shall be denied the exclusive right, to choose his own State licensed system of healing and doctor, for State required examinations, or for therapeutic services in connection with State compensation or other insurance benefits, nor to choose his own State licensed system of healing, and to have such service rendered to him while an inmate, patient, or charge, of tax-supported or partially tax-supported corrective, therapeutic, eleemosynary, or other public institutions in the State.

"Section 2 No profession recognized by the State shall be denied the exclusive right to examine, license and regulate the practice of its own members, through its own legally constituted board or authority

"Section 3 This amendment shall be self-executing, and the general assembly shall enact such regulatory measures as are necessary to carry out its purposes"

Would Kill Medical Practice Act

This amendment, for one thing, would nullify Colorado's Basic Science Law, less than a year old That is the opinion of an eminent legal firm engaged by the State Medical Society to study its possible effects They report

It is our opinion that, if this constitutional amendment be adopted, it will

(1) Definitely destroy the basic science law passed at the last session of the legislature.

(2) Repeal virtually the entire medical practice act so far as it relates to the qualifications, examinations, licensing, regulation, and control of those who desire to engage in the practice of medicine and surgery, midwifery, and chiropody

(3) Will destroy all state statutes providing for the examination, licensing and regulation of the practice of members of every profession recognized by the state.

(4) Will preclude all future action by this legislature in conflict with such amendment providing for the examination, licensing and regulation of the practice of every profession recognized by the state.

(5) In all cases in which mental or physical examinations are required by the state law or regulations of the board of health, make it possible for the person so to be examined, to demand that such examination be made by a doctor of any state licensed school of healing or therapy of his choosing

This will include not only lunacy inquisitions but also the treatment of lunatics after commitment, the treatment of all persons in any legal place of detention, where the law at present provides for their examination and treatment.

excellent piece of work by an authority in the field of nutrition, and highly recommends it to students in science courses and to the medical profession—not to the lay public.

PAUL C ESCHWEILER

Surgical Treatment. A Practical Treatise on the Therapy of Surgical Diseases By James Peter Warbasse, M D & Calvin M Smyth, Jr, M D Second edition in three volumes Octavo, illustrated Philadelphia, W B Saunders, 1937 Cloth, $35 00

The first edition of this work was brought to the attention of the profession in 1918 and contained at that time, 2,400 illustrations The second edition, which has been brought up to date and revised, is well illustrated Some of the illustrations are in color, which adds considerably to the descriptive anatomy on the various parts of the body under discussion The subject matter has been divided in somewhat similar manner As in the previous volumes, ideas and practices which have become antiquated since the first edition have been deleted and modern methods substituted This is particularly noticeable in the chapters on fractures, tumors, and vascular diseases The three volumes represent an excellent attempt to cover, for the student, the entire subject of surgery, from anaesthesia to the economic and social aspects of surgical treatment. Under the last mentioned heading, competitive practice, group practice, culture of the surgeon, etc, is briefly discussed

To those who are familiar with the text of the first edition and who enjoyed the detailed description of practically all surgical procedures of that date, the second edition, we are sure, will be gratefully received for Dr Smyth in collaboration with Dr Warbasse, has given us a three volume treatise which should serve the surgical profession and student as did the first edition

HEBERT T WIKLE

Infantile Paralysis and Cerebral Diplegia. Methods Used for the Restoration of Function By Elizabeth Kenny Octavo of 125 pages, illustrated Sydney, Australia, Angus & Robertson, 1937 (Philadelphia, P Blakiston's Son) Cloth, £1 1s 0d

The author wishes to create the idea that her methods of treatment are new This is unfortunate, as her methods are really well known, but very rarely used thoroughly as she advocates Her treatment differs from the orthodox treatment in that she creates and works under the most favorable conditions and equipment. Her favorable results are further enhanced because she provokes a cooperative response from the patient by a strong enthusiastic personality which she seems to possess, and which she instills in those whom she trains for the work. Her criticism of the so-called orthodox method of treatment is not true, as shown by her own quotations from leading medical authorities that she uses to stress the value of her methods

The book is valuable, however, in showing that a great deal can be done for paralytic patients when treated with intelligence, perseverance and interest, and by a strong personality who imparts his enthusiasm to the patient, thus obtaining the maximum cooperation

We would recommend that individuals, especially masseuse, masseurs and nurses who care for paralytics read this book.

JOSEPH B L'EPISCOPO

Hypnotic Power Its Cultivation, Use, and Application to Psychotherapy By Colin Bennett Duodecimo of 158 pages New York, E P Dutton & Company, 1937 Cloth, $1 50

There seems to be a re-awakening of interest in hypnosis Several articles and books have recently appeared for both lay people and physicians

The book under discussion is written apparently by a layman for lay consumption It tends to present some practical features about hypnosis and its different stages The presentation itself tends to stress the dramatic feature of the entire phenomenon, but the value of the book will depend upon its readers and the use to which they will put the knowledge gained from its perusal

IRVING J SANDS

Introduction to Clinical Psychology for Students of Medicine, Psychology & Nursing By Edward M Westburgh, Ph D Octavo of 336 pages Philadelphia, P Blakiston's Son & Co, 1937 Cloth, $3 50

This book has been written for the benefit of physicians amongst others, who may be interested in the correction of personality difficulties and in keeping individuals mentally adjusted

The opening chapter deals with historical data pertaining to psychology and psychoanalysis The next treats of test material, indicating the proper method of interpretation of the I Q Then follows a detailed discussion of the affective factors involved in personality, such as sense feeling and instinct feeling, sentiment and interest and various mechanisms

The second part of the book deals with some fundamental concepts of clinical psychology and is a presentation of the philosophic and theoretic structure upon which clinical psychology is based

The appendix contains an outline for the clinical study of personality, tests of ability

Books

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and the interest to our readers

RECEIVED

Physical Therapy in Arthritis By Frank H Krusen, M D Duodecimo of 180 pages, illustrated New York, Paul B Hoeber, Inc, 1937 Cloth, $2 25

The Diary of a Surgeon in the Year 1751-1752 By John Knyveton, M D Octavo of 322 pages, illustrated New York, D Appleton-Century Co, 1937 Cloth, $2 50

Practical Physiological Chemistry By Philip B Hawk, M S and Olaf Bergeim, M S Eleventh edition Octavo of 968 pages, illustrated Philadelphia, P Blakiston's Son and Company, 1937 Cloth, $8 00

Manual of Human Dissection. By Edwin M Shearer, Ph D Quarto of 321 pages, illustrated Philadelphia, P Blakiston's Son and Company, 1937 Cloth, $4 25

A Diabetic Manual for the Mutual Use of Doctor and Patient. By Elliott P Joslin, M D Sixth edition Octavo of 219 pages, illustrated Philadelphia, Lea & Febiger, 1937 Cloth, $2 00

Methods of Treatment. By Logan Clendening, M D Sixth edition Octavo of 879 pages, illustrated St Louis, The C V Mosby Company, 1937 Cloth, $10 00

The Management of Fractures, Dislocations, and Sprains By John A Key, M D and H Earle Conwell, M D Second edition Quarto of 1246 pages, illustrated St Louis, The C V Mosby Company, 1937 Cloth, $12 50

A Practical Treatise on Diseases of the Skin for the Use of Students and Practitioners By Oliver S Ormsby, M D Fifth edition Quarto of 1334 pages, illustrated Philadelphia, Lea & Febiger, 1937 Cloth, $12 00

Crippled Children, Their Treatment and Orthopedic Nursing By Earl D McBride, M D, and Winifred R Sink, R N Second edition. Octavo of 379 pages, illustrated St Louis, The C V Mosby Company, 1937 Cloth, $3 50

REVIEWED

Health Education of the Public A practical Manual of Technic By W W Bauer, M D and Thomas G Hull, Ph D Octavo of 227 pages, illustrated Philadelphia, W B Saunders Company, 1937 Cloth, $2 50

This book certainly should be valuable to the newcomer in the field of health education It covers all the media used, and discusses them pro and con Much of the material presented and the discussion thereof is in the nature of review to the person experienced in the dissemination of information to the public The book should be extremely valuable to physicians finding themselves on public health and relations committees of medical societies, and to physicians acting as advisors in health education to organizations such as schools, churches and the like

One is disturbed to find, in a book as small as this, errors in proof-reading, when preparation of material and its proof-reading is part of discussion in the book and its publishers have for years been noted for the excellence of their material

ALEC N THOMSON

The Little Things in Life The Vitamins, Hormones, and Other Minute Essentials for Health By Barnett Sure, Ph D Octavo of 340 pages New York, D Appleton-Century Company, 1937 Cloth, $2 50

"The Little Things in Life" by Dr Barnett Sure is one of the recent additions to the *Appleton Popular Health Series* It is the story of vitamins, mineral elements, and ductless glands in relation to nutrition and health of man told to the lay reader in non-technical language

This volume covers these fields in exceptional detail, and includes references to work done up to the time of going to press The author has made use of a large field of literature. He gives credit to individual workers by name and location, and makes free use of reference to his source material

The advisability of presenting the layman with such a large mass of information, some of which is controversial, is questioned Too much is written for the general public beyond their capacity to evaluate the facts presented.

The reviewer considers this volume an

ORDERING BOOKS

As a service exclusive to our readers, books published in this country may be ordered through the Business and Editorial Offices of the Journal (33 W 42nd St, N Y C.) postage prepaid. Order must be accompanied by remittance covering published price.

diseases The latter includes New York City H L WEHRBEIN

The Principles and Practice of Clinical Psychiatry By Morris Braude, M D Octavo of 382 pages Philadelphia, P Blakiston's Son & Co, 1937 Cloth, $4 00

Comparing this little volume of practical psychiatry with the usual textbook, one must confess that it falls rather short of the mark. There is a somewhat curtailed and run-of-the-mine assembly of topics, but nowhere a coming to grips with the problems of psychiatry or the recent forward strides made in its progress This is perhaps best exemplified in a one line discussion of the incidence of schizophrenia as "the most common mental disease" Another glaring error is the quotation of quite recent and important contributions to the subject in the bibliography which are not even hinted at in the body of the text This has the fatal effect of outmoding the writing even before publication

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It is the impression in this corner, that the author has summarily set down a short, practical course in clinical psychiatry and tried to fill in the skeleton with too little flesh

SAM PARKER

Tumors of the Nervous System An investigation of the Most Recent Advances Volume XVI of a Series of Research Publications of the Association for Research in Nervous and Mental Disease. Octavo of 493 pages, illustrated Baltimore, The Williams & Wilkins Company, 1937 Cloth, $7 50

This work comprises sixteen chapters, is fairly well-integrated, and deals with various phases of the tumor problem

An interesting chapter on the Meningiomas by Dr Joseph Globus contains a simplified classification of Meningeal Neoplasms The chapter dealing with the "Long Postoperative Survivals in Cases of Intracranial Tumor" deserves comment because of its hope producing quality and its tendency to allay the discouraged attitude towards brain tumors in general, so common in the medical profession

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On the whole, the publication attains the same level found in other volumes of the Association HAROLD R MERWARTH

The Cost of Adequate Medical Care. By Samuel Bradbury, M D Octavo of 86 pages Chicago, University of Chicago Press, 1937 Cloth, $1 00

In 1933 the Committee on Costs of Medical Care published Bulletin No 22 by Lee and Jones on the *Fundamentals of Good Medical Care* In that Bulletin the authors gave their definitions of the commonly used terms "adequate" and "scientific" medical care and insisted that the treatment desired was to be "good" not "ideal" The expected incidence of disease was calculated, and quantitative estimates of services required in the prevention, diagnosis and treatment of diseases and physical defects were made. Lee and Jones did not study the financial aspects of their subject

That part has been undertaken by Dr Samuel Bradbury, and is now published in this small book. For his study of costs he has used the minimum fee schedule adopted by the Chicago Medical Society in 1933-34 "The calculated number of services required for adequate medical care as defined by Lee and Jones multiplied by the corresponding minimum fees in the adopted schedule gives the estimated cost." In the study Dr Bradbury proves many interesting items The relative proposition of work devolving on the general practitioner and the specialist, the amount of time required of each to perform those duties, the hospital, nursing and laboratory needs and possible preventive care are reviewed The amounts of money that would (should?) be paid by a thousand people are submitted

Based on the standards given the "services for the care of diseases and defects" would cost $63 53 per person annually or approximately $9,500 000 000 for all the people in this country Forty-six per cent of this amount would be for physicians' cost Established preventive services would cost in addition $12 00 per person For the same services the Committee on Costs of Medical Care estimated $2,400,000,000 per

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This book will be of use mainly to the physician interested in the field of behavior

STANLEY S LAMM

Artificial Fever Produced by Physical Means, Its Development and Application, By Clarence A Neymann, Associate Professor of Psychiatry, Northwestern University Medical School, Honorary Professor of Medicine, National University of Mexico, C.R.B Exchange Professor of the Universities of Ghent, Liege, Louvain and Brussels, Belgium Springfield, Illinois, Charles C Thomas, 1937 Pp 294 68 illustrations, 21 tables Price $6 00

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Step by step critical analyses of the processes and materials underlying serodiagnosis of syphilis are developed through their historical perspective up to detailed technics, three complement-fixation and seven flocculation reactions being given Of major interest to the diagnostician and therapist, however, are those chapters analyzing directly the evaluating factors for diagnosis and continued therapy They should at least out-date many points of obsolescent belief continued and engendered by laggard and conflicting literature

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year and listed costs per person varying from $10 84 to $30 00 for ill-defined "complete" care. The example of the author in offering clearly-defined terms, and in applying a definite schedule is very interesting to doctors, and should be to those social workers undertaking the revolution of medical practice Seeking increased medical services they decry and would diminish its quality for purely financial reasons, and would accept socialized medicine, State medicine or compulsory insurance schemes primarily to cut down the costs This book and its contained tables gives a very interesting and serviceable estimate of Cost of Adequate Medical Care on a fee for service basis

THOMAS A McGOLDRICK

Handbook of Hygiene for Students and Practitioners of Medicine By Joseph W Bigger, M D Octavo of 405 pages Baltimore, William Wood and Company, 1937 Cloth, $4 00

This volume fulfills the purpose for which it was intended, namely to supply information concerning hygiene and preventive medicine for students of medicine and general practitioners It discusses briefly, though completely, the elements of hygiene, and includes the phases of public health that are of practical value

Occupational hygiene is well discussed, and a chapter on Sanitation and Water Supply is especially valuable

This book is recommended for those who wish to familiarize themselves with hygiene and public health without taking time to delve through larger works

SAMUEL ZWERLING

A Mind Mislaid By Henry Collins Brown Octavo of 219 pages New York E P Dutton & Co, 1937 Cloth, $2 00

The book is written by a cultured gentleman who was one of the founders of the Museum of the City of New York and who had a definite psychosis later in life

He dedicates it to himself in admiration of his many engaging qualities He relates his experiences at the Westchester Division of the New York Hospital (Bloomingdale Hospital) in a vivid manner Many anecdotes relating to both patients and physicians are described It is an interesting narrative of his three years' residence in a mental hospital

The author has apparently grasped the outstanding characteristics of many of his physicians, and this makes fascinating reading for those who happen to know them

IRVING J SANDS

The Harvey Lectures Delivered Under the Auspices of The Harvey Society of New York, 1936-37 Series XXXII Octavo of 245 pages, illustrated Baltimore, The Williams & Wilkins Company, 1937 Cloth, $4 00

The series of lectures for this year, represent a compilation of important recent contributions to the physiology of metabolism, and studies of the nervous system with the elucidation in each lecture of its clinical application

Penfield in his lecture on *Cerebral Cortex and Consciousness* discusses his remarkable, experimental studies of brain localization, performed on the brain in the course of operation under local anesthesia

Landis summarizes his investigations on *The Passage of Fluids Through the Capillary Wall* He discusses the three factors which control the movement of fluids through membranes, the size of the filtering surface, the permeability of membranes, and the intracapillary pressure

Ranson's lecture on *Some Functions of the Hypothalmus* is a study of diabetes and the role of the hypothalmus in the control of the sympathetic nervous system

Schoenheimer, in a lecture on *Intermediary Metabolism,* presents a report of his investigations of this phenomenon with the aid of heavy hydrogen

The remainder of the series consists of papers by Madsen on the *Health Organization of the League of Nations,* Gasser on the *Control of Excitation in the Nervous System,* Long on *The Influence of the Pituitary and Adrenal Glands upon Pancreatic Diabetes* and Sir Henry Dale's excellent talk on the *Transmission of Nervous Effects by Acetylcholine*

WILLIAM S COLLENS

To Drink or Not to Drink. By Charles H Durfee, Ph D Octavo of 212 pages New York, Longmans, Green and Co, 1937 Cloth, $2 00

The phase of alcohol that is discussed in this book is as it relates to habit formation The author clearly points out the steps which lead the individual "to the escape." Understanding the drinker is the keynote of the volume, which devotes itself in a most serious attempt to impress the reader with the need for a sympathetic and humanitarian viewpoint in the care, treatment and reeducation, physical and mental up-building of the "problem drinker" This book is recommended to physician and layman alike, for it "offers insight hope and help to many drinkers, their families and friends"

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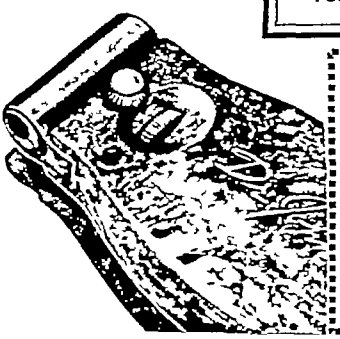
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"Interpines Sanitarium," a specialized hospital treating nervous and mental diseases Special depts, physical and occupational therapy, and clinical laboratory Established 1890 Medical Director, Frederick W Seward, M D, since 1899

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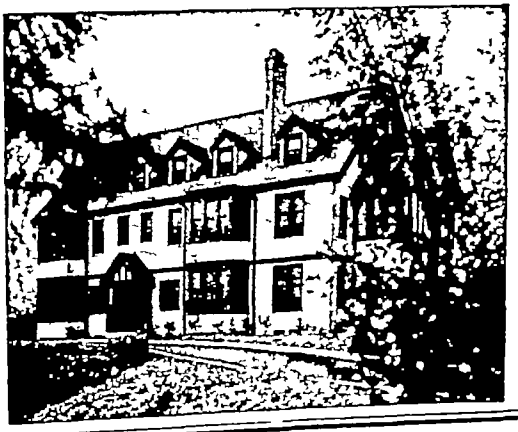
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Ulrich (N E. J Med. 217 696 Oct. 28 1937) makes a second report on the treatment of narcolepsy with Benzedrine Sulfate (benzyl methyl carbinamine sulfate S K F) Some of his patients have now had continuous treatment for nearly two years

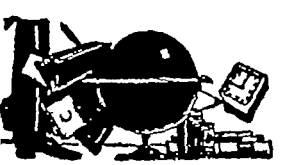
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"Benzedrine Sulfate" In Narcolepsy

Ulrich (N E. J Med., 217 696 Oct. 28 1937) makes a second report on the treatment of narcolepsy with "Benzedrine Sulfate (benzyl methyl carbinamine sulfate, S K.F) Some of his patients have now had continuous treatment for nearly two years.

Seven of the ten cases of narcolepsy were complicated by cataplexy All had complete or marked relief on administration of 'Benzedrine Sulfate' in doses varying from 10 to 60 mg a day, the average daily dose being 25 mg In only one case was there an apparent tolerance developed. Cataplectic symptoms were particularly benefitted, and did not re-appear even after withdrawal of therapy

No evidence of permanent deleterious effects or habit formation was found Slight rise in blood pressure and basal metabolic rate was produced in some instances but these effects were transitory Anorexia and momentary discomfort were prevented by reducing the dose or changing the time of administration

Two patients who suffered from obesity had an 11% loss of weight with Benzedrine Sulfate in doses of 20 to 30 mg a day This effect was not observed in patients of normal weight

Ephedrine was tried in three cases of narcolepsy but was found to be of slight or no benefit. Dibenzyl carbinamine given to four patients failed to relieve narcoleptic symptoms and produced gastro-intestinal reactions especially in large doses

The author concludes that 'Benzedrine Sulfate' provides the only satisfactory treatment for narcolepsy but cautions against unsupervised use

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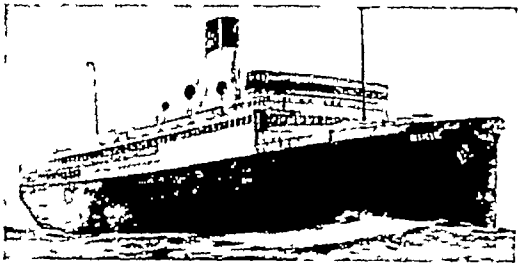
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(Continued on page xlii)

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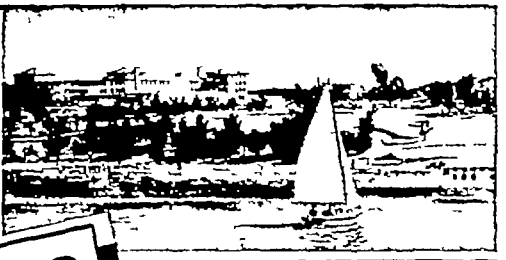
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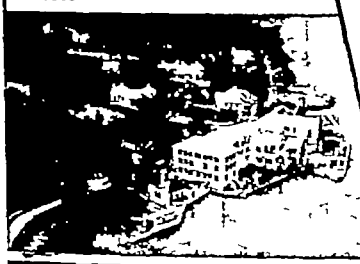
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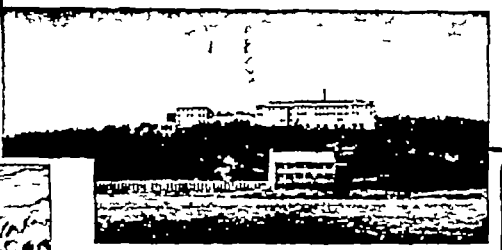
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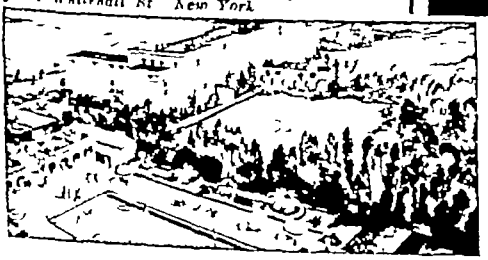
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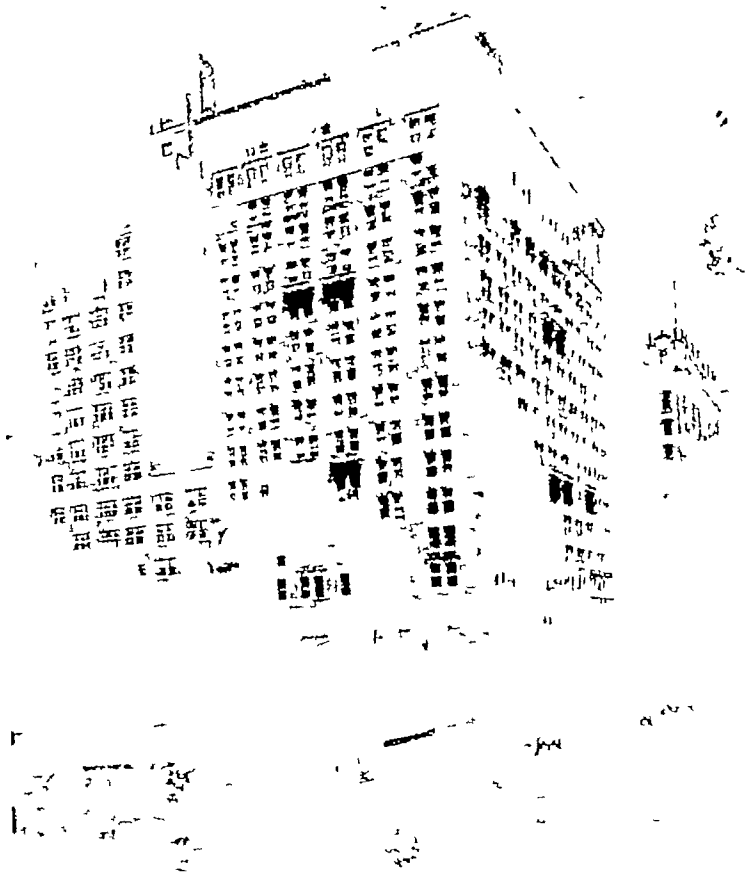
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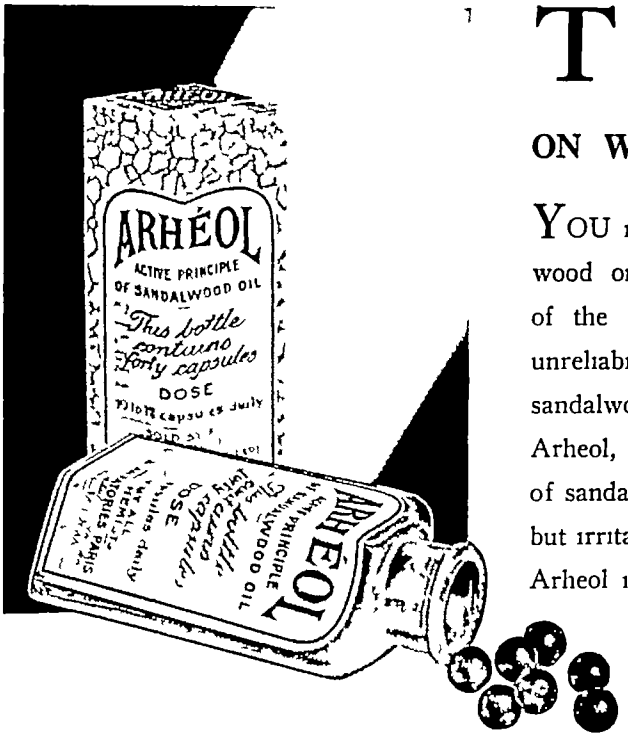
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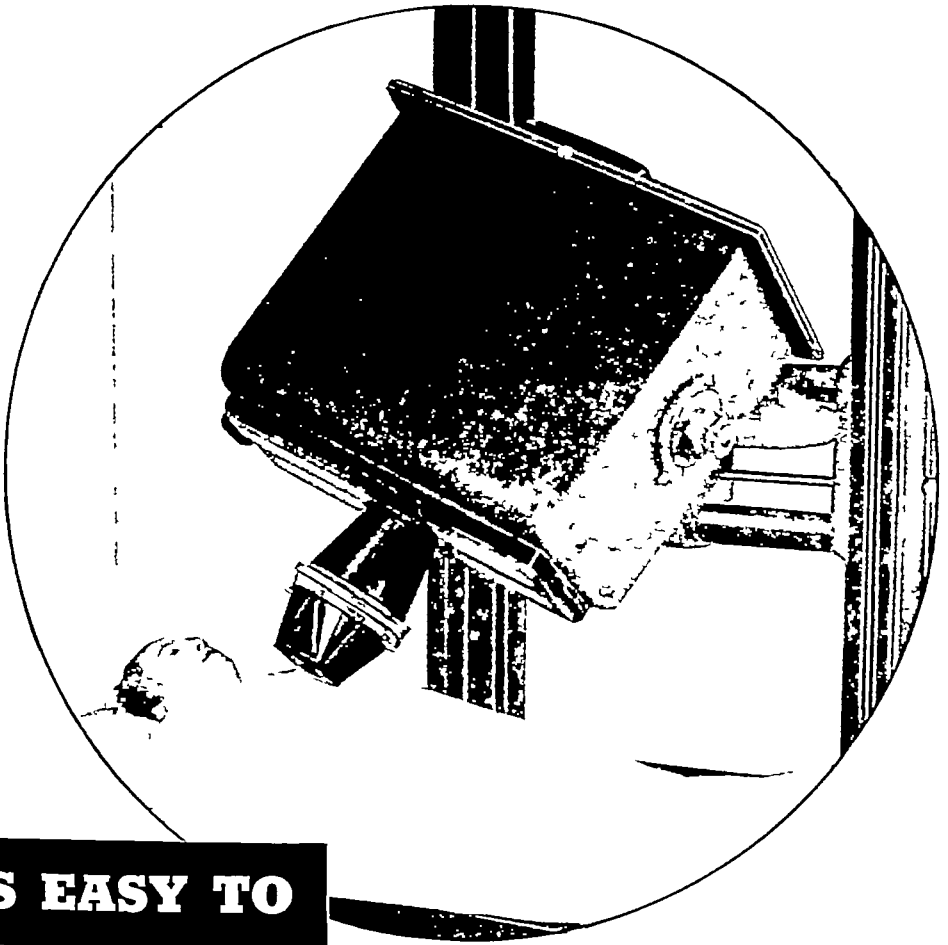
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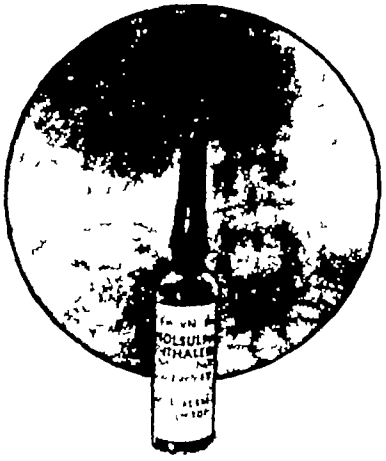
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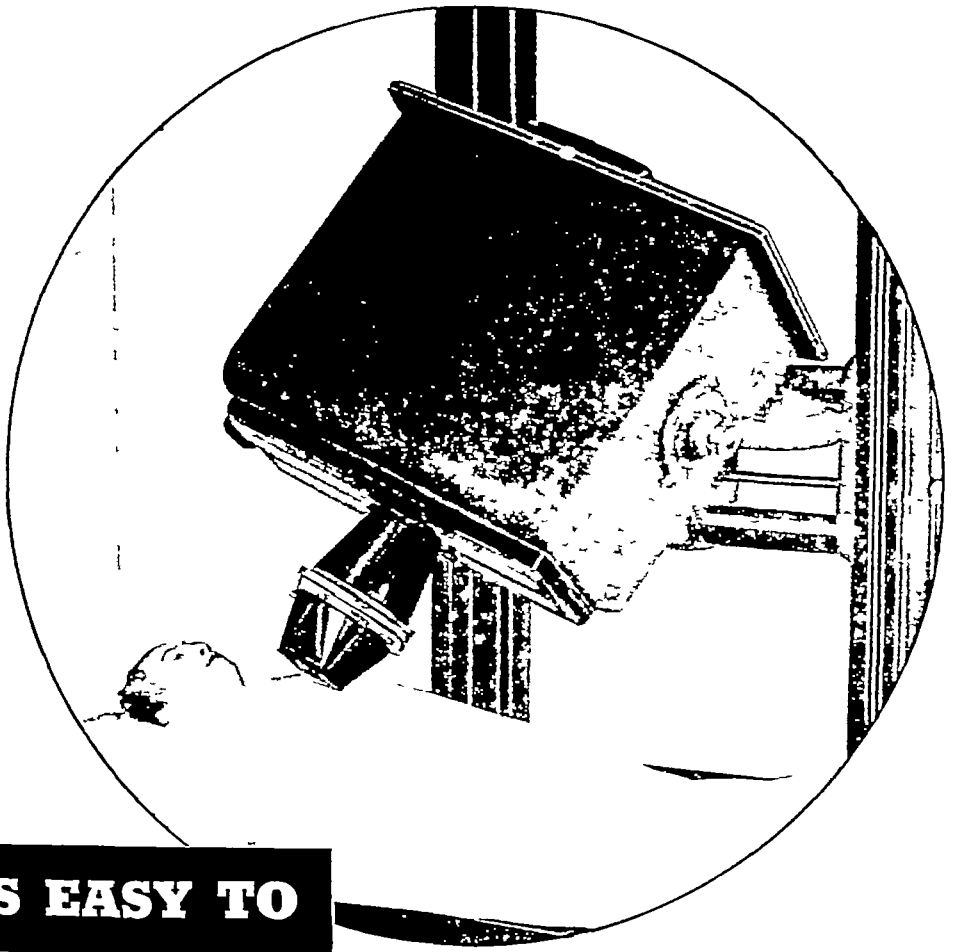
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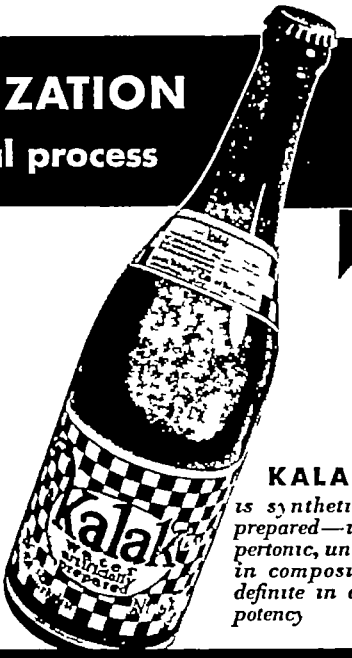
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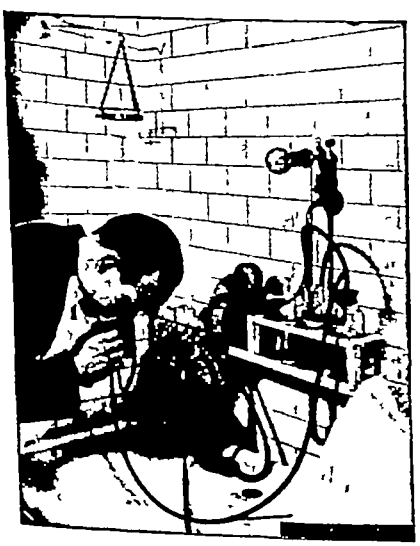
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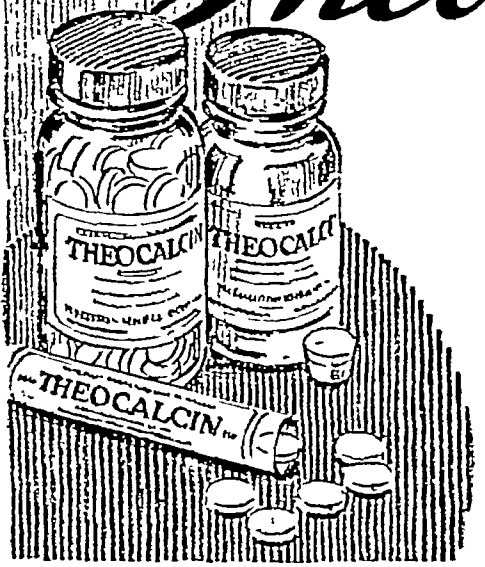
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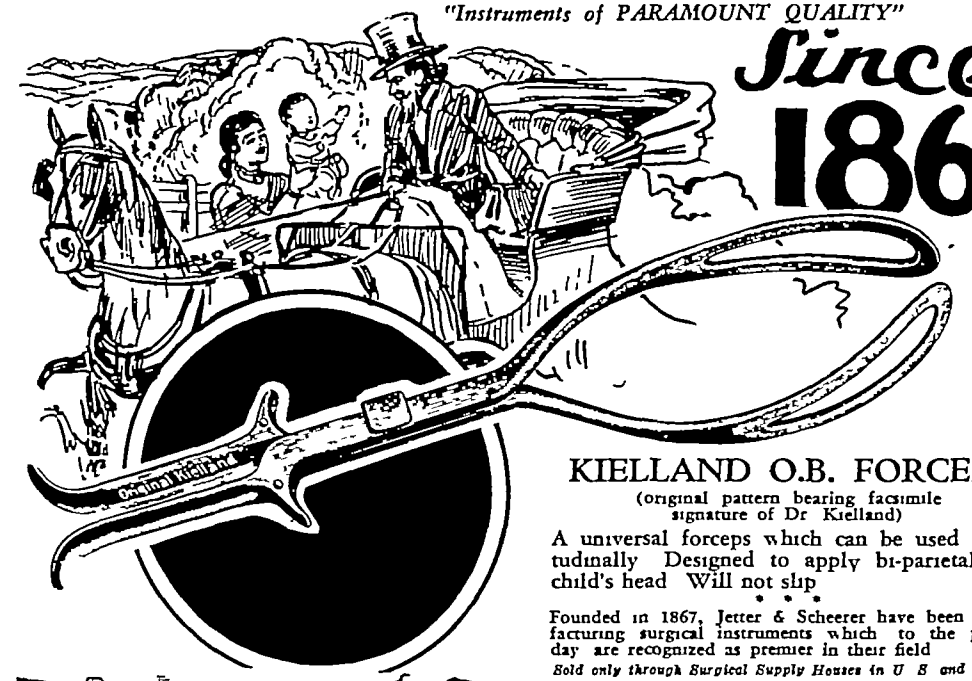
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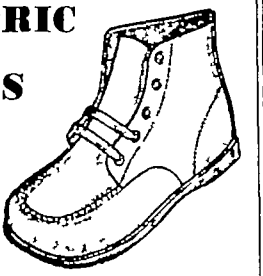
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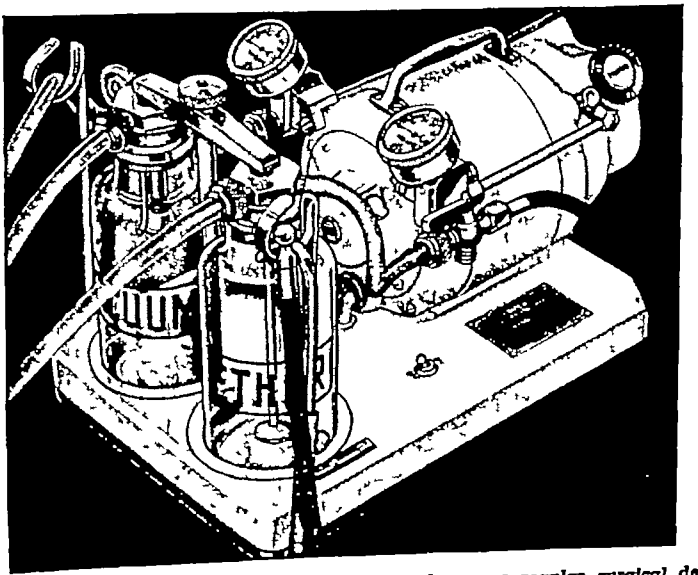
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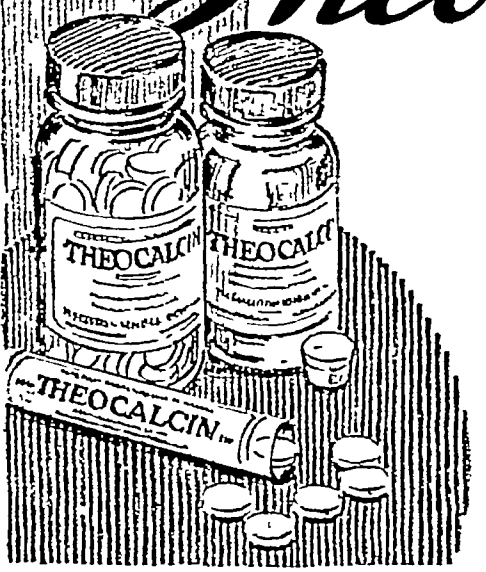
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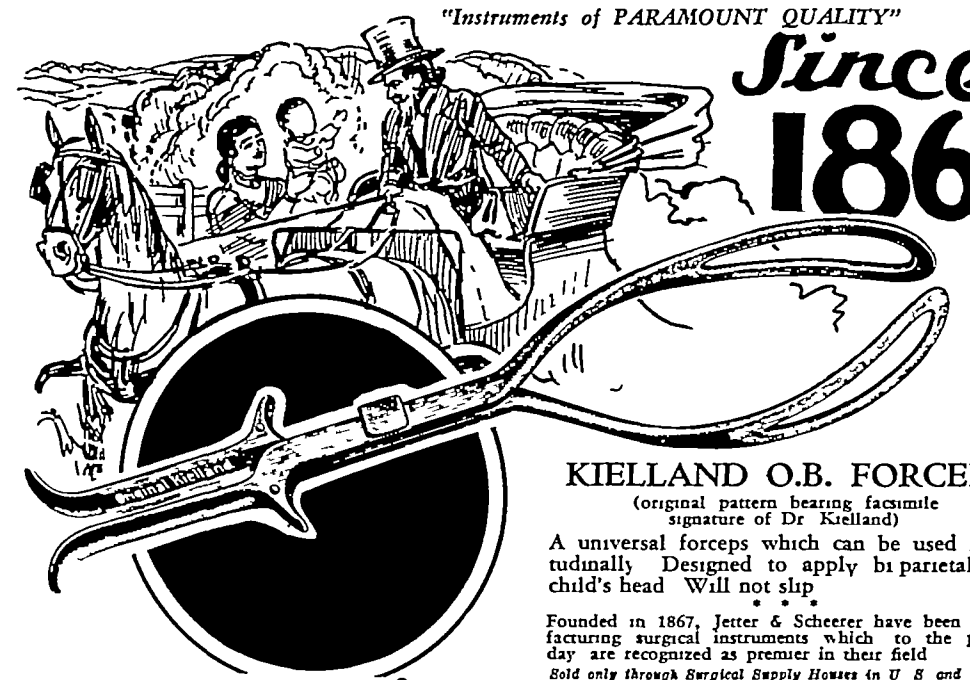
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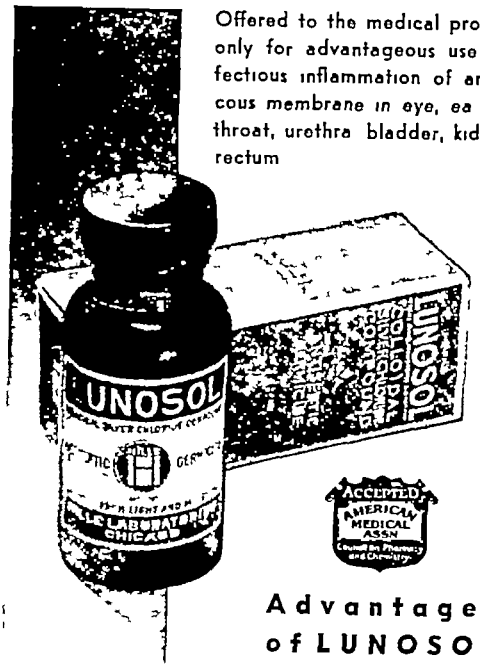
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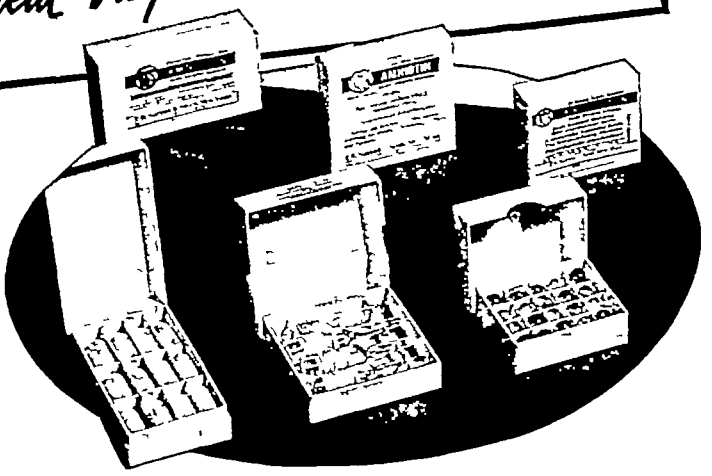
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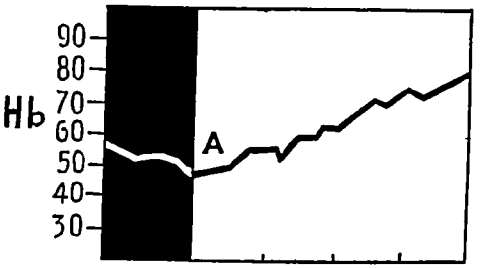
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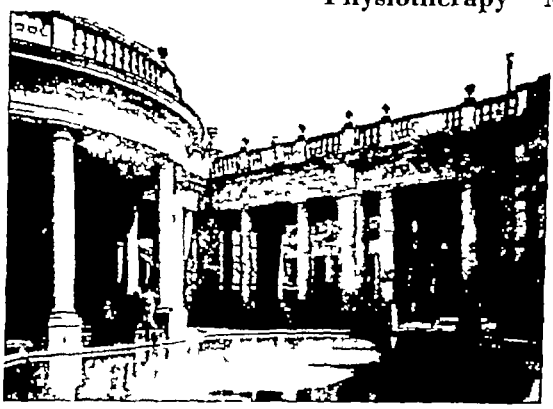
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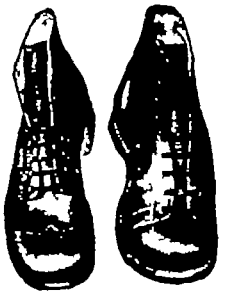
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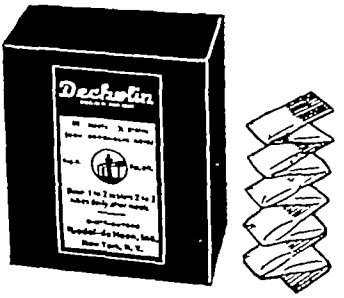
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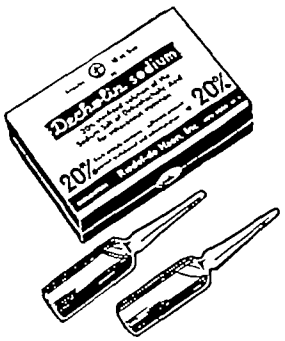


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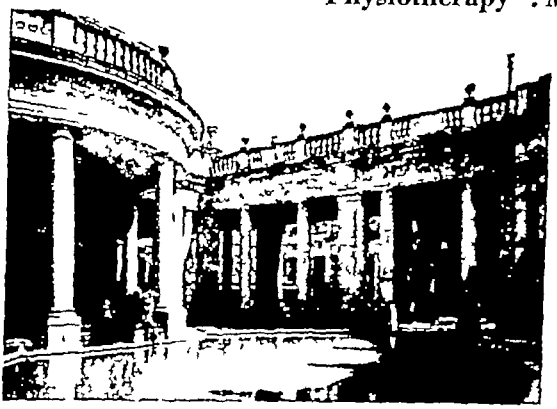
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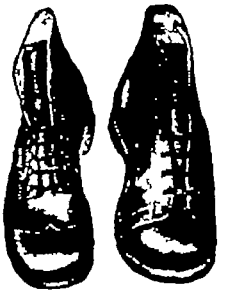
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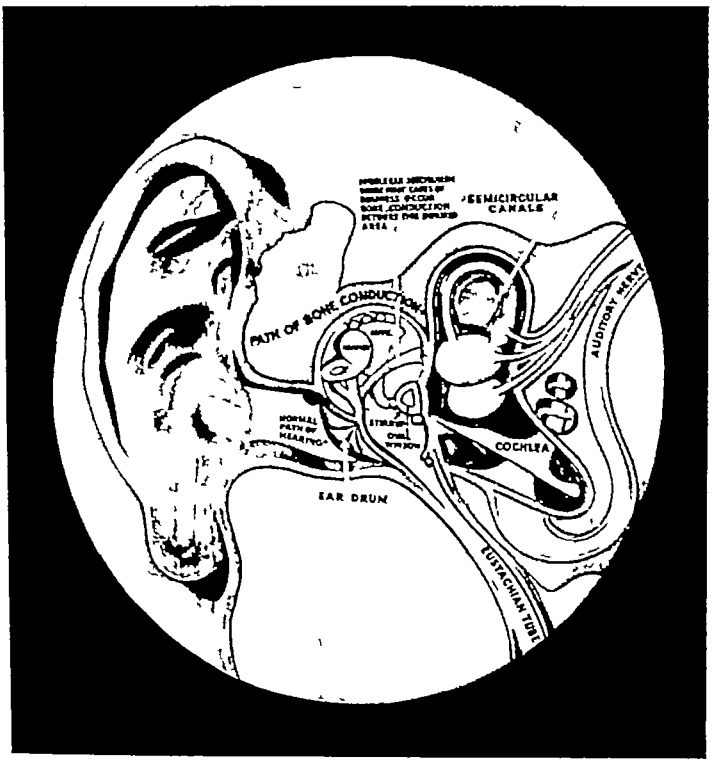
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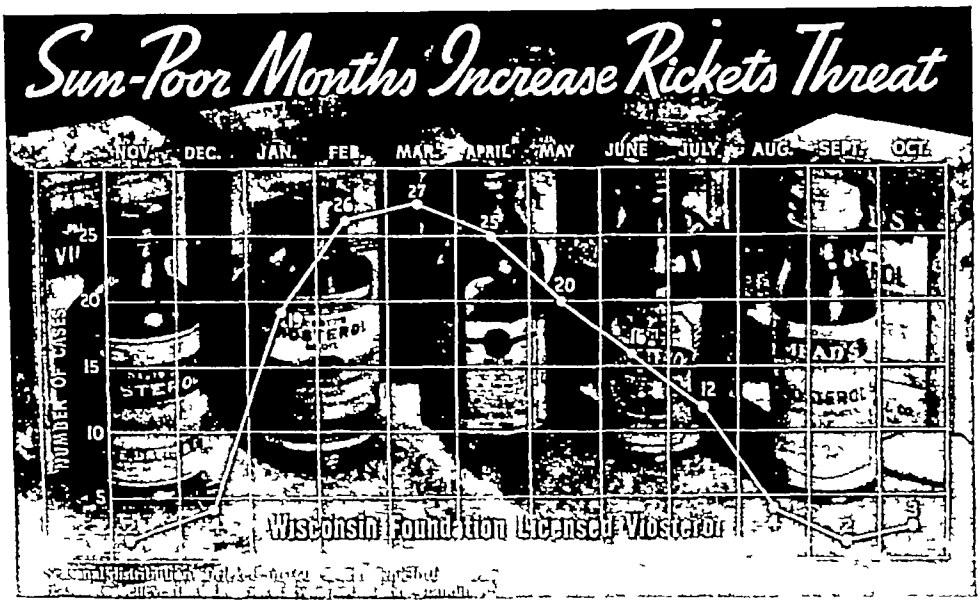
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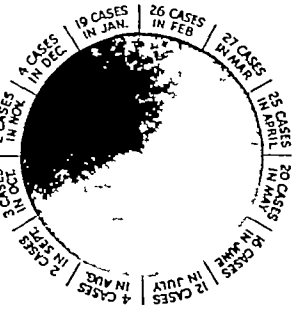
By Abbott—Mead Johnson—Parke-Davis—Squibb—Winthrop

RICKETS flourishes during winter months Its mounting threat begins in September when solar ultra-violet falls to 3/8, and in December drops to 1/8 of its June 15 Vitamin D value Rickets increases its advantage now, in midwinter It reaches its peak in March

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** "Six Years Clinical Experience with Viosterol," Shelling and Hopper Page 165, Bulletin of Johns Hopkins Hospital, Vol. LVIII, No. 3, March 1936. Based on Laurens—"Physiological Effects of Radiant Energy" p. 44

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an aid in building resistance to colds

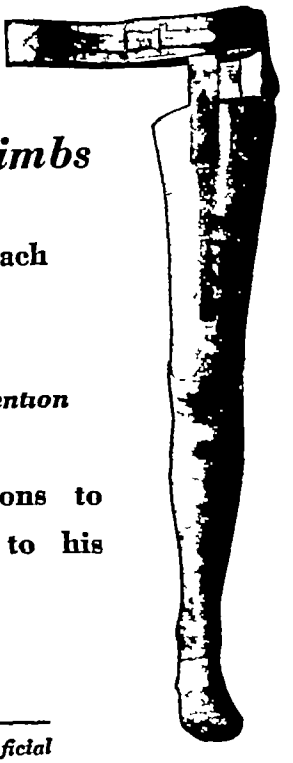
It is generally accepted that one of the best ways to ward off colds is to build up the general health with consequent greater resistance to illness In doing this, diet may play an important part Especially valuable in this type of diet is milk—extolled as the most nearly perfect food—whose importance as a health-builder has been known for centuries

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(MINERAL PARTS PER MILLION)

Hypothetical Combinations	Geyser Water	Hathorn Water	Coesa Water
Ammon chlorid	61 17	59 10	38 77
Lithium chlorid	27 00	64 49	42 43
Potass. chlorid	233 81	789 54	348 00
Sodium chlorid	2 511 61	8 594 84	4 930.39
Potass. bromid	32.00	160 00	16 00
Potass. iodid	1 60	4 80	2.00
Sodium sulphate	Trace	None	None
Sod metaborate	Trace	Trace	Trace
Sodium nitrate	Trace	Trace	Trace
Sodium nitrite	Trace	Trace	Trace
Sodium bicarb	2,206.54	424 71	433 70
Calcium bicarb	1 877 09	3,380.84	2,545 74
Barium bicarb.	Trace	25 65	39 03
Strontium bicarb	Trace	Trace	Trace
Ferrous bicarb	23 15	40 07	14.25
Magnes bicarb	874 71	2 244 88	1,378.52
Alumina	1.59	4 98	2.70
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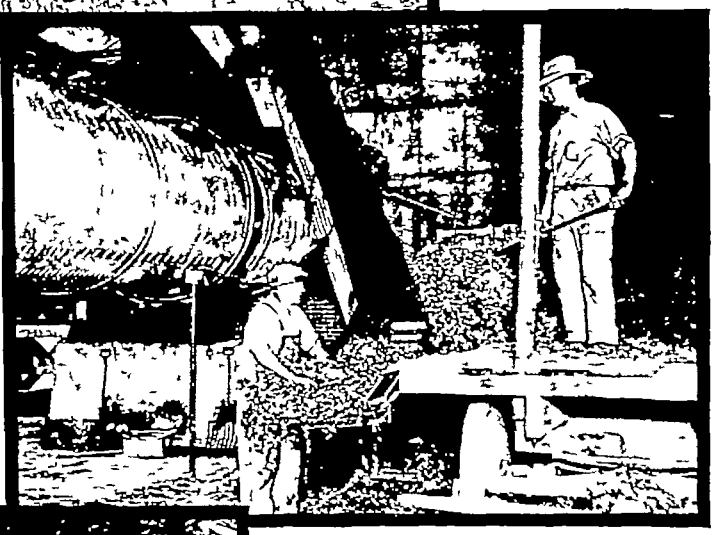
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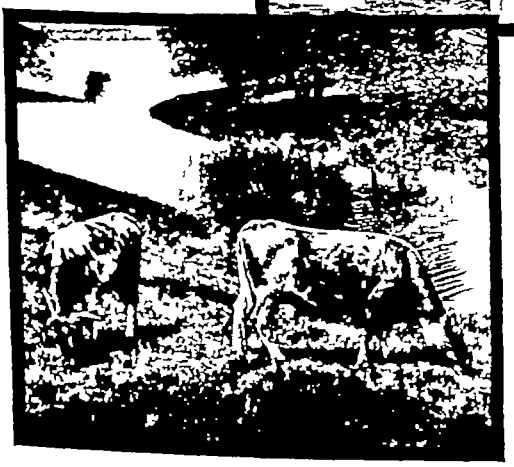
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*Free from protein likely to produce allergic manifestations.

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Maltose	23.2%
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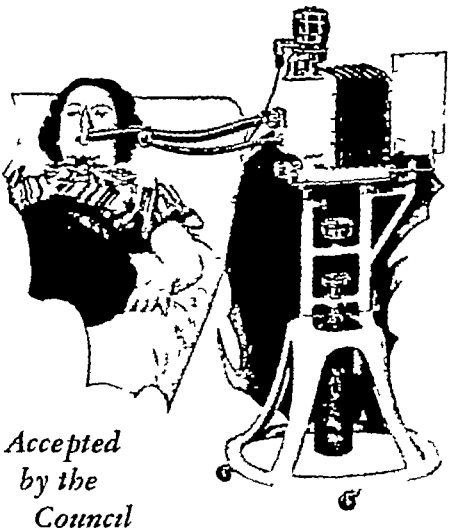
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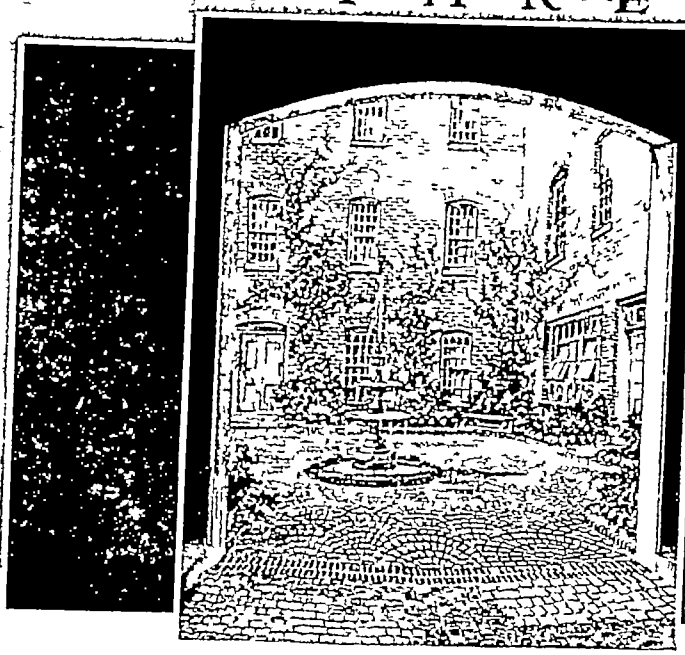
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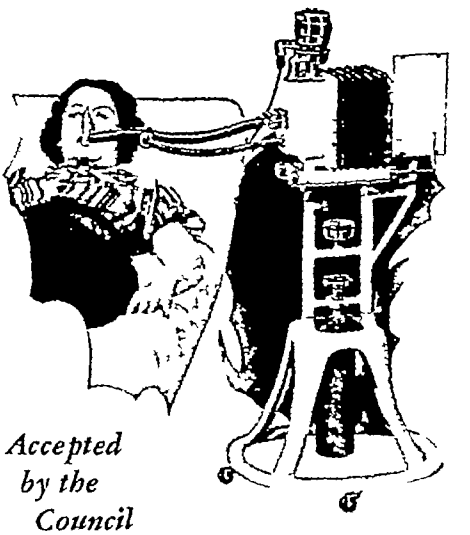
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Vol 38 FEBRUARY 15, 1938 No 4

ANTIPNEUMOCOCCUS RABBIT SERUM AS A THERAPEUTIC AGENT IN LOBAR PNEUMONIA

II Additional Observations in Pneumococcus Pneumonias of Nine Different Types

FRANK L HORSFALL, JR., M D, KENNETH GOODNER, PHD, and COLIN M MACLEOD, M D, *New York City*

From the Hospital of the Rockefeller Institute for Medical Research

The use of type specific antipneumococcus rabbit serum as a therapeutic agent in lobar pneumonia has been reported in previous papers [1,2] The various theoretical advantages of rabbit antiserum, the rationale which formed the basis for its clinical trial, and the results obtained in twenty-two cases of lobar pneumonia resulting from infection with pneumococcus Types I, II, VII, or VIII have been presented

Since the publication of these initial papers additional experience has been gained in the use of antipneumococcus rabbit serum Up to the present time sixty-seven patients have been treated with type specific antipneumococcus rabbit sera prepared in this laboratory

It is the purpose of this paper to present the results obtained in the entire group of sixty-seven cases of lobar pneumonia which have been treated with type specific antipneumococcus rabbit serum The group includes forty-five cases of lobar pneumonia which have not been previously reported, as well as the twenty-two cases described in an early paper Nine different types of pneumonia—I, II, III, V, VI, VII, VIII, XIV, and XVIII—have so far been treated with unconcentrated homologous antipneumococcus rabbit serum

Methods

Antisera Type specific antipneumococcus rabbit sera have been prepared and tested according to the technic described in a previous paper [3] It has been found to be desirable to heat the antiserum to 56°C for thirty minutes, and subsequently to absorb it with sterile kaolin for fifteen hours at 4°C in order to reduce chill producing substances It has also been found necessary to test the antiserum after it has been treated in the manner described, by the intravenous injection of two c c. in each of three normal rabbits, according to the technic described[3] in order to estimate the reduction in chill producing substances As was indicated previously[3] there is a very close correlation between the mean thermal reaction produced in normal rabbits and the extent of the chill reaction caused in human beings by the intravenous injection of antipneumococcus rabbit serum When antisera which had been treated by the method described did not cause a significant thermal reaction in rabbits, no chill reaction followed the intravenous injection of these antisera in patients with lobar pneumonia This correlation will be more fully discussed below

Cases The cases in this series have been an unselected group of patients with lobar pneumonia. In so far as it has been possible, the clinical study and the care of the patients has been identical with that outlined in the previous paper [2] A complete

Read in part before the Section on Pharmacology and Therapeutics at the Annual meeting of the American Medical Association, Atlantic City, June 10, 1937



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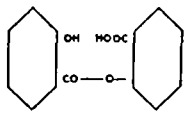
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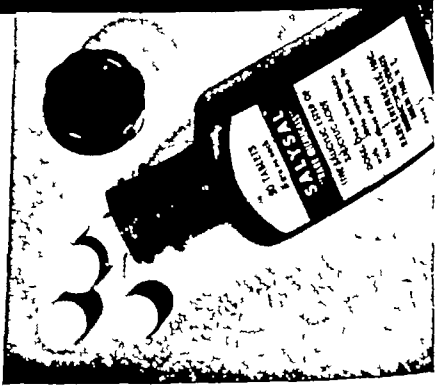
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c.c. have been given in this short period without producing discomfort. In the last fifty cases an effort has been made to give an adequate therapeutic quantity of antiserum in a single injection It has been found that the oral administration of acetyl salicylic acid just prior to the injection of rabbit antiserum, as was previously suggested,[8] is advisable even if the antiserum has been shown by intravenous tests in rabbits to be free of signficant amounts of chill producing substance

Of the sixty-seven cases of lobar pneumonia which have been treated with unconcentrated type specific antipneumococcus rabbit serum prepared in this laboratory, thirty-nine have been treated in the Hospital of the Rockefeller Institute, sixteen in the Harlem Hospital, six in the Babies Hospital, (New York City), two in the Albany Hospital, Albany, N Y, and one each in the New York Hospital, the Presbyterian Hospital (New York City), the Plainfield Hospital, N J, and the Middletown Hospital, N Y*

Because lobar pneumonia is not one disease, but a group of specific infectious diseases,[9] each of which has a different etiology and a different specific treatment, it is important to consider the patients treated with type specific antipneumococcus rabbit serum in groups according to the etiology of the infection

Type I

Twenty-five patients with Type I pneumonia have been treated with unconcentrated Type I antipneumococcus rabbit serum This group includes the ten patients with Type I pneumonia previously reported [2] In Table I are presented the chief facts concerning this group of cases with lobar pneumonia It will be observed that of the twenty-five, only four were females

The average age of the group was thirty-three years, and included in the series are two children aged six and eight years respectively Consolidation of two or more lobes occurred in nine cases, and in four cases it was bilateral Type I pneumococcus bacteremia was present in eleven cases Pleural exudates infected with Type I pneumococci were encountered in two cases Type I antipneumococcus rabbit serum therapy was begun on an average of seventy-seven hours after the onset of the disease, in two cases it was delayed for 220 and 330 hours respectively

Four patients in this series had been found to be extremely hypersensitive to *horse* serum In two of these four patients there was no evidence of hypersensitiveness to rabbit serum, while the other two were markedly hypersensitive to both horse and rabbit serum Even in the latter two cases, however, it was possible to give full therapeutic quantities of rabbit serum intravenously in a relatively short period of time This was accomplished by the following technic Into the tube of a continuously flowing glucose-saline intravenous infusion increasing quantities of diluted rabbit antiserum were injected The initial rate of 0001 c.c of antiserum per minute was doubled every ten minutes, and in this way within a period of three hours the full quantities of antiserum were given without any reaction

In the whole group a mean quantity of 134 c c of unconcentrated Type I antiserum was injected intravenously per case The average time which elapsed between the intravenous test dose and the completion of serum therapy in the last twenty-two cases has been but five hours

The acute signs of the disease, as judged by the temperature, pulse and respiratory rates, have disappeared on the average nineteen hours after the institution of serum therapy Thirteen cases received an adequate therapeutic quantity of serum in a single intravenous injection and in this group the average period from the beginning of serum therapy until the completion of crisis was but seven hours

The two patients with infected pleural exudates must be considered separately Both of these cases had Type I pneumo-

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physical examination was made immediately after admission to hospital The physical signs indicating consolidation of one or more lobes of the lung were confirmed by x-ray examination The pneumococci in the sputum were typed by the Neufeld technic and subsequently the type was confirmed by mouse inoculation Blood cultures were taken shortly after admission and repeated as frequently as was desirable As soon as the type of pneumococcus in the sputum had been determined, tests for sensitiveness to rabbit serum were carried out

Tests for Sensitiveness

1 Intradermal test The initial experience concerning the frequency with which falsely positive skin tests are encountered after the intradermal injection of 1 c c. of a 1 10 dilution of normal rabbit serum into human beings,[2] has been confirmed by subsequent testing No reliance has been placed on the results of the intradermal test because of the commoness of false positive reactions when rabbit serum is used A markedly positive test occasionally occurs in patients subsequently shown not to be sensitive to rabbit serum on intravenous injection It is believed, on the basis of preliminary tests, that the number of false positive reactions can be reduced by substituting normal serum diluted 1 100

2 Conjunctival test This test is carried out by instilling 0 1 c.c of a 1 10 dilution of normal rabbit serum into one conjunctival sac. While this test has been of little aid in forming judgment as to sensitivity, a positive reaction would be taken as an indication that all subsequent procedures should be undertaken with the greatest caution

3 Intravenous test The intravenous test however, has been found to be entirely satisfactory and no patient in the entire series of sixty-seven patients has been found to show any evidence of sensitiveness to rabbit antiserum in whom the intravenous test was negative. In four instances, more fully described below, both the clinical history and previous tests with *horse* serum indicated marked sensitiveness to the serum of this species In two of these four cases the intravenous test with rabbit serum was entirely negative, and in both of these patients a full therapeutic dose of antiserum was given in one injection without the production of untoward symptoms In the other two cases, however, the intravenous test with rabbit serum was strongly positive Despite this fact, it was possible to give a full therapeutic dose of rabbit antiserum intravenously by beginning very slowly with extremely dilute antiserum, and with great caution gradually increasing the concentration of the serum injected

For the intravenous test for sensitiveness it has been the routine practice to inject 1 c.c. of the therapeutic rabbit antiserum to be administered, diluted to five c.c. with physiological saline. Although this quantity of serum injected intravenously as a test dose, caused no reaction in sixty-five patients, it was large enough to produce a moderately severe reaction in the two patients who gave definite histories of allergy and were known to be sensitive to horse serum It would undoubtedly be safer, as a routine, slowly to inject intravenously 05 c.c. of rabbit antiserum diluted to five c c with physiological saline. In cases where a suggestive history of allergy is elicited, or where hypersensitiveness to the serum of another species is demonstrated, it would seem wise to inject not more than 01 c c of rabbit antiserum diluted to five c.c

A positive reaction to the intravenous test is manifested by a decrease in the arterial systolic pressure of fifteen mm. of Hg or more, and an increase in the cardiac rate of fifteen beats per minute or more, both occurring within five minutes or less after the injection of the test dose of antiserum The test, under the conditions stated, gives distinct and sharply defined results In sixty-five cases the intravenous test was entirely negative, that is there was either no change in the arterial pressure and the cardiac rate, or the alterations in both were so slight as to be insignificant On the other hand, in two cases the test was markedly positive as manifested by the usual rapidly occurring and dramatic signs of mild shock, accompanied by a sharp fall in arterial pressure and a marked rise in cardiac rate In none of the sixty-five patients in whom the intravenous test was negative did there develop symptoms suggesting any sensitiveness to rabbit serum during or after the administration of the full therapeutic dose

Administration of antiserum One half hour after the intravenous test for sensitiveness to rabbit serum had been shown to be negative, the therapeutic administration of antiserum was begun Undiluted antipneumococcus rabbit serum has been given intravenously throughout these studies The rate of injection of the antiserum has been quite rapid in most instances One hundred and twenty c c of antiserum may be injected safely intravenously in ten minutes As much as three hundred

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Type II

Ten patients with Type II pneumonia have been treated with unconcentrated Type II antipneumococcus rabbit serum This group includes the four patients with Type II pneumonia previously reported [2] In Table II are presented the salient facts concerning this group of cases It will be noted that of the ten patients, three were females and seven were males The average age of the group was forty years Consolidation of two or more lobes occurred in three cases Type II pneumococcus bacteremia was present in one case. Pleural exudates infected with Type II pneumococcus were encountered in two cases

Type II antipneumococcus rabbit serum therapy was commenced on an average of sixty-eight hours after the onset of the disease It seems important to point out that two cases in this series were in the fourth day of the disease, while two

TABLE III — TYPE III PNEUMONIA TREATED WITH TYPE III ANTIPNEUMOCOCCUS RABBIT SERUM

Case number	Sex	Age	Lobes consolidated	Bacteremia	Infected Pleural exudate	Serum hours after onset	Serum c.c.	Crisis hours after serum	Result*
1	M	2	1	0	0	84	115	40	R
2	M	5	1	0	0	96	123	104	R
3	M	45	1	+	+	170	221	—	D
4	M	53	3	+	0	100	355	—	D
5	F	6	2	0	0	160	150	12	R
6	F	58	3	0	0	36	260	—	D
7	F	52	1	+	0	103	390	39	R
8	F	72	2	0	0	48	281	—	D
9	M	35	1	0	0	25	75	16	R
10	F	60	2	0	0	52	240	—	R
11	F	57	3	0	0	48	482	300	R
12	F	49	1	0	0	18	385	47	R
13	F	64	3	+	0	42	508	—	D
Average		54				75	320	79	
Per cent									46

TABLE IV — TYPE V PNEUMONIA TREATED WITH TYPE V ANTIPNEUMOCOCCUS RABBIT SERUM

Case number	Sex	Age	Lobes consolidated	Bacteremia	Infected Pleural exudate	Serum weeks after onset	Serum c.c.	Crisis days after serum	Result*
1	M	2	2	0	+	2	190	4	R
TYPE VI TREATED WITH TYPE VI ANTIPNEUMOCOCCUS RABBIT SERUM									
1	M	13m	3	+	+	5	50	1	R
2	M	15m	2	+	+	9	100	1	R

TABLE V — TYPE VII PNEUMONIA TREATED WITH TYPE VII ANTIPNEUMOCOCCUS RABBIT SERUM

Case number	Sex	Age	Lobes consolidated	Bacteremia	Infected Pleural exudate	Serum hours after onset	Serum c.c.	Crisis hours after serum	Result*
1	M	35	1	+	0	37	164	39	R
2	M	32	1	0	0	34	122	11	R
3	M	60	1	0	0	28	150	9	R
4	F	68	2	0	0	34	224	40	R
5	F	54	1	0	0	98	164	9	R
6	F	39	1	0	0	100	140	8	R
Average		48				55	160	17	
Per cent									0

*R indicates recovery D indicates death.

TABLE I — TYPE I PNEUMONIA TREATED WITH TYPE I ANTIPNEUMOCOCCUS RABBIT SERUM

Case number	Sex	Age	Lobes consolidated	Bacteremia	Infected Pleural exudate	Serum hours after onset	Serum c.c.	Crisis hours after serum	Result*
1	M	57	3	+	+	63	112	95	R
2	F	36	3	+	0	101	115	24	R
3	M	30	2	+	0	15	220	39	R
4	M	8	1	0	0	39	32	12	R
5	M	54	1	+	0	44	160	10	R
6	M	29	2	+	0	47	117	15	R
7	M	46	1	0	0	30	140	14	R
8	F	39	1	+	0	34	140	14	R
9	M	43	1	+	0	35	90	6	R
10	F	50	1	+	0	14	120	5	R
11	M	43	1	0	0	36	120	8	R
12	M	25	1	0	0	120	120	8	R
13	M	16	1	0	0	28	118	2	R
14	F	23	1	+	0	108	120	8	R
15	M	38	2	+	0	52	340	42	R
16	M	29	1	0	0	100	120	4	R
17	M	38	1	0	0	76	120	4	R
18	M	23	1	0	0	54	120	4	R
19	M	56	1	0	0	52	100	8	R
20	M	6	3	+	+	220	72	98	R
21	M	14	1	0	0	76	80	—	D
22	M	47	2	0	0	150	140	8	R
23	M	14	2	0	0	60	120	6	R
24	M	29	2	0	0	330	120	20	R
25	M	21	1	0	0	50	315	34	R
	—	—	—	—	—	—	—	—	—
Average		33				77	134	19	
	—	—	—	—	—	—	—	—	—
Per cent									4

TABLE II — TYPE II PNEUMONIA TREATED WITH TYPE II ANTIPNEUMOCOCCUS RABBIT SERUM

Case number	Sex	Age	Lobes consolidated	Bacteremia	Infected Pleural exudate	Serum hours after onset	Serum c.c	Crisis hours after serum	Result*
1	F	60	1	+	+	50	229	48	D
2	F	36	1	0	0	52	155	80	R
3	M	19	2	0	+	49	268	68	R
4	M	50	2	0	0	145	210	6	R
5	M	27	1	0	0	30	200	10	R
6	F	40	1	0	0	80	450	60	R
7	M	42	1	0	0	146	252	14	R
8	M	46	1	0	0	76	222	24	R
9	M	42	2	0	0	3	220	72	R
10	M	35	1	0	0	48	42	24	R
	—	—	—	—	—	—	—	—	—
Average		40				68	225	41	
	—	—	—	—	—	—	—	—	—
Per cent									10

* *R indicates recovery* *D indicates death*

coccus bacteremia The first was a male of fifty-seven years Serum therapy was commenced on the third day of the disease Type I antibody of rabbit origin became demonstrable in the pleural exudate, and subsequently the pneumococci disappeared Empyema did not develop The second patient was a male, aged six Serum therapy was commenced on the ninth day of the disease The infection of the pleural exudate was not controlled and empyema necessitating surgical drainage developed Serum sickness occurred in two cases

Twenty-four cases recovered and one died, a mortality rate of four per cent The single death in the series occurred in a male aged fourteen, three hours after the onset of an extremely severe chill reaction

Type II

Ten patients with Type II pneumonia have been treated with unconcentrated Type II antipneumococcus rabbit serum This group includes the four patients with Type II pneumonia previously reported [2] In Table II are presented the salient facts concerning this group of cases It will be noted that of the ten patients, three were females and seven were males The average age of the group was forty years Consolidation of two or more lobes occurred in three cases Type II pneumococcus bacteremia was present in one case Pleural exudates infected with Type II pneumococcus were encountered in two cases

Type II antipneumococcus rabbit serum therapy was commenced on an average of sixty-eight hours after the onset of the disease It seems important to point out that two cases in this series were in the fourth day of the disease, while two

TABLE III — TYPE III PNEUMONIA TREATED WITH TYPE III ANTIPNEUMOCOCCUS RABBIT SERUM

Case number	Sex	Age	Lobes consolidated	Bacteremia	Infected Pleural exudate	Serum hours after onset	Serum c.c.	Crisis hours after serum	Result*
1	M	2	1	0	0	84	115	40	R
2	M	5	1	0	0	96	123	104	R
3	M	45	1	+	+	170	221	—	D
4	M	53	3	+	0	100	355	—	D
5	F	6	2	0	0	160	150	12	R
6	F	58	3	0	0	36	260	—	D
7	F	52	1	+	0	103	390	39	R
8	F	72	2	0	0	48	281	—	D
9	M	35	1	0	0	25	75	16	R
10	F	60	2	0	0	52	240	—	R
11	F	57	3	0	0	48	482	300	R
12	F	49	1	0	0	18	385	47	R
13	F	64	3	+	0	42	508	—	D
Average		54				75	320	79	
Per cent									46

TABLE IV — TYPE V PNEUMONIA TREATED WITH TYPE V ANTIPNEUMOCOCCUS RABBIT SERUM

Case number	Sex	Age	Lobes consolidated	Bacteremia	Infected Pleural exudate	Serum weeks after onset	Serum c.c.	Crisis days after serum	Result*
1	M	2	2	0	+	2	190	4	R
TYPE VI TREATED WITH TYPE VI ANTIPNEUMOCOCCUS RABBIT SERUM									
1	M	13m	3	+	+	5	50	1	R
2	M	15m	2	+	+	9	100	1	R

TABLE V — TYPE VII PNEUMONIA TREATED WITH TYPE VII ANTIPNEUMOCOCCUS RABBIT SERUM

Case number	Sex	Age	Lobes consolidated	Bacteremia	Infected Pleural exudate	Serum hours after onset	Serum c.c.	Crisis hours after serum	Result*
1	M	35	1	+	0	37	164	39	R
2	M	32	1	0	0	34	122	11	R
3	M	60	1	0	0	28	150	9	R
4	F	68	2	0	0	34	224	40	R
5	F	54	1	0	0	98	164	9	R
6	F	39	1	0	0	100	140	8	R
Average		48				55	160	17	
Per cent									0

*R indicates recovery D indicates death.

other cases were in the sixth day when Type II rabbit serum therapy was begun A mean quantity of 225 c c of unconcentrated Type II antiserum was injected intravenously per case The acute signs of the disease, as indicated by the temperature, pulse and respiratory rates, disappeared on an average of forty-nine hours after the institution of serum therapy Serum sickness occurred in six cases.

The two patients with infected pleural exudates must again be considered individually In one patient, a male of nineteen years, serum therapy was begun on the third day of the disease Type II antibody of rabbit origin became demonstrable in the infected exudate and subsequently the pneumococci disappeared Empyema did not occur In the other patient, a female of sixty years, serum treatment was started on the third day of the disease The infected exudate did not become sterile and empyema, necessitating surgical drainage, developed

Nine cases recovered and one died—a mortality rate of ten per cent The single death in this series occurred five weeks after the onset of the disease and resulted from the rupture of an aneurysm of the thoracic aorta into the empyema cavity

Type III

Thirteen patients with Type III pneumonia have been treated with unconcentrated Type III antipneumococcus rabbit serum In Table III are presented the results obtained in this group of cases Of the thirteen patients, three were children aged two, five, and six years All three children had bilateral Type III otitis media The average age of the ten adult cases was fifty-four years Among the thirteen cases there were seven with consolidation of two or more lobes Four cases had Type III pneumococcus bacteremia One pleural exudate infected with Type III pneumococcus was encountered Auricular fibrillation occurred in four patients, and eight were sufficiently ill to require oxygen therapy

Serum therapy was instituted on an average of fifteen hours after the onset of the disease A mean quantity of 320 c.c. of unconcentrated Type III antipneumococcus rabbit serum was given to the ten adult cases, and 129 c.c. to the three children In those who recovered, the acute signs of the disease disappeared at an average of seventy-nine hours after the beginning of serum therapy Serum sickness occurred in six patients

Seven patients recovered, and six patients died—a mortality rate of forty-six per cent The three children were among the patients who recovered One adult female of fifty-two years, who had Type III pneumococcus bacteremia, also recovered

Two patients deserve special attention The first was a male of forty-five, who besides being alcoholic was admitted in a moribund condition on the seventh day of the disease This patient had Type III pneumococcus bacteremia and empyema, and lived for only eighteen hours after admission The second was a female of seventy-two, who, eighteen hours after the injection of 281 c c of antiserum sustained a critical drop to normal in temperature, pulse and respiratory rates This state was maintained for thirty-eight hours, at the end of which time the blood pressure rose sharply to 220/140 The patient had been known to have had hypertension prior to the development of pneumonia Shortly after the sudden rise in blood pressure there developed signs of an intracerebral hemorrhage and death promptly followed

Type V and VI

One case of Type V pneumonia and two cases of Type VI have been treated with unconcentrated homologous antipneumococcus rabbit serum The chief findings in these three cases are shown in Table IV The ages of these three patients were two years, thirteen and fifteen months respectively All had consolidation of two or more lobes Both cases with Type VI pneumonia had Type VI pneumococcus bacteremia In two cases, one of Type V and the other of Type VI, homologous pneumococcus empyema was present before serum therapy was started, and in the Type VI case the empyema was bilateral In the other Type VI case there was a pleural exudate infected with Type VI pneumococcus In each instance antipneumococcus rabbit serum therapy was commenced very late in the disease

The interval which had elapsed from the onset of the disease until serum was injected was thirteen days, five and nine weeks respectively The average quantity of unconcentrated rabbit antiserum which was given intravenously was 113 c.c. per case After the administration of antiserum bacteremia disappeared in both Type VI cases, there was a striking clinical improvement within twenty-four hours In the Type V case there was as definite but less rapid improvement Serum sickness did not develop in any of these cases Both of the patients in whom empyema was present before serum was administered, underwent rib resection and surgical drainage of the infected pleural cavity In the other case, in which the pleural exudate was infected with Type VI pneumococcus, the pneumococci disappeared from the exudate after the administration of antiserum and empyema did not develop All three cases recovered

Type VII

Six patients with Type VII pneumonia have been treated with unconcentrated Type VII antipneumococcus rabbit serum This group includes three patients with Type VII pneumonia previously reported[2] The more important facts concerning this group of cases are shown in Table V The average age in this group was forty-eight One patient had consolidation of two lobes, and another had Type VII pneumococcus bacteremia One patient developed auricular fibrillation

On an average, serum therapy was commenced fifty-five hours after the outset of the disease In two patients serum was not administered until the fourth day of the disease A mean quantity of 160 c c. of unconcentrated Type VII rabbit antiserum was injected intravenously per case The acute signs of the disease disappeared on an average of seventeen hours after the institution of serum therapy Two patients received an adequate therapeutic quantity of antiserum in a single injection In these two cases the periods from the administration of serum to the completion of crisis were nine and eight hours Serum sickness developed in five. All six recovered

Type VIII

Seven patients with Type VIII pneumonia have been treated with unconcentrated Type VIII antipneumococcus rabbit serum This group includes five with Type VIII pneumonia previously reported[2] The chief findings in this group of cases are shown in Table VI The average age of the group was forty Consolidation of two lobes occurred in two patients, and Type VIII pneumococcus bacteremia occurred in two other patients Serum therapy was begun on an average of thirty-five hours after the onset of the disease A mean quantity of 160 c c of unconcentrated Type VIII rabbit antiserum was injected intravenously per case. The acute signs of the disease disappeared on an average of nineteen hours after the institution of serum therapy Three cases were given an adequate therapeutic quantity of antiserum in a single injection and in these cases the average interval from the administration of serum to the completion of crisis was nine hours Serum sickness developed in four All seven recovered

Type XIV and XVIII

Two patients with Types XIV and one with Type XVIII pneumonia have been treated with unconcentrated homologous antipneumococcus rabbit serum The salient facts concerning these cases are shown in Table VII The two patients with Type XIV pneumonia were fifty-three and twenty-five years of age respectively The patient with Type XVIII was twenty-one years of age and was sufficiently ill to require oxygen therapy All three patients had consolidation of but one lobe Bacteremia was not present in any of the cases In the cases with Type XIV, serum therapy was begun on the second and the fourth day after the onset of the disease To these two cases, 360 and 180 c c. of unconcentrated Type XIV rabbit antiserum were given The acute signs of the disease disappeared sixty and forty-nine hours after the beginning of serum therapy Both patients recovered Serum sickness did not occur In the Type XVIII case, serum therapy was begun forty-eight hours after the onset of the disease and 332 c c of unconcentrated serum were given intra-

TABLE VI — TYPE VIII PNEUMONIA TREATED WITH TYPE VIII ANTIPNEUMOCOCCUS RABBIT SERUM

Case number	Sex	Age	Lobes consolidated	Bacteremia	Infected Pleural exudate	Serum hours after onset	Serum c.c.	Crisis hours after serum	Result*
1	F	52	1	+	0	23	185	33	R
2	M	24	2	0	0	26	267	43	R
3	M	15	1	0	0	74	135	19	R
4	F	56	1	+	0	29	150	12	R
5	F	68	1	0	0	40	127	12	R
6	M	32	1	0	0	20	120	8	R
7	M	33	2	0	0	33	140	7	R
Average		40				35	160	19	
Per cent									0

TABLE VII — TYPE XIV PNEUMONIA TREATED WITH TYPE XIV ANTIPNEUMOCOCCUS RABBIT SERUM

Case number	Sex	Age	Lobes consolidated	Bacteremia	Infected Pleural exudate	Serum hours after onset	Serum c.c.	Crisis hours after serum	Result*
1	M	53	1	0	0	28	360	68	R
2	M	25	1	0	0	104	180	40	R
TYPE XVIII TREATED WITH TYPE XVIII ANTIPNEUMOCOCCUS RABBIT SERUM									
1	M	21	1	0	0	48	332	24	R

* R *indicates recovery* D *indicates death*

TABLE VIII — COMPARISON OF INCIDENCE OF CHILL REACTIONS FOLLOWING INJECTION OF UNTREATED AND TREATED ANTIPNEUMOCOCCUS RABBIT SERUM

Antipneumococcus Rabbit sera	Number of lots	Patients			Injections		
		Number	Number having chills	% having chills	Number	Number producing chills	% producing chills
Untreated	14	31	24	78	167	46	27
Treated	26	51	19	37	139	21	15
Treated (and negative in rabbits)	11	26	0	0	49	0	0

TABLE IX — SUMMARY OF EXPERIENCE WITH EIGHT TYPES OF PNEUMONIA TREATED WITH HOMOLOGOUS ANTIPNEUMOCOCCUS RABBIT SERUM

Type	Number of cases	Age average	Multilobar consolidation	Bacteremia	Infected pleural exudate	Serum hours after onset	Serum c.c.	Crisis hours after serum	Mortality
			Number	Number	Number	Average*	Average	Average	%
I	25	33	9	11	2	77	134	19	4
II	10	40	3	1	2	68	225	41	10
V	1	2	1	0	1	13D	190	120	0
VI	2	1	2	2	2	7W	75	39	0
VII	6	48	1	1	0	55	160	17	0
VIII	7	40	2	2	0	35	160	19	0
XIV	2	39	0	0	0	66	270	54	0
XVIII	1	21	0	0	0	48	332	24	0
Average		35					165	27	
Total	54		18	17	7				
Per cent			33	31	13				3 7

* D *indicates days* W *indicates weeks*

venously The acute signs of the disease disappeared twenty-four hours after the administration of serum The patient developed serum sickness, but recovered

Discussion

In a discussion of the results obtained with type specific antipneumococcus rabbit serum as a therapeutic agent in lobar pneumonia, it seems best to consider separately a number of points

Antipneumococcus rabbit serum, irrespective of type, frequently contains sufficient chill producing substances to cause severe reactions when injected intravenously in patients with lobar pneumonia These reactions are not usually dangerous, but when extreme hyperpyrexia results as occurred in one instance in this series, severe symptoms may occur and death may follow despite active antifebrile therapy It has been found[3] that the greater part of the chill producing substances can be removed from antipneumococcus rabbit serum by relatively simple procedures, that is by heating it to 56° C for thirty minutes and subsequently absorbing it with sterile washed kaolin for fifteen hours at 4° C It has also been found[3] that the extent of the mean thermal reaction which follows the intravenous injection of two c c of antipneumococcus rabbit serum in each of three normal rabbits, very closely parallels the severity of the chill reaction produced in human beings by the intravenous injection of the same serum With this additional information it has been possible to restudy many of the various lots of antiserum which have been used therapeutically and to correlate the results previously obtained in human beings with those produced by the same sera when tested intravenously in normal rabbits Sera which produced a mean thermal response of less than 1 2° F after intravenous injection into three normal rabbits did not cause chill reactions when given intravenously to human beings Sera which caused a mean thermal response of more than 1 3° F in rabbits did cause chill reactions in human beings and the severity of the chill was approximately proportional to the degree of thermal elevation produced in rabbits

Forty different lots of antipneumococcus rabbit serum comprising the nine different types of antiserum have been used in these studies. A few patients have received two separate lots of homologous antiserum Of the forty lots of antiserum, fourteen were entirely untreated, while twenty-six were treated in the manner described above Of these latter treated lots, there were eleven which did not produce a significant thermal response after intravenous injection in normal rabbits In Table VIII are shown in condensed form the experiences with untreated and with treated rabbit antiserum It will be noted that the fourteen untreated lots of antiserum were injected in thirty-one patients, and that twenty-four of these patients had one or more chill reactions, an incidence of seventy-eight per cent Of these fourteen untreated lots of antiserum, one hundred and sixty-seven injections were given to the thirty-one patients, and produced forty-six separate chill reactions, an incidence of twenty-seven per cent

It will also be observed that the twenty-six lots of treated antiserum were injected in fifty-one patients, and that nineteen of these patients had one or more chill reactions, an incidence of thirty-seven per cent. Of these twenty-six treated lots, one hundred and thirty-nine injections were given to the fifty-one patients, and produced twenty-one separate chill reactions, an incidence of fifteen per cent Eleven of the treated lots of antiserum were shown by intravenous test in rabbits to cause no significant thermal response These eleven lots of antiserum were injected in twenty-six patients and did not cause a chill reaction In all, forty-nine injections of these eleven lots were given without producing a single chill These observations lead to the conclusion that the simple procedures previously mentioned definitely reduce the chill producing property of antipneumococcus rabbit serum They also indicate the importance of testing the antiserum by intravenous injection in normal rabbits At the present time no other method is known which will distinguish the potentially chill-producing rabbit antisera from those which will not cause such reactions

Serum sickness is one of the unpleasant sequelae of serum therapy and al-

though it is not serious it is capable of producing moderately disagreeable symptoms for a period of a few days In a discussion of the occurrence of serum sickness after the administration of antipneumococcus rabbit serum, it must be borne in mind that unconcentrated rabbit antisera have been used throughout this study It would therefore be illogical to make any comparative statements concerning the incidence of serum sickness after the administration of antipneumococcus sera from a species other than the rabbit, except when reference is made also to *unconcentrated* sera In the last 100 cases of Type I pneumonia treated in the Hospital of the Rockefeller Institute with *unconcentrated* Type I antipneumococcus horse serum, serum sickness occurred in over ninety-five per cent of patients MacKenzie and Hanger[4] have reported a serum sickness incidence of ninety per cent after the injection of similar horse antiserum in patients with lobar pneumonia. Of the fifty-nine patients who were treated with antipneumococcus rabbit serum and who recovered, twenty-four developed some evidence of serum sickness, an incidence of forty per cent In sixteen cases the symptoms were mild, and in eight they were of moderate severity In seventy-five per cent of cases in which serum sickness did develop it manifested itself almost entirely by cutaneous symptoms—urticaria, transient rashes, etc The development of serum sickness was not related to the quantity of serum administered In three patients more than 300 c c of antiserum were injected without the subsequent occurrence of serum sickness

Prior to a discussion of the remainder of the points which have been raised by this study it will serve a useful purpose to separate the cases with Type III pneumonia from those with the other eight types of pneumonia, and to discuss the Type III cases first As has been the case with antipneumococcus sera produced in other species, and as is still true even with rabbit antiserum, there is considerable difficulty in preparing highly potent antiserum against Type III pneumococcus. Certain factors underlying this difficulty are now fairly well understood[5] Whether this can be entirely surmounted is a question which must be left to the future It is apparent from a consideration of the results obtained in the first thirteen cases of Type III pneumonia treated with Type III antipneumococcus rabbit serum, presented in Table III, that as yet no definite evidence exists that antiserum of this type has been of benefit in Type III pneumonia In the discussion which follows, therefore, the cases of Type III pneumonia will be excluded from the consideration

In Table IX are presented in summary the chief facts concerning fifty-four cases of lobar pneumonia of eight different types, which have been treated with unconcentrated homologous antipneumococcus rabbit serum

It will be observed that consolidation of two or more lobes occurred in eighteen cases, or thirty-three per cent of the fifty-four cases treated It has been adequately demonstrated by Cecil, Baldwin, and Larsen[10] that the mortality rate in nonserum treated cases is significantly increased as each additional lobe is consolidated In this series of cases, all eighteen with multilobar consolidation who were treated with homologous antipneumococcus rabbit serum have recovered

Pneumococcus bacteremia was present in seventeen cases, thirty-one per cent of the fifty-four cases treated It has been well shown by Tilghman and Finland[6] and Bullowa and Wilcox[7] that in nonserum treated cases in which bacteremia occurs the mortality rate is markedly increased In this series of cases, one patient with bacteremia (Type II pneumococcus) died, and sixteen patients recovered, a mortality rate of 5 9 per cent among the cases with pneumococcus bacteremia

Pleural exudates infected with pneumococci were encountered in seven cases in this series of fifty-four, an incidence of thirteen per cent Two of these seven, one with Type V pneumonia and another with Type VI, had frank empyemas before serum therapy was commenced There remain five cases with infected exudates which had not progressed to the stage of empyema at the time serum therapy was begun In three of these cases following the administration of antiserum, type specific antibody of rabbit origin became demonstrable in the exudates and subsequently the pneumo-

cocci disappeared In two other cases with infected pleural exudates, antibody was not demonstrated in the exudates after the administration of rabbit antiserum, and empyema developed which necessitated surgical drainage Finland[8] has shown that horse antibody can penetrate the inflamed pleura but was unable to demonstrate homologous antibody when the pleural exudate was infected with pneumococci

The rapidity with which recovery occurred after the administration of an adequate quantity of rabbit antiserum to patients with eight different types of lobar pneumonia has been one of the most striking findings in this study In the fifty-four cases the average interval from the beginning of serum therapy until the disappearance of the acute signs of the disease was but twenty-seven hours A total of eighteen patients received an adequate quantity of antiserum in a single injection, and in this group the interval from the beginning of serum therapy until the completion of crisis was only seven and one-half hours Although there may not be any distinct advantage in very rapid recovery *per se*, nevertheless the fact that recovery can be brought about so rapidly as has been indicated, is additional evidence of the specificity and the effectiveness of the therapy employed

It is apparent that the most important criterion of the success of any therapeutic measure in the treatment of a frequently fatal disease is the reduction in the mortality rate which can be attributed to the use of that agent As a result of the numerous reports[9-13] of very large series of cases of lobar pneumonia not treated with antiserum, the mortality rates to be expected in many of the various types of the disease are clearly known The increased mortality rates which occur in the presence of either multilobar consolidation, or pneumococcus bacteremia are also well-established In this series of fifty-four cases of lobar pneumonia of eight different types, treated with unconcentrated homologous type specific antipneumococcus rabbit serum, despite the occurrence of multilobar consolidation in thirty-three per cent of cases, and pneumococcus bacteremia in thirty-one per cent of cases, there were but two deaths, a mortality rate of 3 7 per cent

Summary

1 Sixty-seven cases of lobar pneumonia, distributed among nine different types, have been treated with unconcentrated type specific antipneumococcus rabbit serum

2 In thirteen cases of Type III pneumonia no evidence of the therapeutic effectiveness of Type III antipneumococcus rabbit serum was demonstrated

3 In fifty-four cases of pneumonia due to eight other types of pneumococcus and treated with antipneumococcus rabbit serum of homologous type, the mortality rate was 3 7 per cent.

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NEBRASKANS CLING TO LIFE

A bill to legalize euthanasia was recently rejected by a committee of Nebraska's new unicameral legislature. Sponsored by a woman physician, the bill provided that any adult person suffering from a painful or incurable disease might apply to a district judge for the appointment of a commission consisting of two physicians and a lawyer to study the case and recommend action. If death was advised, and the decision approved by the judge, the attending physician could administer the lethal stroke

INCONTINENCE OF URINE IN THE FEMALE

Study of the Urethral Sphincter Under Hydrostatic Pressure with Roentgenograms—Sphincter Mechanism, Loss of Control, Restoration

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From the Clinic of the Woman's Hospital

This study includes only cases of incontinence of urine where inefficiency of the sphincter control has developed

The vaginal wall and bladder, from cervix to symphysis may appear between the vulvae, and the posterior two-thirds of the urethra may turn through a right angle, yet there will be normal continence of urine On the contrary, little apparent damage to the anterior vaginal wall and the urethra may be seen, but, all the urine will escape through the urethra without the patient's having any sensation of voiding or control A patient may be operated upon to correct a cystocele and develop a partial loss of urinary control

Without doubt, incontinence of urine with complete loss of sphincter control is the worst gynecological affliction which can come to any woman It is worse than a vesicovaginal fistula where sphincter control is normal, for, thanks to J Marion Sims—whose efforts were instrumental in founding the Woman's Hospital eighty-two years ago—we know how to cure a vesicovaginal fistula But patients have been operated upon again and again for loss of sphincter control without results A few of these patients have been relieved by continually wearing a pessary fitted in the vagina to make upward pressure against the urethra The remainder have become subjects for ureteral transplanting operations which carry a moderately high mortality I emphatically appeal to you that any degree of incontinence demands our serious attention if we can consistently help them.

Here, the urologist becomes the gynecologist's most important aid He should explore the bladder, ureters, and kidneys, and treat pathological conditions when present Then, when only sphincter incontinence remains, I honestly believe we can render consistent relief

Several types of operations have been devised (1) Transplantation of adjacent muscles under the urethra to exert urethral constriction, and with this type of operation one links the names of Selheim, Pean, Goebel, Stoeckel, Taussig, McGaw, Douglass, Deming, Miller, and H Martius, (2) Plication of the posterior urethral wall by mattress sutures (Kelly stitch) with which one links the names of Ward, Farrar, Rawls, and Noble, (3) Plication of the bladder and urethra walls with which one links the names Watson, Bonney, and Davies, (4) Suprapubic plication of the superior vesical neck of the bladder, devised and performed by H Dawson Furniss

Results

Reports of results and failures are taken from three papers H A Kelly and William M Dumm reported on twenty cases of incontinence with success in sixteen (80%) and complete failure in four B P Watson, reporting on 105 cases followed after operation, had complete success in 65 7 per cent (2 out of 3), in 21 9 per cent the control was better than before operation, and in 12 4 per cent (1 out of 8), there was no improvement

H Dawson Furniss reports his results in twenty-one cases, eight being minor in character, nine having marked

The author wishes to express his appreciation to Dr George Gray Ward, Chief Surgeon of the Woman's Hospital for allowing him to undertake this study, to Dr Edward A. Bullard for having assigned so many cases to him, and to Dr Joshua W Davies for his help in clarifying the anatomy

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incontinence, and four having complete incontinence In his follow-up four of these patients were not heard from Of the seventeen cases, six were mild, all of which were successes, of seven who had marked incontinence, five were successes, one was a partial success, and one was a failure, of the four with complete incontinence, two were successes one was moderately benefited, and one was a failure In the seventeen cases, thirteen were complete successes or 76 5 per cent, while two were failures or 12 9 per cent

My results, compared with any of the above, were very much inferior so I began to study the urethrae of some of my failures, making roentgenograms to record and analyze

Method of Obtaining Roentgenograms

A new apparatus was designed[1] A metal tube, six cm long was taken and a rigid arm attached at one end Rotating about it was a guard, which, when in contact with the tube, could be kept close to the external meatus of the urethra. The guard was so placed that the tube could extend one cm into the urethra The sac, a two-layer membrane—the outer fishskin, the inner very thin rubber—was about 2 5 cm in diameter when fully dilated and firmly attached to the tube at the point where the guard came in contact with it The length of the sac was about 5 5 cm Connected to the other end of the metal tube was a rubber tube leading to the manometer The manometer, connecting tube and sac were filled with a twenty-five per cent solution of sodium iodide and the level of the surface of the solution in the manometer above the level of the urethra measures the pressure in the sac Strongin suggested that pictures of the bladder should be taken at the same time, consequently 200 c c of a three per cent solution of sodium iodide was put in the bladder before the sac was put into the urethra To insure a uniform manometer pressure in that portion of the sac in the bladder a section of a ureteral catheter, with a metal collar at one end and a cork for the other, was made which ran from one end to the other[2]

Steps in Making Picture

(This step is illustrated in the author's article which appeared in the *American Journal of Obst & Gyn*, January 1937) Prepare the patient as for a cystoscopic examination Introduce a catheter to allow all urine to run out of the bladder, then introduce 200 c.c of three per cent solution of sodium iodide through the catheter into the bladder and remove the catheter Pass the obturator D into the tube C[1] to elongate the sac S Pass the sac S into the urethra and bladder until the guard G presses against the external meatus Attach a twenty c c. Luer syringe filled with a twenty-five per cent solution of Sodium Bromide to F, the end of D Empty the contents of the syringe into the sac, simultaneously withdrawing D Attach the manometer tube to metal tube. Raise the manometer tube to obtain the desired pressure in the sac Each picture obtained reveals separately the contour of the bladder and the contour of the urethra, since the solution in the bladder has different opacity from the solution in the sac. The relationship of the bladder to the urethra can be observed and at the same time the pressure in the sac is always at right angles to surface, consequently at right angles to the inner surface of the urethra The pressure in the urethra is equal and opposite in direction to the force exerted at right angles to the urethral sphincter muscles as they contract to prevent the escape of urine from the bladder When the pressure in the sac is varied, one can arrive at an estimation of the efficiency of the sphincter control The involuntary sphincter control is mainly exerted by fibers about and near the internal and external thirds of the urethra For arbitrary reasons in this paper, the urethra has been divided into an inner, a middle, and an outer third, and the efficiency of the sphincter about each portion estimated Pictures were made at different pressures when a patient was relaxed (R throughout), i e, when she made no effort to void and no effort to hold her urine

The Normal Competent Sphincter

To determine the action of the normal urethra, the author selected a patient, aged twenty-three, who complained only of sterility, she had no dysuria, nor nocturia, but had a retroverted uterus The pictures taken of this patient's urethra and bladder[3] are consequently of a normal urethra and bladder, and were made when she was relaxed, i e, making effort neither to hold her urine nor to void The

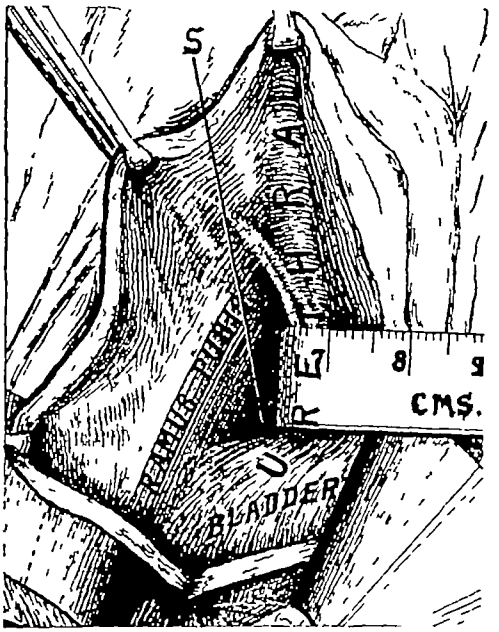


Fig 1 Urethra removed from right ramus of the pubis Separation has been carried back into paravesical space—about six cm.
U-R-E-T-H-R-A From internal to external meatus
S Line of separation into paravesical space freeing urethra from ramus pubis

pressure in the sac was varied, and pictures were taken at twenty, thirty, forty and eighty cm It will be noted that the first indication of the internal sphincter's dilating takes place between thirty and forty cm fluid pressure The middle third of the urethra does not begin to dilate until a pressure between forty and fifty cm is reached, is not nearly stretched at fifty cm, and still has some sphincteric control at eighty cm of pressure For purpose of comparison then, the normal urethral sphincter will exert a constricting force of about thirty cm of water before any dilatation takes place

The Super-Competent Sphincter

This sphincter is one which was accidentally discovered in a patient forty-three years of age with no incontinence It was very difficult to catheterize her and only a small catheter could be passed Pictures were made at ten, twenty, and fifty cm fluid pressure[4] The inner third does not dilate at fifty cm pressure The stricture very much enhances the involuntary muscle and will prevent it from any damage that might injure the ordinary urethra.

The Incompetent or Damaged Sphincter

This patient was in the hospital first in 1933 and complained of incontinence of urine for previous eight years She

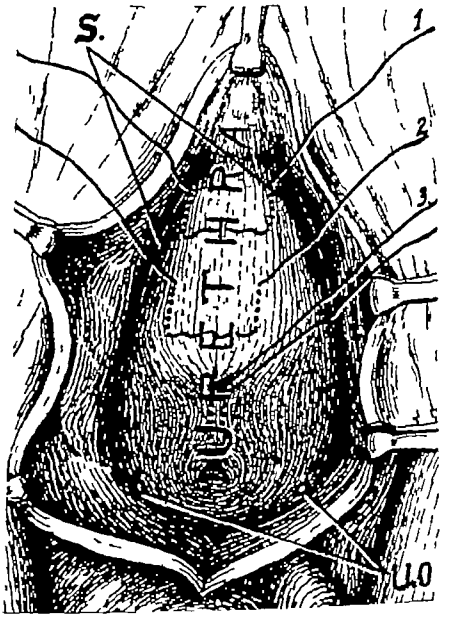


Fig 2. Urethra separated from both rami of pubis Mattress sutures have been placed to enfold urethral wall, strengthening more or less its damaged structures
1, 2, 3 Mattress No 1 chromic catgut sutures Number 3 is tied
S Separation, urethra from ramus pubis (bilateral)
U-R-E-T-H-R-A From internal to external meatus
U O Position of ureteral orifices
U Position of internal meatus uretra

had had eight full term pregnancies, the last in 1923 No repairs were done at delivery Incontinence had become progressively worse She wore a pad constantly and any walking or straining caused leakage When lying down there was little loss of urine Wassermann was four plus, urine negative, *operation* dilatation and curettage, amputation of cervix, operation for incontinence (Kelly stitch), operation for cystocele, rectocele, and lacerated pelvic floor Still had incontinence when she appeared for her ninth

pregnancy in 1934 Pelvic floor repaired at this delivery Incontinence persisted Entered the hospital in 1935 for another Kelly stitch, which was still a failure Represents a series of pictures[4] taken at 0, ten, twenty, thirty, and fifty cm fluid pressures successively The internal sphincter appears as much dilated at twenty cm as the normal did at forty cm pressure, and much more dilated at thirty than the normal was at fifty cm Most of the sphincter about the middle third of the urethra has been set aside at thirty cm pressure After a thorough study, this patient agreed to a third operation by myself

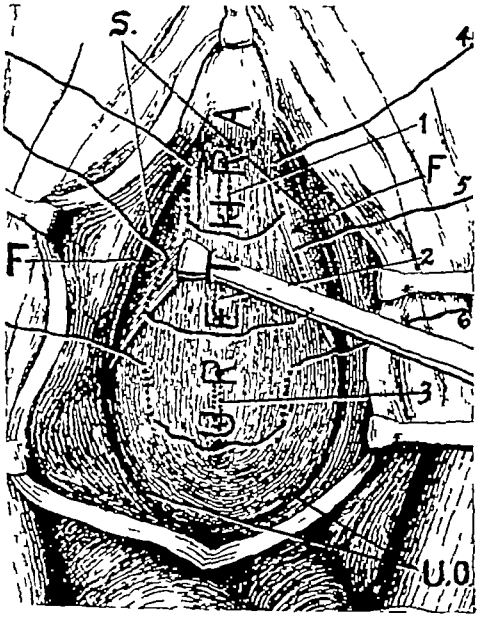


Fig 3 First row of mattress sutures tied, and second row placed to further enfold urethral wall and to bring undamaged urethral wall under urethra Urethra cannot now reattach itself to rami of pubis Its wall is now undamaged urethral structure

1, 2, 3 First row of mattress No 1 chromic catgut sutures tied.

S Separation urethra from ramis pubis (bilateral)

F Smooth tensile, fascia-like tissue on wall of urethra (undamaged)

4, 5, 6 Second row of mattress No 1 chromic catgut sutures placed

U-R-E-T-H-R-A From internal to external meatus

U Position of internal meatus urethra.

U O Position of ureteral orifices

The bladder and urethra were separated from the anterior vaginal wall by a dissection beginning at the cervix and extending to within about 1 5 cm of the external meatus This dissection was carried laterally to both pubic rami The posterior urethra seemed to be too near the pubic rami, so by blunt dissection, hugging closely to the pubic ramus on the right, all connections between the urethral wall and the ramus were severed and the dissection carried back to the paravesical space One could now see the lateral wall of the bladder (Fig 1)

A similar dissection was done on the opposite side Three mattress sutures (1, 2, 3) of #0 chromic catgut were placed as shown in Fig 2 and tied

Three similar mattress sutures (4, 5, 6), overlapping the previous ones, were placed as shown in Fig 3 and tied Care must be taken to place sutures 4 and 5, in the smooth, tensile, fascia-like tissue on the wall of the urethra The function of these mattress sutures is to prevent

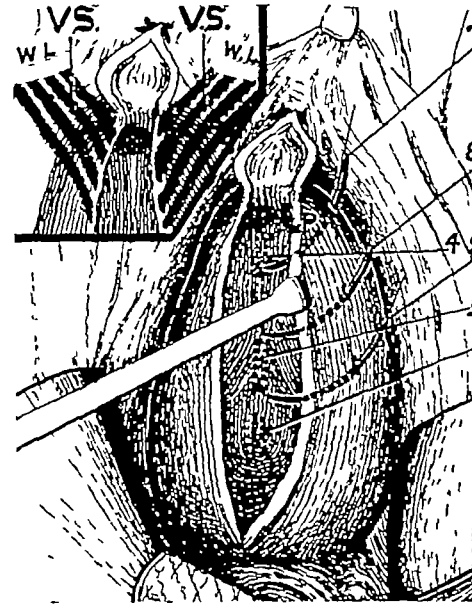


Fig 4 Vaginal wall after damaged portion has been removed. Voluntary sphincter is being drawn together with silver wire. First wire is passed laterally and posteriorly as far as possible, to grasp undamaged retracted fibers Position of fibers shown in insert.

4, 5, 6 Second row of mattress No 1 chromic catgut sutures, tied

7, 8, 9 No 26 silver wire sutures

P Point of traction referred to in text.

Insert shows position of voluntary sphincter fibers *V.S* Voluntary sphincter *W.L* White line

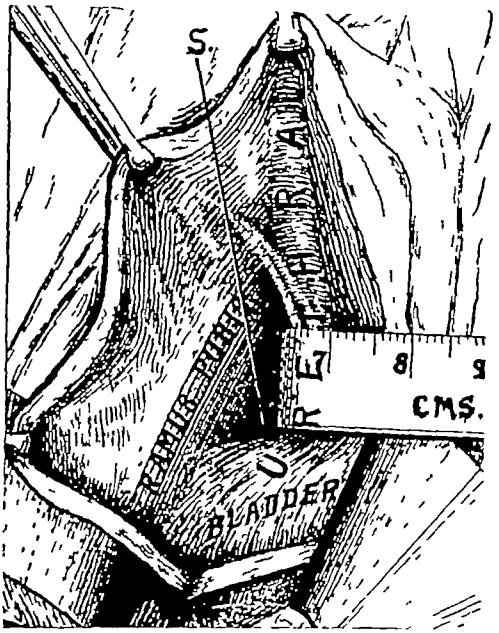


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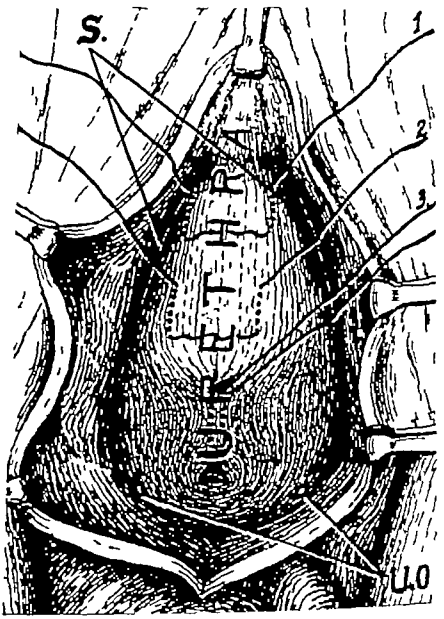


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Restoration of Control

Since the operation described has been followed by a reasonable degree of success, one may say that the deduction regarding the loss of control and the sphincter mechanism are intimately linked together and that unless we free the involuntary sphincter and restore the retracted voluntary fibers, we cannot expect to get consistent results

Results

Thirty-five patients have been operated upon by the above method Six of these patients who were previously operated upon for incontinence, with failure, were all restored to continence by the above method

Four who had lost all sensation of voiding or control were restored to continence

Twenty-five had degrees of incontinence varying from mild to moderately severe (sufficient to make it their chief complaint) Of these, twenty-two were restored to continence, one (whose anterior vaginal wall broke down after operation) was considered a failure soon after leaving the hospital however, she improved and three months after operation was going about her daily routine being continent for two hours at a stretch, one who was continent when discharged, after three months contracted a cold, had extreme urgency and frequency and was unable to reach the toilet without some loss of urine, one developed a very marked frequency after operation (at cystoscope was found to have a congested urethra), was continent and could reach the toilet without loss of urine

Conclusions

1 The greater part of the sphincter mechanism which is intimately related to continence of urine is situated in or about the inner third of the urethra.

2 The sphincter mechanism consists of a free involuntary sphincter muscle surrounding the inner third of the urethra, enhanced and supported by a sling of voluntary muscle fibers (anterior levator) which unite in a median raphe beneath the inner portion of the urethra

3 When a woman who has never had a labor begins to suffer a partial incontinence of urine there has been an incomplete union of both the voluntary and involuntary fibers of the sphincter mechanism during fetal development

4 Labor may injure (a) separately the involuntary sphincter muscle by directly or indirectly causing it to become distorted and fixed to the ramus of the pubis by cicatricial fibers, thereby markedly diminishing its function as a sphincter, (b) separately the voluntary sphincter by splitting its fibers parallel to the urethra so that these ends retract from the median raphe to weaken its support, and (c) conjointly (a) and (b)

5 A method which will restore continence to all those who had been previously operated on for incontinence and those who had lost all sensation of voiding or control is worthy of consideration

6 Results justify the deduction of the sphincter mechanism and the loss of control

7 Although our knowledge of the whole sphincter mechanism is not yet complete, progress has been made.

930 PARK AVE.

References

1 Kennedy William T *Amer Jour Obst & Gyn* 33 19, 1937 (Fig 1)
2 Idem *Ibid* (Fig 2)
3 Idem *Ibid* (Fig 4)
4 Idem *Ibid* (Fig 9)
5 Idem *Ibid* (Fig 5)
6 Idem *Ibid* (Figs. 11 and 12)
7 Idem *Ibid*, 34 576, 1937 (Fig 4)
8 Idem *Ibid* (Fig 5)
9 Idem *Ibid* (Fig 2 I)
10 Idem *Ibid* (Fig 2 II)

MATCH INHALER FOR COLDS

A friction match for treating colds has been invented by Alfred Schmid of Berlin-Dahlem, reports the American chemical journal *Industrial and Engineering Chemistry*. The device consists of a small glass rod coated with absorptive charcoal which contains a carefully measured amount of iodine The tip of the match is covered with an incandescent mantle of easily ignited iron When this covering is ignited, iodine vapor is created and can be inhaled directly The inhaler can be carried in the pocket.

—*Science News Letter*

further reattachment of the posterior urethra to the pubic rami and to draw under the urethra the fascia-like structure which has never been damaged

The vaginal mucosa was now trimmed before suturing When traction is made on the point (Fig 4), and the finger placed behind the symphysis, fibers in this structure seem to pull from a point laterally and posteriorly on the symphysis, doubtless from near the end of the white line Three silver wires (7, 8, 9)—#7 passing through the "dimple" in the vestibule and embracing all the retracted supporting tissue—were passed in through the vaginal mucosa of the vestibule and out at corresponding points on the opposite side to approximate the vestibule The anterior vaginal wall was now closed with interrupted catgut sutures The silver wires were twisted and their ends fastened in a lead shot and turned into the vagina * (Fig 5)

A retention catheter (#16 male) was left in the urethra twelve days After removal the patient voided and was continent The silver wires were removed and the patient went home continent Seventeen months later the patient is still continent

Fifty-two days after the operation another roentgenogram was made [6] The correction seems almost normal

Analysis of Control

Roentgenograms were made of the bladder and urethra before the silver wires were removed [7 8] When one places the "white lines" in the drawings and draws heavy lines from the medial ends of these "white lines" through the silver wires one sees that we have a sling for the inner third of the urethra The lines correspond in origin to levator fibers—which are striped or voluntary—and pass into a median raphe

Sphincter Mechanism

An ideal functioning involuntary muscle is the circular muscle of the ileum which is suspended, sling-like in the mesentry Here we see a similar anatomical analogy, the involuntary sphincter muscle surrounding the inner third of the urethra suspended in a sling of voluntary muscles (levator) [9] This, I believe, normally constitutes the *sphincter mechanism* about the inner third of the urethra.

Loss of Control

By a prolonged passage of the head through the pelvis in labor, by rotation of the head impinging on the symphysis

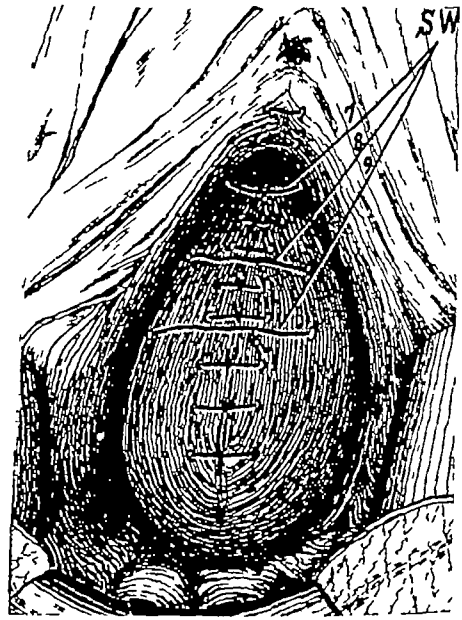


Fig 5 All sutures tied Interrupted catgut sutures approximate margins of vaginal flaps Silver wire sutures are approximated and twisted to hold voluntary sphincter fibers Vaginal wall closed with interrupted No 2 chromic catgut.
7, 8, 9 Silver wire No 26 Sutures twisted.
S W Silver wire

or ramus (1) the posterior urethra may become damaged by contusions in the wall In the process of organization the involuntary sphincter becomes distorted and drawn over to the ramus by fine cicatricial bands and its efficiency becomes impaired All degrees of impairment have been observed even to dense scar tissue attaching the posterior urethra to the posterior of the ramus of the pubis (2) The sling-like suspension—doubtless containing levator fibers—becomes stretched or lacerated in or near the midline and the muscle and elastic fibers retract toward the symphysis, thus greatly impairing the sling-like support [10]

*The vaginal mucosa was closed without inclusion of the urethral wall, the idea being to make this support simply a sling in which the urethra could swing

of what the ideal examination may be there are practical limitations which must be taken into consideration more especially when one is thinking of the laboring group or men hired on the job and whom there is no opportunity to examine under the advantageous conditions existing in a company medical office permanent or improvised In the larger cities, especially in the east, a large part of the heavy manual labor is done by the men who are hired by a foreman or subforeman without previous notice Absence of others from the job or defections or necessity for an increased force must be taken care of at once if the work is to go on and it is common for laborers to present themselves on the job for hire, sometimes sent by the individual whose place they are taking Irrespective of union affiliations or not most of these are not known to the foreman and unless he does know them he has nothing but a sketchy recommendation of some sort and his own appraisal of the man's physical ability to guide him in selection The importance of training foremen, about which I shall say something more later, is evident

So far as history goes (I refer to a medical history) its value can certainly be discounted in such a problem as we are considering Even under the best of conditions and dealing with intelligent patients, histories are notoriously imperfect and unreliable

There is also another element which has to be given weight in job seekers well-illustrated by the remark once made to me by the Medical Director of a large life insurance company He said, "We have a million policy holders and not one was sick even a day in his life and all their people died of old age" In this matter of history, however, there is one very sound question that is apt to be answered truthfully and that is, "What work have you been *doing* for the past few months or what was your last job?" Any foreman can tell whether the answer is reliable and deduce the implications as to physical ability

Let us consider what are the essentials of physical condition one wants to determine. *First*, the prospective employee should at least appear well and fit for the job to the layman's eye I use the rather vague term "well" because of the fact that both thin and fat men, young and old, ruddy and pale, are all suitable for different types of jobs provided they are at the time well persons of their type In a recent paper by Dr L M Deardorf on physical examinations of construction employees on P W A work he speaks of twenty rejections amongst eighty-five men examined and several of these are good examples of this first point, one having evidence of intemperance and a large tumor on his shoulder, one very nervous, two with only one eye, one too frail, two too young, and one too old for the type of heavy construction work for which they were offering

Any ordinarily observant layman and especially one accustomed to observing men at work, even if he had never taken thought to analyze the matter, should at once notice evidence of debility or recent substantial weight loss, true obesity, tremors or spasticity or ataxia or gross speech defects as well as automatically to have registered in his mind an impression as to whether the job candidate is normal, alert and well-poised in his demeanor or dull, slow, agitated, listless or rummy

The *next* general point which one must consider is gross deformities Here again the margin in selection is wide A man with a stiff knee or even one leg or a stiff elbow might be entirely suitable for a particular job On the other hand a man with even a slight limp might be definitely unsuitable if he had to be on his feet all day or patrolling

Thirdly, deafness is perhaps the best example of a comparable kind of impairment In most jobs it is probable that a man will work in relationship to others and it is important that he hear their orders or warnings or be aware of approaching vehicles or other objects On the other hand a man may be quite deaf and none of these considerations apply and there is no reason why he be denied the opportunity to make a living Eyesight falls in somewhat the same class

One finally comes to another class of conditions which at first glance may appear an insuperable hurdle—those relating to the heart, lungs, and kidneys Some reflection however I think will show that this is not so Any of you who are familiar with the work of Dr George Draper and have seen him deduce from

THE PROSPECTIVE OUTSIDE PLANT EMPLOYEE

Practical Brief Physical Appraisal

EDWARD S MCSWEENY, M D, *New York City*

"The underlying policy of the Bell System with regard to examinations for employment is not to secure an exceptional selected group of persons as to mental and physical condition but simply to exclude those who would be a hazard to themselves or others should they be employed or who present definite defects which would unfit them for the position which they seek

"The preliminary interview with the departmental employer results in some eliminations on the score of this last factor For instance, a person with a stiff leg, glass eye, loss of hearing, or other gross defect

"The typical examination at the Medical Office is made immediately after satisfactory interview with the departmental employer after the applicant's previous personal history has been recorded by a nurse as well as temperature, weight and pulse The examinations are such as any competent physician having in mind what is required would be able to do in his own office with the stethescope, blood pressure apparatus, eye chart and such equipment They are not carried to the length of x-rays, audiometer tests, electrocardiograms, serology or the like

"Indicating compliance with the fundamental policy noted above the reasons for rejection are always substantial and further indicating this, practically all applicants accepted show some minor defects, poor health habits or other conditions which should be corrected Should it develop at the medical examination that an employee presents some particular defect which unfits him for the position for which he is applying but mentally and physically he is suited for other employment, this is noted so that if another position is open he may be considered for it Following employment the correctable conditions noted at the time of examination are made a subject of follow-up at intervals of a few months with the idea of stimulating the employee to give them attention The following are examples of reasons for rejection

Severe deafness	Ruptures
Excessive blood pressure	Skin diseases
Pregnancy	Disabling heart and kidney trouble
Bad vision	Active tuberculosis

"This policy, although a broad and liberal one, has been followed by the New York Telephone Company over twenty years and has involved the acceptance or rejection of many thousands of applicants and has been found to be on the whole satisfactory The Company could, by being more stringent, doubtless secure a general average of employees of a higher mental and physical standard but the thought has been to accept a fair cross-section of those in the community applying for employment and not to seek only the exceptionally favored Such a practice, rather than a more exclusive one, doubtless carries with it some penalties but it has been felt, from the standpoint of public policy, it was one we should follow"

* * *

I am reading the above statement as the beginning of my discussion of this subject as it appears to me that one must settle this question of the fundamental approach to the problem before one can intelligently discuss any application of methods

In many organizations I am aware that the matter of recommendation or approval of applicants is approached from a different standpoint and involves a much more rigid selection after searching examination provided it can be made. Particularly has this been advocated with regard to tuberculosis cases Our experience does not lead us to follow this course

That some sort of examination for outside plant forces is desirable, I think there can be no question Whatever one's ideas

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 26, 1937

tory managers could practice such selection with profit

If one has the opportunity and can economically make a regular medical examination it is to be preferred and of course is essential for certain occupations such as compressed air and many others When you can't, a carefully thought-out simple program practically applicable to the hiring conditions is far better than none at all

Even under the most extreme conditions a foreman who has some notion of what he should look for from the standpoint of physical ability and compensation liability can make a better selection than one left entirely to his own original thoughts in this matter or those which only his personal experience has taught him

102 E 35 St

TRANSFUSIONS

Preliminary Study

LEON N SUSSMAN, M D, *New York City*
Assistant Transfusionist, Beth Israel Hospital

This study is undertaken in an attempt to evaluate the benefits of small repeated transfusions versus single large transfusions in cases of severe infections, sepsis, meningitis, sinus thrombosis, etc The cases of acute hemorrhage are purposely omitted as the indications here are definite and noncontroversial Various phases of the problem will be taken in order, hemoglobin-sustaining aspect, the immunological aspect, the bone-marrow stimulation or depressing aspect, and other problems that suggest themselves It is hoped that from this study will evolve a method of calculation for the proper volume of blood to be transfused to provide the optimum response on the part of the patient

Case Reports

CASE 1 I R., (Chart I) a ten year old boy with a history of otitis media and mastoiditis, was admitted to the service of Dr S J Kopetzky at Beth Israel Hospital on February 25, 1937 A mastoidectomy was performed on the following day The patient made an uneventful convalescence and was sent home He returned to the hospital on March 8 with signs of meningitis and petrous pyramid infection With the onset of this infection the hemoglobin fell to seventy-four per cent The petrous pyramid was opened and drained by Dr Kopetzky, following which a transfusion of 150 c c. was given The infection subsided and the hemoglobin remained stationary until March 16 when there was another fall to seventy per cent and the signs of meningitis reappeared At this time an apicotomy was performed by Dr Kopetzky Repeated small transfusions were then given and the hemoglobin reached a plateau of seventy-five to eighty per cent. Convalescence was uneventful until April 14 when there was another marked fall in the hemoglobin with recurrence of the signs of meningitis The petrous tip was re-exposed by Dr Kopetzky Following this, small transfusions were given every other day for two weeks This was accompanied by a gradual and continuous rise in the hemoglobin until one hundred per cent was reached. All signs of the infection had subsided and the patient was discharged

This case shows clearly that with the continuance of the infection there is a progressive fall in the hemoglobin This fall can be successfully combated by repeated transfusions to maintain the hemoglobin at a fairly normal level. Furthermore this case denoted that the end of the infection is characterized by a marked and continuous rise in the hemoglobin which is self-sustaining There seems to be no bone-marrow depression in evidence even though this patient received a total of 1000 c c of blood over a period of two weeks

CASE 2 B K (Chart II), an eight year old female admitted with a history of mastoiditis to the service of Dr Kopetzky, during this period of infection the hemo-

From the Service of Dr S J Kopetzky, Department of Otolaryngology, Beth Israel Hospital

inspection and a few simple questions without the aid of any of the usual medical man's diagnostic maneuvers and apparatus, accurate, and complete diagnoses, will more readily appreciate what I have in mind There is no better measure of the practical state of a man's heart and lungs than his actual demonstrated ability to tolerate physical exertion The most valuable test which any cardiologist applies is the functional test People are disabled by symptoms, not pathology—a truth much neglected as medicine and medical teaching tends to be mechanized In the great majority of cases a lack of evident hoarseness, wheezing, cough, dyspnea, cyanosis or edema will answer the question satisfactorily for employment To be sure it will not disclose what a careful stethoscopic and urinary examination will, but even with these some are missed and let us not forget that still more accurate examination methods such as a blood chemistry would disclose cases not so detected So the matter is after all a relative one The greatest weakness as regards this particular group of organs is the compensation hazard—not the employment one The percentage however of cases filing claims on this basis is small and employment is in the rule not continuous

Labor lists serve a useful purpose as only carrying the names of men already tested and at least obviating the risk of dealing with unknown individuals They can, when practicable, be built up from candidates examined under more leisurely and favorable conditions or even in a regular medical office, but this is not what we are talking about. From the field point of view their chief value is that noted—lists of those known for their performance

A collateral matter which might be mentioned is the practice somewhat in vogue if employment is continued over more than a temporary period of having a regular medical examination at convenience when it will not interfere with the job progress This is especially justifiable if the employee, after a certain time, becomes eligible to sickness or other benefits or promotion is in question

I have endeavored to set forth the medical elements of the problem, now we come to its final and most important aspect—practical application To be of any value I think this must rest upon some training of foremen. Most so-called instruction of foremen that I have observed is the bastard off-spring of psychology and high pressure salesmanship damned by both its parents and mostly twaddle I would hate to be classed as an advocate of it Anyone who knows many foremen realizes that teaching them anything about their job had better be approached humbly and with a full appreciation of how much better schooled they are in practical matters than almost any other group in the community But it has been my observation that when you present this to them as part of a medical program in which they can participate, their attitude is much the same as towards first aid and their cooperation whole hearted One needs only to point out what to look for and a simple routine to follow and can be sure of good application We have even found it a simple matter to use a frayed cable with different colored wires as a color test when it was necessary A few questions but the right ones, observation of a few things but again those that count, a few simple agility and strength tests, and all but very few will be eliminated of those whom I said at the beginning of this paper constitute a hazard to themselves or others or are definitely unfit for the job

I will not go into details or the matter of forms of record because we have not time nor is it necessary as many are available I would only say in closing to interpret any you come across and think of using in the light of common sense and the limitations of employment on the job One can ask any man anywhere to pull up his trouser legs to see if there be varicose veins but cannot, for instance, ask a man at 42nd Street and Fifth Avenue, New York City to drop his trousers so you can see if he has a hernia as you might do in a more secluded spot But one can frisk him for a truss and incidentally perhaps find a flask Language is not a difficulty of any importance

What I have said I believe applies to the whole group of casual labor and to semi-skilled and skilled men whether working outside or in though I have had the former particularly in mind Fac-

tory managers could practice such selection with profit.

If one has the opportunity and can economically make a regular medical examination it is to be preferred and of course is essential for certain occupations such as compressed air and many others When you can't, a carefully thought-out simple program practically applicable to the hiring conditions is far better than none at all

Even under the most extreme conditions a foreman who has some notion of what he should look for from the standpoint of physical ability and compensation liability can make a better selection than one left entirely to his own original thoughts in this matter or those which only his personal experience has taught him

102 E 35 St

TRANSFUSIONS

Preliminary Study

LEON N SUSSMAN, M D, *New York City*
Assistant Transfusionist, Beth Israel Hospital

This study is undertaken in an attempt to evaluate the benefits of small repeated transfusions versus single large transfusions in cases of severe infections, sepsis, meningitis, sinus thrombosis, etc The cases of acute hemorrhage are purposely omitted as the indications here are definite and noncontroversial Various phases of the problem will be taken in order, hemoglobin-sustaining aspect, the immunological aspect, the bone-marrow stimulation or depressing aspect, and other problems that suggest themselves It is hoped that from this study will evolve a method of calculation for the proper volume of blood to be transfused to provide the optimum response on the part of the patient

Case Reports

CASE 1 I R, (Chart I) a ten year old boy with a history of otitis media and mastoiditis, was admitted to the service of Dr S J Kopetzky at Beth Israel Hospital on February 25, 1937 A mastoidectomy was performed on the following day The patient made an uneventful convalescence and was sent home He returned to the hospital on March 8 with signs of meningitis and petrous pyramid infection With the onset of this infection the hemoglobin fell to seventy-four per cent. The petrous pyramid was opened and drained by Dr Kopetzky, following which a transfusion of 150 c c. was given The infection subsided and the hemoglobin remained stationary until March 16 when there was another fall to seventy per cent and the signs of meningitis reappeared At this time an apicotomy was performed by Dr Kopetzky Repeated small transfusions were then given and the hemoglobin reached a plateau of seventy-five to eighty per cent. Convalescence was uneventful until April 14 when there was another marked fall in the hemoglobin with recurrence of the signs of meningitis The petrous tip was re-exposed by Dr Kopetzky Following this, small transfusions were given every other day for two weeks This was accompanied by a gradual and continuous rise in the hemoglobin until one hundred per cent was reached. All signs of the infection had subsided and the patient was discharged.

This case shows clearly that with the continuance of the infection there is a progressive fall in the hemoglobin This fall can be successfully combated by repeated transfusions to maintain the hemoglobin at a fairly normal level Furthermore this case denoted that the end of the infection is characterized by a marked and continuous rise in the hemoglobin which is self-sustaining There seems to be no bone-marrow depression in evidence even though this patient received a total of 1000 c c of blood over a period of two weeks

CASE 2 B K (Chart II), an eight year old female admitted with a history of mastoiditis to the service of Dr Kopetzky, during this period of infection the hemo-

From the Service of Dr S J Kopetzky, Department of Otolaryngology, Beth Israel Hospital

globin fell from ninety to eighty per cent Mastoidectomy was performed and convalescence appeared normal except for the fact that the patient ran a continuous sustaining temperature During this period the hemoglobin fell further to seventy per cent. A spinal tap was performed and revealed 5000 cells There was no evidence of

CHART I

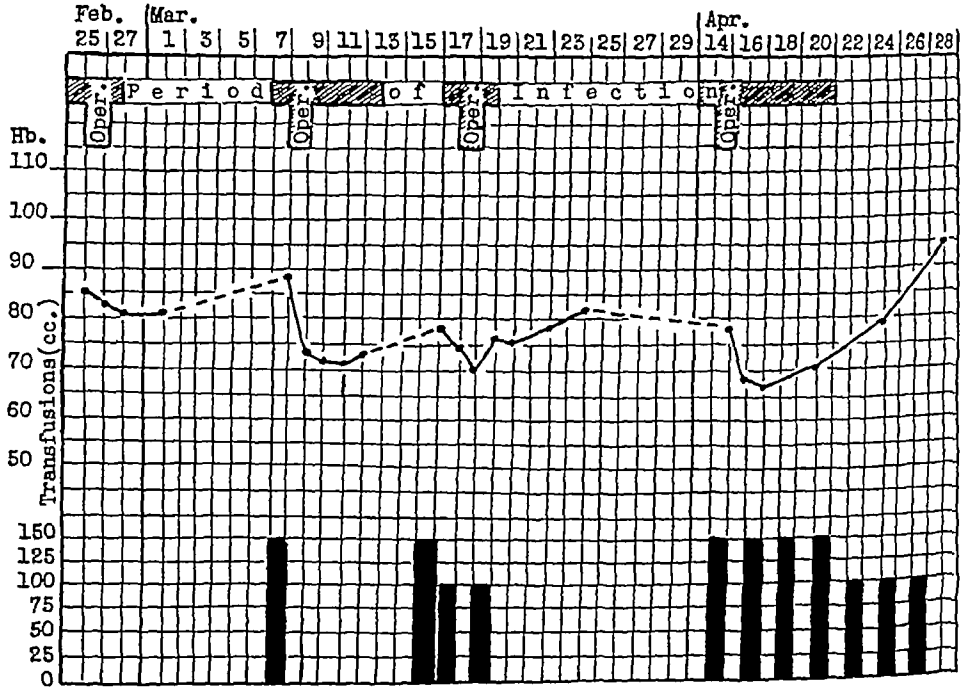
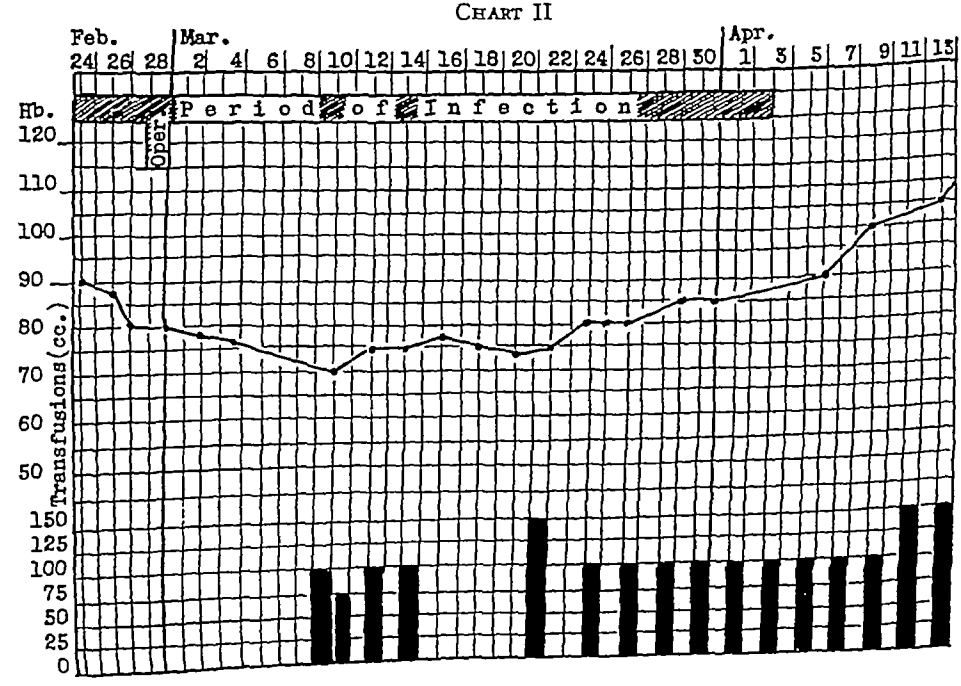


CHART II



meningeal disease until one week later when a right hemiplegia was noted. A ventriculogram revealed a normal ventricular system A diagnosis of meningoencephalitis was made. The patient was acutely ill, running a persistent fever, vomiting continuously, and taking only small amounts of liquid nourishment for practically an entire month However, by means of repeated small transfusions (100 to 150 c.c. every other day), the patient's nutrition was maintained. There was no further fall in the hemoglobin, in fact during this time there was a slight but progressive rise The spinal tap revealed fewer cells at each examination As the cell count became normal, there was again noted a sudden and continued rise in the hemoglobin which reached a maximum of 120 per cent when transfusions were stopped

This case also shows the progressive fall in the hemoglobin associated with the infection Repeated small transfusions were again performed and these maintained the patient's hemoglobin and nutrition at a fairly normal rate The end of the infection was marked by the sudden rise in the hemoglobin that gave evidence of hematopoetic stimulation

Conclusions

These two cases illustrate the following

1 The hemoglobin falls with the onset of the infection

2 The fall is continuous and progressive

3 The fall persists until the end of the infection

4 The end of the infection is marked by a noted return of the hemoglobin to normal

5 The hemoglobin can be maintained at a normal figure during active infection by repeated small transfusions

6 The return of the hemoglobin to normal seems to be stimulated rather than depressed by the small repeated transfusions

40 Monroe St

FOURTH INTERNATIONAL LEPROSY CONFERENCE

In January, 1931, there met in the city of Manila, P I, under the auspices of the Leonard Wood Memorial, a group of scientists engaged in leprosy work, representing most of the countries where leprosy is a serious health problem One of the principal results of this conference was the organization of the International Leprosy Association

The next world conference of leprosy workers is to be held at Cairo, Egypt, March 21 to 31, under the auspices of the International Leprosy Association. The Egyptian government is giving generous cooperation and is issuing official invitations to other nations to send representatives It is expected that approximately five hundred leading scientists from throughout the world will attend. A report of what each has been accomplishing in his own particular sphere will be made Closer cooperation between these scientists, who are giving their lives to this work, will be made possible

Egypt has known leprosy for some six thousand years and is now conducting an active anti-leprosy campaign Because of her central position between the east and the west, she is strategically located for such a conference.

The inaugural ceremony will take place in the Royal Opera, Cairo The other meetings will be held in the amphitheaters of the Faculty of Medicine The United States will be represented by the following delegation Dr H E Hasseltine, U S Marine Hospital, Carville, La, Chairman, Dr Victor G Heiser, President, International Leprosy Association, Mr Perry Burgess, President, Leonard Wood Memorial, Dr H W Wade, Medical Director, Leonard Wood Memorial Dr Jose Rodriguez, Philippine Health Service, Dr J A Doull, Western Reserve University, Dr George M Saunders, Director Epidemiological Department, Leonard Wood Memorial, Mr Emory Ross, General Secretary, American Mission to Lepers

They will sail from New York on the S S "Exeter" on March 1

The Leonard Wood Memorial believes so firmly in the benefits of these general meetings that it is making a liberal appropriation toward the expense of the forthcoming conference.

Dr Leon Binet, of Vichy, France, addressed the Clinical Society of Beth Moses Hospital, Hart St. and Stuyvesant Ave., Brooklyn, February 10, in the auditorium of the dispensary building on "Liver Insufficiency"

globin fell from ninety to eighty per cent. Mastoidectomy was performed and convalescence appeared normal except for the fact that the patient ran a continuous sustaining temperature. During this period the hemoglobin fell further to seventy per cent. A spinal tap was performed and revealed 5000 cells There was no evidence of

CHART I

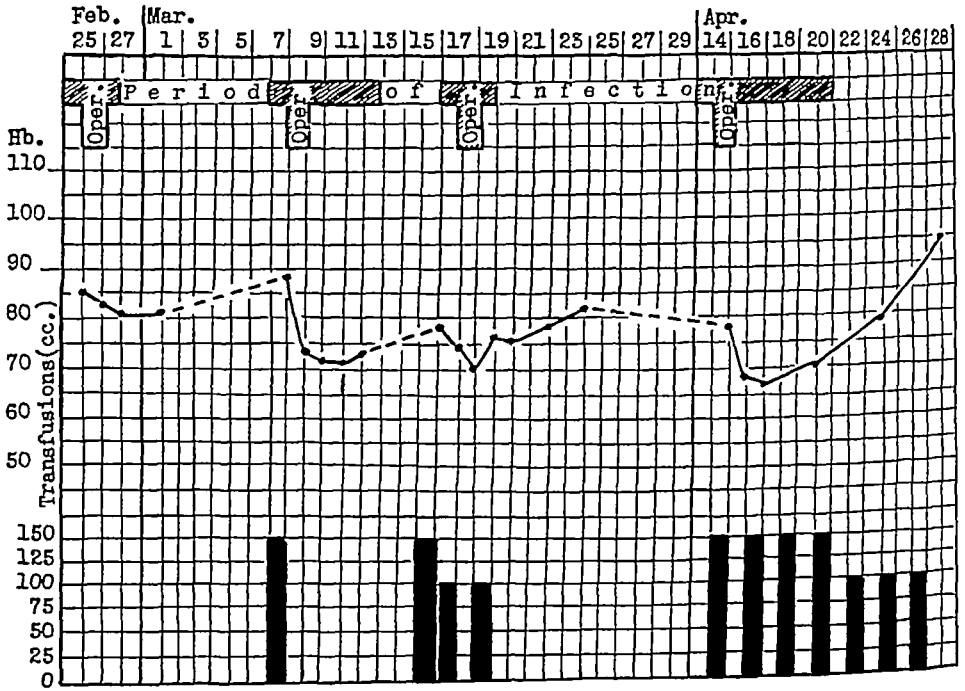
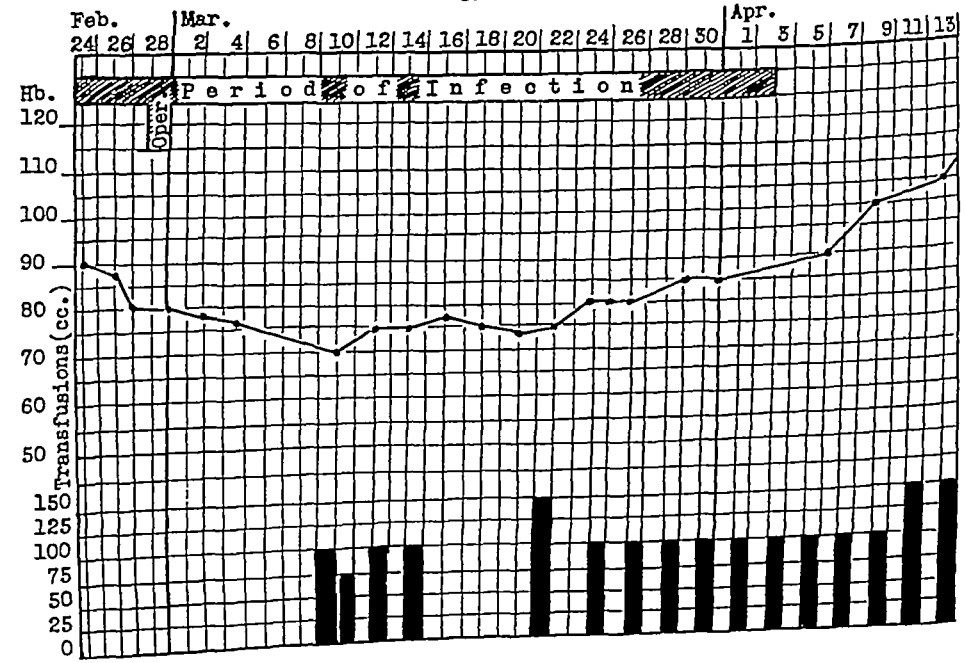


CHART II



is content to accept them as the sole cause of symptoms

This occurs so frequently that in our practice one-third of all cases of carcinoma of the lower bowel have received some form of treatment for hemorrhoids during the time in which the neoplasm must have been present—a fact substantiated by other operators In one of our cases, bleeding from an "innocent" polyp prompted an examination The patient had been under treatment for a duodenal ulcer for some time, and was referred to us because of passing blood per rectum Examination revealed a pedunculated polyp, and above it a carcinoma

Many cases of carcinoma have been able to demonstrate the presence of diverticulitis One case of fistula in ano was referred to us, which upon examination was disclosed to be a fistulous tract arising in a cancer of the rectum This patient had already been submitted to operations for the cure of the fistula, and yet the malignant growth had not been discovered Incidentally, this patient lived for fifteen years following operation to die of pneumonia

Recently a surgeon removed a carcinoma of the rectum, sublimely ignorant of the fact that there was another malignant growth a few centimeters higher, as was demonstrated at autopsy On the other hand, symptoms arising from a carcinoma may simulate other diseases

Thus a cancer of the anterior wall of the rectum may easily be mistaken for prostatic disease In our own practice we have seen several cases where prostatectomy had been performed although the true lesion was a carcinoma of the anterior wall of the rectum In like manner, reflex symptoms from disturbances of the sympathetic system may lead to an erroneous diagnosis of peptic ulcer, or gallbladder disease etc We base this statement on the fact that symptoms have, in some of our cases so diagnosed by the referring physician, disappeared when the malignant growth in the lower bowel had been removed It must be realized also that no patient is necessarily limited to one disease at one time The profession must become more generally cancer minded in this as in other parts of the body And both practitioner and clinician must consider rectal pathology as potentially carcinomatous until otherwise definitely proved

Let us now consider the various stages of malignancy which will be encountered in the rectum and rectosigmoid The earliest stage to be recognized is that of an adenoma no larger than a pinhead These are frequently miscalled polyps, and often considered unworthy of treatment As a matter of fact, in our experience forty per cent of all these adenomata are malignant on section, and many more are borderline tumors, and there can be no doubt that all of them are potentially carcinomatous Some experts go so far as to consider all adenomata as precancerous These small lesions may be divided, according to their physical characteristics, into sessile and polypoid types Both of these groups are easily destroyed locally The polypoid type never recur nor give rise to metastases if thoroughly extirpated, no matter what means are employed

The sessile type occasionally recur, but when this happens it is because they have not been completely removed The prime reason for this failure is the surgeon's fear of penetrating to the peritoneal cavity Cases have been reported in which distant metastases followed excision of this type of growth, but they are so rare as to constitute museum pieces

The next stage is a button-like projection without ulceration, exactly like a mushroom without a stem In those cases the growth has not reached the submucosa and shut off the circulation, causing ulcerations

A further stage of malignancy encountered is the fully developed adenocarcinoma This may be of the cauliflower, the ulcerating, or the infiltrating type.

Cuthbert Dukes has graded these tumors for prognostic purposes His type A is that in which the growth is confined entirely to the bowel The B type consists of those in which there is invasion of the perirectal tissues The C type is comprised of those in which the lymphatic glands are involved This method of classification is not intended to be used upon biopsy specimens, but applies to the section of the completely removed specimen He subdivides his C cases further into (1) those in which there is no involvement of the lymphatic glands above the pedicle

CANCER OF THE RECTUM AND RECTOSIGMOID

JEROME M LYNCH, M D, F A C S, *New York City*

Carcinoma ranks second only to heart disease as a cause of death today, and were it not for surgery would usurp pride of place Fortunately, the majority of neoplasms are found in the breast, the lower bowel, and the mouth, in other words, where they are susceptible to observation and palpation and therefore more readily recognized

Most people are aware of the great strides which have been made in the treatment of cancer of the breast The entire profession is now alive to the frequency of this malady, its ease of diagnosis, and the comparative certainty of a cure in its early stages It has come to the point where many of these cases are discovered in the course of routine examinations, before the patient is sensible of the presence of pathology

Similar progress has been made in early diagnosis of cancer of the mouth, although treatment of these cases has not been so successful The time seems ripe for a like advance in cancer of the rectum and rectosigmoid The first step must be the inclusion of rectal examination as routine

No clinician would dream of considering a general examination complete which did not include full inspection of the mouth, the same principle should apply to the rectum It is frequently claimed that investigations are not carried out in this region because the patient objects This is far from true Patients do not often object to a thorough overhaul at the hands of the experienced, whatever that involves in fact they frequently ask for one The clinician is more often the one to avoid doing a rectal examination, primarily because it is erroneously considered needless, secondarily because he doubts his qualifications to perform the examination

However, when it is realized that 35,000 Americans die yearly from cancer of the bowel, that cancer of the lower bowel comprises nearly one-half of all neoplasms, fully forty per cent of them being within reach of the examining finger, a different light is thrown on the subject. An exact diagnosis may be impossible in all cases, but the presence of pathology cannot escape the veriest tyro, and should lead to the summoning of an expert

Electrically lighted instruments afford a better view of the lower bowel than was possible even a few years back. The most minute adenoma, or "polyp," should be visible to the trained observer today

From the earliest era of proctology, the plea has been for early diagnosis of cancer, for early recognition of the true lesion spells cure, and neglect often means that nothing but palliative measures remain Despite all propaganda, however, the interval between onset of the disease and the presentation of the patient for treatment has not decreased Most carcinomata of the lower bowel are seen sometime between nine and thirteen months after their commencement The reason for this is two-fold Lack of knowledge of the true early symptoms, and misleading associated pathology Carcinomata of the rectum and sigmoid give rise to very slight early symptoms They may amount to nothing more than constipation in the previously normal, or to increased constipation in one already afflicted The comparative silence of the early lesion may cause the patient to absent himself from examination until the growth is well-advanced The clinician, too, may overlook the true import of symptoms, confused by textbooks which give the signs and symptoms of late carcinoma (i e, wasting and diarrhea) under the heading of early cancer The true diagnosis may therefore not be suspected, since "What the mind does not ponder, the eye cannot see."

The second great cause of faulty or late diagnosis is the presence of additional pathology Frequently the examiner, having discovered such conditions as hemorrhoids, benign adenomata or diverticulae,

Read at the Annual Meeting of the Medical Society of the State of New York Rochester, May 26, 1937

certainty, and therefore one is justified in employing any procedure which holds out hope of cure, or even of prolonging life with comfort In the absence of surgery the patient faces death due to intestinal obstruction and preceded by cachexia and possibly by great pain due to metastases in the spine Surgery offers either an immediate, painless death, or on the other hand a resumption of normal, useful life If the operation is entirely successful, the patient will live to die of some other disease If it is only partially satisfactory the worst that the patient has to fear is "liver death," rapid at the end and comparatively painless

There are certain set questions which are asked by the family physician and the patient after a diagnosis of cancer has been made and the treatment outlined One is, "Doctor, do you think the patient can stand the operation?" I usually reply by saying, "Well, if you fell overboard and someone threw you an oar, would you seize it, or would you say to yourself, 'I don't believe I could hang on until saved, so I will spare myself all effort and drown at once?'"

I have never been able to fathom the psychology of those who are unwilling to take a chance in a desperate situation Here is a case in point

Mr S underwent a cholecystectomy At operation it was discovered that he had a large carcinoma of the cecum with almost complete obstruction The operator, having discovered the trouble and fearing the man would die on the operating table, closed him up and declared him inoperable. In the patient's own words, all the leading diagnosticians of his acquaintance had advised against further interference on the grounds that this might cut short his life, even though at best he could not live very long As a matter of fact, my own staff (which did not then include Dr Hamilton) strongly advised letting nature take its course. I personally have been less interested in statistics than in saving lives I decided to fill him with fluids, operate, and hope for the best. I removed one-half of his colon and ten centimeters of the ileum, and left him with an ileostomy He made a complete recovery, and lived with his ileostomy for six years, passing formed stools In the meantime he married, and the bride decided that a change in the plumbing was in order Accordingly I did an ileocolostomy, and he now declares that he can remember no time in his life when he has been so comfortable and happy It is now eight years since he was given up as inoperable

A further case in point was a young woman from a neighboring town who for over a year had consulted many doctors, usually telling them that she was convinced that she had a tumor of the bowel. Having failed to convince those in her neighborhood, she proceeded to a Mid-Western clinic (not the Mayo Clinic), where a diagnosis of inoperable carcinoma was made. That was nine years ago I operated upon her, doing a combined abdominoperineal operation with a perineal stoma, and she has not missed a day's work since her convalescence

There is a firm conviction buried deep in the medical mind that a recurring tumor spells death, and that surgical interference is contraindicated

I operated upon Mrs G in 1926, doing a combined abdominoperineal operation with a perineal stoma I excised twenty-five centimeters of the lower bowel, including the anus The growth (Broder's Grade II) was found to begin four centimeters above the anal verge, and to extend five centimeters There was also a chronic inflammation of the lymph nodes Two years later there was a recurrence of the disease. It consisted of two separate growths, both of which were Grade III, more malignant than the primary lesion I must say that it was with some misgiving that I undertook to operate a second time. Seven years have now elapsed since that second operation, and the family tells me she is the most cheerful person in the neighborhood, and one of the most active.

Conclusions

1 Patients with carcinoma of the lower bowel have not entered upon a one-way street

2 Early diagnosis can only follow the establishment of biannual routine sigmoidoscopies

3 A one-stage operation is preferable whenever possible

4 A perineal stoma is the most satisfactory

5 The mottos of the surgeon dealing with carcinoma should be "Put Yourself In His Place" and "Nil Desperandum"

205 E. 61 St

(See page 272 for Discussion of Dr Lynch's paper)

of the vessels, (2) those in which the glands above the pedicle are involved

By combining this method of classification with that advocated by Broder, a reasonable estimate of the life expectancy may be obtained, and will be found to err on the dark side, if at all Percentages of five-year cures which may be expected in these groups are as follows

A—93 per cent
B—65 per cent
C—23 per cent

Statistics pertaining to the surgical cure of patients afflicted with carcinoma of the lower bowel, in referring to adenocarcinomata, describe they as "early lesions" Actually, they are late manifestations, the disease having been present for from nine to thirteen months Carcinomata of this type, of course, require more than local removal A suitable operation must be performed which will remove not only the gross lesion, but all pathological tissue as well The surgeon performing such an operation must not be limited in his methods He must be prepared to alter his technic to fit the individual case No technic can be devised which will prove satisfactory for all patients and all growths The operator must be a thoroughly trained surgeon, able to change his methods to meet any emergency or demand encountered at operation

With these restrictions in mind, we suggest a few broad principles of procedure

1 Surgical excision is the only method at present which gives a reasonable expectation of eradication. These tumors are practically all radioresistant, and the amount of radiation necessary to destroy the growth would be more than sufficient to cause the death of the patient. We fully realize that lesser amounts may retard the growth, but we feel that any local benefits to be derived therefrom are more than offset by the general malaise, anemia, and possible local complications so developed

2 A one-stage operation is preferable except in the presence of marked intestinal obstruction.

3 Simple perineal excision of the rectum is preferable whenever possible Increasing experience permits many more cases to be operated upon in this manner, since by practice one is able to remove more and more bowel from below

4 If a combined operation is necessary, we always prefer to leave the patient with a perineal stoma In certain cases one is able to preserve the sphincters ani by anastomozing the bowel through the perineal wound

Coming to the fourth stage of carcinoma seen in the lower bowel, we find the so-called "inoperable" type This word "inoperable" is used in the most lax and careless manner, referring not only to conditions which actually are inoperable but to those which are inoperable only in the eyes of the untrained

It is in the first and last of these stages that we may expect great progress There is no reason for the small adenomata to be allowed to develop into huge adenocarcinomas, we hope to show the benefits to be derived from refusing to label *any* case inoperable except as a last resort It is in reality impossible for any surgeon to state definitely whether or not a case is inoperable until he has attempted to operate.

There are many reasons for optimism in these late cases First, there is the nature of the tumor to be considered Most carcinomata of the lower bowel are Broder's Grade II—i e, they are not excessively malignant They tend to project into the lumen of the bowel, rather than to invade the muscular coats They are slow-growing tumors They do not metastasize early

The results of experience are likewise in our favor Surgeons who operate on many of these lesions are becoming more willing to submit these late cases to surgery because they have found that many which were considered hopeless have lived years of useful postoperative life

A growing number of us no longer consider metastases in the liver a contraindication to suitable surgery Some of us have operated upon cases in which we have been compelled to leave behind some of the actual primary growth, and yet have seen those patients recover and resume their normal lives

Although this happy result cannot be expected in all cases, still one must remove as much of the tumor as possible, just as the breast surgeon does in the case of an inoperable growth, to insure against the painful ulcerations common to large fungating masses

A further reason for surgery in these late cases is that without it death is a

condition of the patient, and the judgment and experience of the surgeon. On my own service, in abdominoperineal resections, we have had the best results with the procedure described by Lahey of Boston In our own experience the advantages have far outweighed its shortcomings

In view of the fact that early indications of carcinoma of the sigmoid and rectum are uncertain we must continue to advocate thorough periodic physical examinations This course is one, I feel certain, which will meet with the approval of every man in this room but which in all probability has seldom or never been applied to the case of himself.

SURGICAL MOVING PICTURES IN COLOR

The Problem of Lighting

BOARDMAN M BOSWORTH, M D, *New York City*

The most important problem in taking surgical moving pictures in color is adequate illumination The lights must be intense and yet not give off much heat, they must be small, light, compact and not interfere with the surgeon or his assistants They must be readily adjustable to superimpose their light upon an object close at hand and yet not impinge upon the field of any lenses used They must be automatic, so that once they are set up, the photographer can completely forget them while he is taking pictures This means not only that they must move with the camera wherever it is pointed or placed, but that they automatically snap on and off as the camera starts and stops

The homemade bracket (Fig 1) fits the above requirements to an exacting degree It can be duplicated or modified to suit particular needs very easily and at small cost The bracket was made from sheet metal by a mechanic after a pasteboard model It provides two slotted channels into which the flat reflector posts are slid and fastened with thumb screws The bracket is held solidly to the base of the camera by four small screws

The reflectors were an inexpensive variety with rough aluminum finish They had place for only two No 1 photo-flood bulbs each, when purchased, but were modified as shown to hold three such bulbs and then were chrome plated for greater reflection Since they are shallow, they do not extend into the lens field, yet they can be turned toward each other to superimpose light on a nearby subject This allows the use of smaller stops for clearer definition and greater depth of focus

Each reflector is an individual unit and may be set on its own collapsible tripod if it is desired to use them separately from the camera When mounted in the bracket (Fig 2), they plug into a three-way socket from which a single wire leads to the wall outlet In this particular set-up the electric motor drive connects with the same line so that lights and camera are controlled by a single switch (Fig 3) Furthermore, since the lights are supported on the camera base, they turn as the camera is pointed and the field is always illuminated

During the past year many thousands of feet of sixteen mm Type A Kodachrome film have been taken with the out-

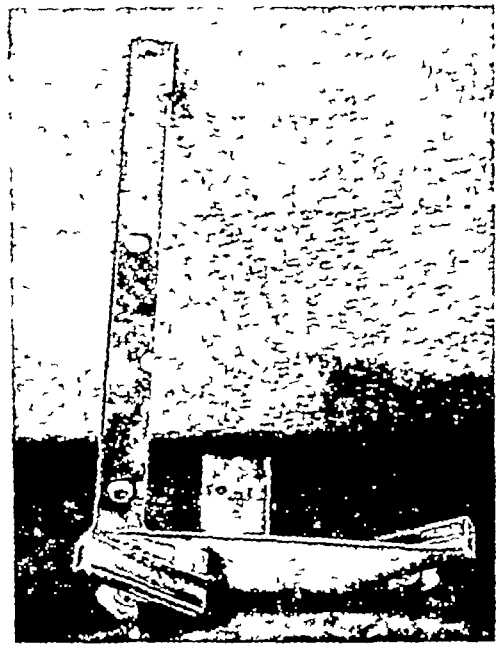


Fig 1 Light bracket

Discussion

DR. GEORGE JOHNSON HAMILTON, *New York City*—I should like to take this opportunity to say a few words about matters which our discussors introduced *First* the colostomy bag, in my training at St. Bartholomew, St. Marks and later in our practice here (Polyclinic Hospital, New York City) I have never seen one It is true that we have one patient who uses one, but only in this manner He takes an irrigation the first thing in the morning, straps the colostomy bag on, proceeds to shave and shower, by which time the bag has been filled and is discarded until the next morning

Second I would suggest that difficulty in obtaining control of the perineal stoma may be due to the formation of excess scar tissue at the mucocutaneous junction It may be necessary to excise this once or twice in the office

Third The education of the laity as to the prognosis in carcinoma of the lower bowel has been mentioned. I would suggest that skilled surgeons in other specialties also need enlightenment. A short while ago, a very eminent gynecologist acknowledged that he had thought that all cases of carcinoma of the lower bowel died regardless of treatment.

Fourth We all appear agreed that biannual examinations are necessary I would like to stress the point that there is no carcinoma age Seven per cent of cases are under thirty-five years of age. We are cooperating with the patient and family physician both, when the time for their next examination arrives, and find this method very satisfactory

DR. ALBERT G SWIFT, *Syracuse*—After listening to the excellent paper by Dr Lynch, one would wish that it could have been heard and pondered by every practising physician in the country and every layman over the age of forty years

As has been pointed out, the operative mortality rate has decreased markedly in the past ten years and the percentage of five-year cures has increased The records of all large clinics show conclusively, however, that there has been no appreciable shortening of the interval between the onset of symptoms and the commencement of surgical treatment.

While it may be true that surgical management is approaching the peak of its efficiency, it is certain that too many patients are coming to surgery many months later than they should. Any further advance, therefore, must be along the line of cancer research on the one hand and earlier diagnosis on the other

While several well-endowed foundations are engaged in cancer research, it may very logically be considered a public health charge It is interesting to note that the amount allotted annually by the national government for this work has increased from $34,000 in 1930 to $100,000 in 1936. In the latter year, in contrast, the government spent $846,500 on cotton research, $507,000 for utilization of forest products, and $387,000 for "dairy cattle" research

The solution of the problem of earlier diagnosis and treatment is here, as elsewhere, a matter of teamwork between the potential patient, the physician, and the surgeon Much valuable information has been given to the public already in the form of radio broadcasts, addresses to clubs, and by such excellent articles as recently appeared in *Fortune*, now available in booklet form. In time, fear should not be the predominating emotion, and cancer should be discussed as freely as are tuberculosis and syphilis at present.

Women are becoming well-informed about cancer of the breast and cervix. We were told yesterday of one woman who reported to a large clinic and had diagnosed a cancer of her breast before her physician had done so

Information regarding malignancy of the sigmoid and rectum is much more difficult to impart as the early signs and symptoms may be indefinite. Warning should be given that pain is not the important symptom while irregularity of bowel habit is, that rectal bleeding may very easily be from a lesion much more serious than hemorrhoids, and that even at most a colostomy can be controlled by careful attention to diet, irrigations, and a flat pad, rather than an objectionable pouch

The education of the medical man may be a little more difficult. Too many physicians and some surgeons still consider cancer as a hopeless proposition, and a permanent colostomy as an abomination to the patient and to everyone with whom he comes in contact. It is not too much to ask that every physical examination shall include a digital palpation of the rectum, and a bimanual examination of the lower abdomen. Moreover, every patient with any symptoms referable to sigmoid or rectum should have a competent proctoscopic examination before the diagnosis of simple hemorrhoids is made.

The operative procedure must depend upon the location of the lesion, the general

condition of the patient, and the judgment and experience of the surgeon. On my own service, in abdominoperineal resections, we have had the best results with the procedure described by Lahey of Boston In our own experience the advantages have far outweighed its shortcomings

In view of the fact that early indications of carcinoma of the sigmoid and rectum are uncertain we must continue to advocate thorough periodic physical examinations This course is one, I feel certain, which will meet with the approval of every man in this room but which in all probability has seldom or never been applied to the case of himself.

SURGICAL MOVING PICTURES IN COLOR

The Problem of Lighting

BOARDMAN M BOSWORTH, M D, *New York City*

The most important problem in taking surgical moving pictures in color is adequate illumination The lights must be intense and yet not give off much heat, they must be small, light, compact and not interfere with the surgeon or his assistants They must be readily adjustable to superimpose their light upon an object close at hand and yet not impinge upon the field of any lenses used They must be automatic, so that once they are set up, the photographer can completely forget them while he is taking pictures This means not only that they must move with the camera wherever it is pointed or placed, but that they automatically snap on and off as the camera starts and stops

The homemade bracket (Fig 1) fits the above requirements to an exacting degree. It can be duplicated or modified to suit particular needs very easily and at small cost The bracket was made from sheet metal by a mechanic after a pasteboard model It provides two slotted channels into which the flat reflector posts are slid and fastened with thumb screws The bracket is held solidly to the base of the camera by four small screws

The reflectors were an inexpensive variety with rough aluminum finish They had place for only two No 1 photo-flood bulbs each, when purchased, but were modified as shown to hold three such bulbs and then were chrome plated for greater reflection Since they are shallow, they do not extend into the lens field, yet they can be turned toward each other to superimpose light on a nearby subject This allows the use of smaller stops for clearer definition and greater depth of focus

Each reflector is an individual unit and may be set on its own collapsible tripod if it is desired to use them separately from the camera When mounted in the bracket (Fig 2), they plug into a three-way socket from which a single wire leads to the wall outlet In this particular set-up the electric motor drive connects with the same line so that lights and camera are controlled by a single switch (Fig 3) Furthermore, since the lights are supported on the camera base, they turn as the camera is pointed and the field is always illuminated

During the past year many thousands of feet of sixteen mm Type A Kodachrome film have been taken with the out-

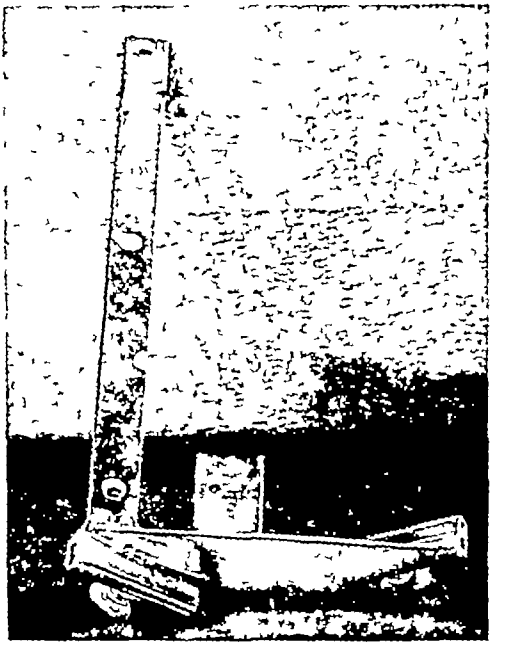


Fig 1 Light bracket

Discussion

Dr. George Johnson Hamilton, *New York City*—I should like to take this opportunity to say a few words about matters which our discussors introduced *First* the colostomy bag, in my training at St. Bartholomew, St Marks and later in our practice here (Polyclinic Hospital, New York City) I have never seen one It is true that we have one patient who uses one, but only in this manner He takes an irrigation the first thing in the morning, straps the colostomy bag on, proceeds to shave and shower, by which time the bag has been filled and is discarded until the next morning

Second I would suggest that difficulty in obtaining control of the perineal stoma may be due to the formation of excess scar tissue at the mucocutaneous junction It may be necessary to excise this once or twice in the office

Third The education of the laity as to the prognosis in carcinoma of the lower bowel has been mentioned I would suggest that skilled surgeons in other specialties also need enlightenment. A short while ago, a very eminent gynecologist acknowledged that he had thought that all cases of carcinoma of the lower bowel died regardless of treatment.

Fourth We all appear agreed that biannual examinations are necessary I would like to stress the point that there is no carcinoma age Seven per cent of cases are under thirty-five years of age. We are cooperating with the patient and family physician both, when the time for their next examination arrives, and find this method very satisfactory

Dr. Albert G Swift, *Syracuse*—After listening to the excellent paper by Dr Lynch, one would wish that it could have been heard and pondered by every practising physician in the country and every layman over the age of forty years

As has been pointed out, the operative mortality rate has decreased markedly in the past ten years and the percentage of five-year cures has increased The records of all large clinics show conclusively, however, that there has been no appreciable shortening of the interval between the onset of symptoms and the commencement of surgical treatment.

While it may be true that surgical management is approaching the peak of its efficiency, it is certain that too many patients are coming to surgery many months later than they should Any further advance, therefore, must be along the line of cancer research on the one hand and earlier diagnosis on the other

While several well-endowed foundations are engaged in cancer research, it may very logically be considered a public health charge It is interesting to note that the amount allotted annually by the national government for this work has increased from $34,000 in 1930 to $100,000 in 1936 In the latter year, in contrast, the government spent $846,500 on cotton research, $507,000 for utilization of forest products, and $387,000 for "dairy cattle" research

The solution of the problem of earlier diagnosis and treatment is here, as elsewhere, a matter of teamwork between the potential patient, the physician, and the surgeon Much valuable information has been given to the public already in the form of radio broadcasts, addresses to clubs, and by such excellent articles as recently appeared in *Fortune,* now available in booklet form. In time, fear should not be the predominating emotion, and cancer should be discussed as freely as are tuberculosis and syphilis at present.

Women are becoming well-informed about cancer of the breast and cervix. We were told yesterday of one woman who reported to a large clinic and had diagnosed a cancer of her breast before her physician had done so

Information regarding malignancy of the sigmoid and rectum is much more difficult to impart as the early signs and symptoms may be indefinite Warning should be given that pain is not the important symptom while irregularity of bowel habit is, that rectal bleeding may very easily be from a lesion much more serious than hemorrhoids, and that even at most a colostomy can be controlled by careful attention to diet, irrigations, and a flat pad, rather than an objectionable pouch

The education of the medical man may be a little more difficult. Too many physicians and some surgeons still consider cancer as a hopeless proposition, and a permanent colostomy as an abomination to the patient and to everyone with whom he comes in contact. It is not too much to ask that every physical examination shall include a digital palpation of the rectum, and a bimanual examination of the lower abdomen Moreover, every patient with any symptoms referable to sigmoid or rectum should have a competent proctoscopic examination before the diagnosis of simple hemorrhoids is made.

The operative procedure must depend upon the location of the lesion, the general

PUBLIC HEALTH ASPECTS OF MENTAL HYGIENE

FREDERICK W PARSONS, M D, *Albany*
Commissioner, New York State Department of Mental Hygiene

Public health—the health of human beings in groups or communities—is a matter of general and deep concern To the promotion of better health all physicians devote themselves and that the individual effort shall be more effective when more widely applied, we have created groups whose main interest is the promotion of community health Some of these groups have governmental support, a notable example being the U S Public Health Service Others are creatures of State—the State Boards of Health In addition there are county and city boards of health, other smaller groups establish their own guardians of the public health To further promote the cause of better health there are voluntary associations of individuals, medical and lay, and hosts of special societies having a deep interest in some particular aspect of public health The subject is therefore quite completely covered

We think of public health as the particular function of a group of professionals to whom the people look to protect them from epidemics, and we are so accustomed to think of public health in terms of communicable diseases that we fail to think of its larger significance

Public health physicians are primarily practitioners of preventive medicine They guard our water supply and the quality of our food and our housing, and with broad general efficacious sweeps promote better health They concern themselves with birth and death rates, morbidity figures, density of population, hazards of employment, the food supply, or any other phase of life which has an interest in or an effect on the well-being of the population Without their help the world would be less well off Their interest even extends to the particular patient and we find them locating individuals and dealing with a specific case as painstakingly as does the private practitioner We contemplate with satisfaction what the official custodians of community health have done with cholera, bubonic plague, typhus, and smallpox The results with typhoid and diphtheria are still fresh in our minds, and we confidently expect similar results with other disorders.

The subject of this contribution links mental hygiene with public health and we ask ourselves what the sanitarians can do in the field of our particular interest To state the situation in another way is to inquire if the broad general principals which have so splendidly advanced physical well-being can be used to promote mental health It perhaps will be to our advantage if the scope of these observations is limited to mental diseases and as that field is large the domain might be still further circumscribed to only some of the types of psychoses Rather than casually examine all forms, it may be wiser to limit the inquiry

Does the incidence of mental disorders warrant the attention of public health authorities? Is it of sufficient significance? To those questions the answer is in the affirmative A type of illness of which nearly half a million persons are known to be attacked in sufficient intensity to warrant hospital care merits public concern Nearly sixty per cent of all the hospital beds in the U S are occupied by mental patients and one hundred and twenty-five thousand new cases develop annually The care of that large group costs the people of this country 271 million dollars a year and statisticians compute the annual economic loss to be slightly more than a billion dollars a year

Once these were staggering figures but they provoke thoughts as to whether or not the mental health of the community is getting better or worse There is no positive answer to that inquiry We know that the ratio of sane and insane is increasing Pollock and Malzberg, using U S census figures, report that in the year 1880 there were 81 6 persons in mental hospitals per 100,000 population In 1890 the num-

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 25, 1937

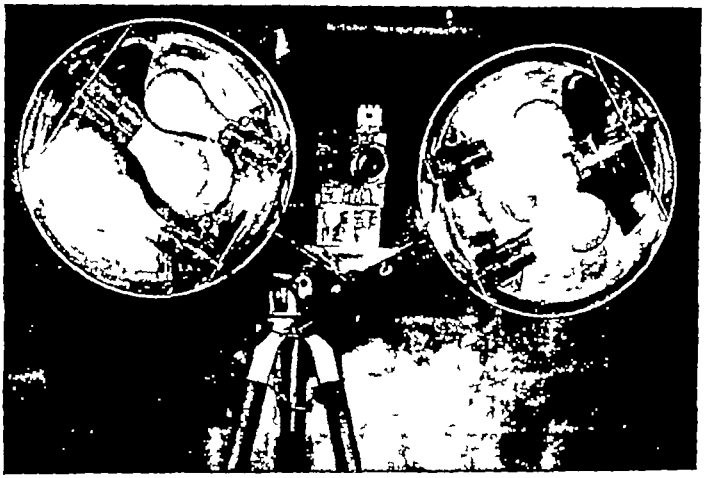


Fig 2 Light reflectors mounted in bracket on camera base

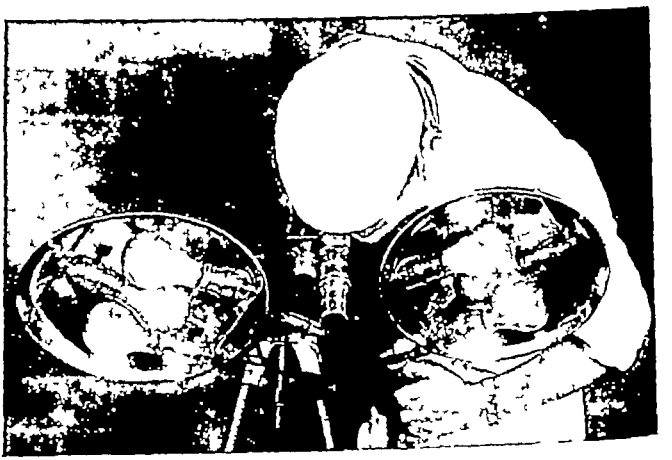


Fig 3 Single switch control of lights and camera

fit illustrated, with uniformly excellent results Most pictures were filmed at a distance of three feet with 1 inch F-1 9, 2½ inch F-2 7, and 4 inch F-2 7 lenses Such "fast" lenses are not at all necessary with this lighting arrangement at three feet from the subject, as the stops used varied from F-8 to F-3 5, depending upon how much of the field was covered with drapes, blood or iodine However, only slightly greater distances require considerably larger stops and for this reason "fast" lenses will be found very useful

For half or full figure pictures (e g to show postoperative function) it is best to set the reflectors in their own tripods at four or five feet from the subject, so that the camera can be moved back ten or twelve feet In this case if a third three-light reflector be added, the same lens stops may be used as at three feet

Three such reflectors with three extra collapsible tripods, extra bulbs, extension wires, etc. fit easily into a small handbag and weigh less than fifteen pounds

The lighting outfit shown, including two reflectors and light bracket, was assembled at a total cost of $15 50

58 E. 65 St

Lieut.-Gov Keen Johnson told a story in a speech before the Kentucky State Medical Association about a doctor friend who treated a fellow for lumbago He had treated him for quite some while and he thought rather successfully He sent him a bill and the fellow sent him a check and he sent the check to the bank and it came back marked "No funds"

He met the fellow on the street and he said to him, "That check you gave me came back."

"Doc, that's funny," he said, "so did that lumbago"

of the involutional period, and dementia precox With those we do not as yet know how to deal effectively There must be some means to understand those groups, and to that better understanding psychiatrists must devote themselves It will come We may have to wait for the physicist to give new methods of study and when we do understand those disorders better it may be that we shall not know how to use the knowledge thus gained The greatest opportunity will be ours when we sufficiently understand mental departures that workable rules of mental health can be set down in simple language No one now knows what course of action is conducive to mental health and when face to face with a case of dementia precox in the early stages, in most instances, the psychiatrist brings to the patient but little real assistance When we can give to our patients helpful directions as simple and as easily understood as the pediatrician directs an infant's food or as beneficial to the tubercular patient as the directions of the internist, then the psychiatrist will be of distinct service to his patients

The idealists, searching for a short-cut to perfection, will not be content to deal piecemeal with the troublesome problem of mental disorders They will want to attack mental diseases en masse One will say that in a social setting, constructed after a certain formula, human wants will be realized and that when strivings are satisfied and conflicts abolished national mental poise will be maintained This was seriously advocated by certain American psychiatrists returning from countries where social experiments had travelled far, and they cited as proof the empty asylums of eastern Europe If during the years of food shortage, nourishment was denied to the inarticulate and starvation removed the patients, that was not advertised Certain knowledge of foreign conditions is not easily obtained and reports, neither of the protagonist nor the antagonist can be accepted uncritically

Another enthusiast will advocate eugenic reforms On this proposal something might be said if one were wise enough Everyone has seen individuals of whom it can truthfully be stated that the world would have been no poorer had they never been born There are not many physicians endowed with sufficient authority and with enough knowledge who, before the fact, can speak with equal assurance Perhaps in a system of government where autocratic powers in that direction were granted, we would say that which we now have is cheap at a billion a year Still other optimists will say that mental disorders of the types so numerous, so troublesome, and of which we know so little, originate because of a glandular or dietetic deficiency, and none should be so bold as to say that what they advocate will not some day be found to be of greatest importance The position of psychiatrists is so desperate that no suggestion should be rejected until thoroughly explored

When will psychiatrists be able to do more for their patients? The time will be here when we know as much of our subject as do internists, who can, by the evidences of their five senses, understand the disease process That we cannot now do The internist deals with tangibles, psychiatrists deal mainly with intangibles That makes our problem more difficult What an entirely different group would do with the present problem of the psychiatrists raises an interesting speculation Would a group of scientists, untrained in medicine, bring a new point of view or would those physicians in the public health field who have solved, or are on the way to solve, the physical diseases, repeat their successes in the mental field? They are the exponents of preventive medicines What we in the mental sphere need is prevention and may we soon see in our principal medical interest a reflection of the success of the doctors of public health!

STATE OFFICE BLDG

The Tenth International Medical Congress for Psychotherapy will be held in England at Balliol College, Oxford, on July 29 to August 2, by the invitation of a number of British Societies

Jags "Doctor, my wife has insomnia very badly She very often remains awake until 2 o'clock in the morning What shall I do for her?"

Doctor "Get home earlier"

ber had grown to 118, in 1904 to 183, in 1910 to 204, in 1923 to 245, and the latest figures indicate that for every 100,000 in the U S there are now 308 persons in mental hospitals For this growth there are many reasons and it is altogether likely that the ratio of those mentally sick to those in good mental health is no greater now than it was in 1880 More of the sick are now in hospitals where they can be counted than was the case in 1880 and there is no good reason to believe that the mental health of the community is worse today than it was when a count was first undertaken One should never lose sight of the fact that those communities which do most for the sick have the greatest number to care for Certain rich states in the East have a high ratio and those poorer states which maintain almshouse standards have the fewest No one argues that almshouses contribute to mental health but good mental hospitals have the confidence of the community and attract and keep their patients During the two generations which have shown the striking increase in the number of insane to the total population, psychiatry has developed from a medical interest of limited consequence to one of the first magnitude Our entire psychiatric thought has changed Notable progress has been made, but psychiatrists have devoted themselves more to trying to understand the problem than to the application of remedies, and in the efforts to understand they have made some progress That attitude has been logical for how can one expect to apply preventive methods until there is some understanding of the nature of the problem So long as physicians were satisfied to make a diagnosis of fever for any case having elevation of temperature, the practice of medicine advanced but little and physicians can expect to be held back while satisfied to separate people into two groups—sane and insane

I would not have you think that psychiatrists have not classified the mental disorders They have, and the public health approach, which after all will be along lines of prevention, will take into consideration what can be done with each broad group

Some will be easy The absolute control of syphilis comes first to mind That will eliminate general paresis and reduce the incidence of mental disorders about ten per cent It probably will reduce the arteriosclerotic types and there will be other benefits For example no one knows how much mental enfeeblement is directly traceable to syphilitic infections It is reasonable to expect that a syphilitic parent may have a feeble-minded child.

We can see the day when acute infections of the central nervous system will be under better control and the encephalitic cases and the polio victims fewer than at present With the recent unhappy outcome of the efforts to control alcohol still before us, only the confirmed optimist will believe the number of cases due to overindulgence in drink will be substantially reduced but the alcoholics may be brought under better control by temperance drives It is worth striving for Overindulgence in alcohol accounts for about eight and one half per cent of the first admissions to New York State hospitals and that probably is a fair example of the nationwide experience Intemperance of one who does not have a psychosis adds to the stresses of others, so what the reports indicate to be the percentage of alcoholic admissions do not tell the whole story The limitations of the abuse of drugs and other exogenous poisons, although of slight importance, should not be insuperable obstacles The traumatic psychoses are not numerous and it will be difficult to protect people from injury Perhaps we may learn to manage head injuries better and thereby avoid some of the later consequences.

Much mental failure comes with the declining years Those forms of mental illness are rapidly increasing and the reasons are those which account for the rise in the cardiac cases, the cancers, and the other diseases of advanced age The youth whom the public health officials save from typhoid and tuberculosis lives to die of one of the diseases of the aged.

Something can be done in all these fields Instances of opportunities are there The remedy is known, the wholesale application may be difficult, but the situation is not without hope

Much more formidable, of infinitely greater importance, and so far as we can now see, of insurmountable difficulties, is the great residual group of the manic depressive cases, the agitated depressions

physical and mental health and welfare of the people at large. Not only should we be interested but we should, in large numbers (a great majority) show our fitness for leadership in these affairs in so far as we can contribute to better results than the devoted lay interests can alone accomplish We should be so led as to demonstrate to the people Fred Elliott's notable truism "Every community has a vital stake and resource in the prosperity of its physicians" They should not have to worry about food, clothing, home and fuel for their families They should have means with which to enlarge their abilities to serve the community Cooperation with the Health Departments is an outstanding duty of medical leadership As we have travelled about the State we have been impressed with this cooperation where the local health officer or the commissioner and deputies have been integrated in the membership and activities of the County Society The Health Commissioner of the State is as enthusiastic about this as we are

Our leaders should guide us into greater interest in citizenship! When Fred Sondern was our State President he told us of one district in New York City where there were four hundred and fifty-six physician voters of whom sixty-seven voted in an important State and National election We suppose this could *not* happen here It should not happen anywhere in our beloved Country Moreover we have intellectual power to influence votes and we should exercise it.

Every County Society has its peculiar and particular problems to solve in its special type of community The same *general problems* are common to all—but variations from utmost simplicity to complex elaborations occur in their characters and in their solutions *Your* public Health Committee activities are well-known throughout the State. Through Dr Edward Wentworth we learned of the masterly handling of the Dispensary situation four years ago, and more recently of the Hospital service cooperative regulations—perhaps the most judiciously managed of any in the State. In these affairs and many others you have here demonstrated superb and sound leadership Why then should we be prompted to talk leadership to you? We can only conclude that it is for the purpose of organizing a school of leadership here, a joint enterprise of your Society and the University of Rochester which will contribute significantly to the expansion of medical leadership in community and State affairs throughout the land Think of the potential activities and splendidly planned influences which could thus be set in motion! Then we would also have unplanned influences

The great divine, Horace Bushnell, once rendered a sermon on "Unconscious Influences," in which he expanded eloquently upon the thought that there is a vast extent of powerful influences ever flowing out unbidden from one's life upon society and over children which largely shape the destinies of our fellow-men, and that it is impossible to live at all and escape responsibility for these influences In speaking of a great man, an historic character familiar to us all, Paul of Tarsus, he declared that he (Paul) moved the world more by what he *was* than by what he *did* "He fought the good fight *because* he kept the faith" Thus it may be very well for us to remember that in community service as specialized citizens with remarkable knowledge and skill, our unconscious influences will flow forth unbidden and that our success in leadership may be dependent more on what we *are* than on what we *do*—however mighty and effective the doings

This thought leads us to another Superb and experienced leaders in medicine can develop those human and divine qualities that deal successfully with all kinds of organizations which are *supposed* to exist *only* for the benefit of the people, Hospitals, municipalities, states, and governments of combined states or colonies, but which so often are misdirected by ignorance, by glorifying selfish commercialism, by political ambitions or trickery, or by frank seizure of autocratic power As a group the medical profession is the most unselfish known to our world today The development of leaders who can cope with the world-tendency toward regimentation of patients and physicians and dividing the spoils among those who do *not* do the work, will mean medical statesmanship of a high order Such medical statesmen in the coming era may well secure the confidence of the people, and place medicine in the most eminent position ever attained by any group We have the glorious work, we have the practical knowledge whose appli-

Preventive Medicine

Leadership

CHARLES H GOODRICH, M D, *Brooklyn*
Presidential Address

Some one has said "Nowadays the ocean seems to be a large body of water entirely surrounded by trouble" Our own troubles —the difficulties of the physician—have grown out of the rapid expansion of medical knowledge and skill, the traditional devotion of the profession to helping people regardless of monetary return, the crafty confusion of the economics of the period, the competition of Hospitals with private practitioners, and the iconoclastic attitude of many political forces who publicly belittle our accomplishments, would control them as valuable plums to buy votes, and assure to themselves a generous share of the income which the State intended for the physician when it licensed him As themes, everyone of these factors could be largely expanded

The need for expert leadership was never so great as now The welfare and health of a great people are at stake because the life of the traditional soul of medicine is threatened We always need leadership and leadership of superior effectiveness At times we develop a Heyd—a Winslow—a Rooney—a Farmer, or an Elliott but as a rule they serve briefly and are glad to be relieved. We need more of these types on continuous duty

The qualities which medical leaders should possess are much the same as leaders in other fields The *importance* of medicine as a science and as an art *enlarges* the importance of its delivery and its public relations Therefore its leaders must have *proportional endowments* of the essential qualities of leadership

Knowledge and *ability* and *experience* are required Knowledge and ability to judge wisely in all medical issues because he can think in three dimensions about medical science and its relation to the citizenry Experience of long practical dealing with difficult problems is necessary, with a record of using these experiences for self-education and self-training

Sincerity, pure devotion to straight-forward principles involved, is another requirement. Not common honesty alone but intellectual honesty, the honesty of the Scotch preacher who prayed "O Lord guide us aright, for we are verra, verra determined."

Enthusiasm is needed, earnest controlled enthusiasm, that will not carry one too far ahead of the van or too far afield at a right angle to the point at issue Not the enthusiasm of the young lawyer who upon receiving a promotion into the firm hurried home, rushed into the arms of his greeting wife, kissed her—then rushed into the kitchen, kissed the cook and upset the soup He went too far!

A leader must possess a certain restraint. Did you ever hear a great singer who gave you of his best—and yet you felt that if it had been required he could have given you more, much more? A leader must always demonstrate that he has reserves to call upon!

Diplomacy is a *sine qua non*—not tricky, deceitful, artful diplomacy, but one rich in consideration and courtesy, strengthened by firmness—frankness—and an assurance of square-dealing, the diplomacy of a medical Elihu Root, a John Hay, or a Charles Evans Hughes

Choosing our leaders is a more important function than many of our Medical Societies realize The comparatively rare combination of essential qualities should alone determine selection The geographical location of his office, his hospital affiliations, his specialty, his church, are non-essentials However, he needs a good supply of religion!

Having chosen our leader, what are his functions? His primary functions in the Society itself are too well-known here to review In the community he, or they, should resolve the entire society into cohesive elements, interested in every feature of community life that operates for the

Read before the Monroe County Medical Society, Rochester, December 21, 1937

and small urban areas, 3,029 patients have been tested. Fifty-nine per cent were examined because of history of contact and the balance were referred to the clinics by their family physician because of symptoms or a suspicious personal or family history Sixty-two per cent of those giving a history of known contact with a case of tuberculosis reacted as compared with thirty per cent of those in whom there was no history of contact. In the age period to nine years, forty-three per cent of contacts reacted as compared with nine per cent of those with a negative contact history Between ten and nineteen years, sixty-two per cent contacts reacted and twenty-one per cent of those with no known contact. Of those over twenty years of age, seventy-eight per cent contacts and fifty-five per cent noncontacts reacted It appeared that a larger percentage of three and four plus reactions were found among persons whose exposure to tuberculosis was recent than when contact was of long duration

A third study[3] made by the Division of Tuberculosis of a selected group was the tuberculin testing and x-raying of reactors of 1,747 inmates of a state school for the feeble-minded The ages were from three to seventy years Sixty-one per cent reacted. Inasmuch as these inmates were either morons, imbeciles or idiots, no contact data were available In the age period to nine years, seventeen per cent reacted and between ten and nineteen years of age, forty-three per cent. Of those over twenty, eighty-six per cent reacted Twenty-eight or 1 6 per cent of all the inmates had clinical tuberculosis requiring supervision and treatment. In addition, there were ninety-three inmates whose x-ray revealed evidence of either healed primary or post primary tuberculosis (Table I)

To summarize relative to the first question

1 In the United States the incidence of tuberculosis infection up to ten years of age varies from twelve per cent (Slater) in rural areas to nearly 100 per cent in certain selected groups in congested areas in at least one of our largest cities

2 The percentage of reactors found in children from homes in which there is, or has been, a positive sputum case is more than seventy-five per cent as compared with thirty per cent in homes where there is a sputum-negative case (Phipps Institute)

3 At our clinics we found forty-three per cent reactors among contact children (to nine years) ages 0-9 as compared to 9 per cent among non-contact children in the same group

4 The incidence of tuberculin reactors in large but selected groups—i e college students—averages approximately thirty per cent.

5 More persons acquire their first infection during adult life than was formerly assumed

6 In comparing figures relating to tuberculin testing it must be recognized that certain inherent and technical factors in the preparation, dilution and administration of Old Tuberculin preclude accurate comparative analysis

II

In dealing with the second question—"Does primary tuberculosis present a different pathological or clinical picture from that commonly seen when infection takes place in childhood"—it must be admitted that there is little reliable data available

Quoting Pinner,[4] Pathologist of New York State Tuberculosis hospitals

There are few studies available on the pathology of primary infection in adults The work of Ragnotti on primary infections in thirty-six white adults would indicate that the essential characteristics are the same in adults as in children Studies on thousands of cases have again and again established the fact that the primary complex, composed of a parenchymatous focus and a similar one in the regional lymph nodes, is structurally characteristics for the primary infection, and for the primary infection *only*

TABLE I—RESULTS OF TUBERCULIN TESTS (P P D)
1935 STATE CLINICS and NEWARK STATE SCHOOL

Age	Contacts (Clinic)			Non contacts (Clinic)			Newark State School		
	Tested	Number React	% React	Tested	Number React	% React	Tested	Number React	% React
0- 5	103	35	34 0	59	6	10 2			
5- 9	318	145	45 6	257	24	9 3	181	31	17 1
10-14	494	279	56 5	281	46	16 4	296	91	30 7
15-19	330	229	69 4	225	62	27 6	391	206	52 7
20-24	223	169	75 8	139	69	49 6	238	188	79 0
25-34	204	156	76 5	180	90	50 0	256	215	84 0
35 over	121	102	84 3	95	68	71 6	384	357	93 0

cation is needed by all, we have the altruistic spirit (every *dead* physician is praised for his kindliness, devotion and generosity), and with real statesmanship there are no laudable objectives from which we may be excluded.

To attain to this elevated brand of statesmanship we must train ourselves in general management of some of those matters which at present have for most of us but a slight or at most academic interest We will touch upon three (Here was repeated essentially the same text as in a previous address on "General Management"—NEW YORK STATE JOURNAL, February 1, 1938, p 209, col 2, to end of address)

When in the eyes of the people we have made epoch-making contributions to the general management of Hospitals, the general management of illness, and the general management of life itself by preventive medicine we may indeed be leaders and furnish more statesmanship in medicine than we dare to dream of today

Primary Tuberculosis in the Adolescent and the Adult

ROBERT E PLUNKETT, M D, *Albany*
General Superintendent of Tuberculosis Hospitals, New York State Department of Health

1 How much primary infection takes place after childhood?

2 Does primary tuberculosis present a different pathological or clinical picture among adolescents and adults from that commonly seen when infection takes place in childhood?

3 Is primary infection more or less dangerous when received after childhood than when acquired during childhood?

* * *

The percentages of reactors in the various age groups throughout the United States vary in different localities, the average being well below that reported in European statistics Although the frequency of infection in adult life apparently is high, the average throughout the country at the threshhold of adulthood is about thirty per cent. Studies of selected groups reveal interesting variations in the percentage of reactors

The tuberculin testing of students in forty-two American colleges under the auspices of the Tuberculosis Committee of the American Student Health Association during 1932–1935 shows about thirty per cent reactors among 66,000 students in the late adolescent or early adult ages The variation in the percentage reactors found in different colleges, probably dependent on the relative predominance of students from rural and urban areas, is interesting University of Pennsylvania, eighty-five per cent, Johns Hopkins Medical School, seventy-three per cent, Yale University, fifty-nine per cent, University of Minnesota, 21 7 per cent. Similar studies of student nurses in a similar age group showed about fifty-five per cent.

A study by the Division of Tuberculosis of the New York State Department of Health of 3,201 students in teachers' colleges[1] showed thirty-five per cent at the time of entrance reacted positively to 1 mg of Old Tuberculin Most of these students came from rural or small urban areas, females predominated five to one, and the average age was eighteen During the first examination, nine cases of reinfection type of tuberculosis were discovered, all of whom left school and underwent treatment. Eight hundred and sixty-nine of these students have been retested and x-rayed for three successive years and one hundred and forty-three others for two successive years The increment of reactors consisted of four in the second year and a similar small number in the third year No case of reinfection type of tuberculosis has been discovered among those re-examined although the x-ray of one girl, tuberculin positive for three years, showed at the third examination a unilateral apical shadow which was interpreted as pulmonary tuberculosis No symptoms or sputum were present. This shadow dissappeared in one month and whether or not it was due to tuberculosis remains unknown

In the New York State Department of Health chest clinics[2] conducted in rural

Read at the Tenth Conference of the International Union Against Tuberculosis Lisbon, Portugal, September 7, 1936

these clinics over the past thirteen years has shown a parallel decline as compared with the drop in mortality

It has often been stated in the American literature that primary tuberculosis in the negro is more serious than in the white. It is apparent that until such time as additional data are collected relative to the many environmental factors which may play a part in the pathogenesis of the disease one cannot be sure of any real racial factor as being of major significance

Heimbeck[6] of Oslo states that among a group of nurses who had passed through childhood and the first years of youth without contracting a benign tuberculous infection one finds an appalling morbidity from tuberculosis when they are exposed. Dr Scheel has quoted at more length the findings of Heimbeck.

In reporting on eight-five cases Myers[7] states

> Our experience is that adults who develop the first infection type of tuberculosis, even with considerable involvement of the lung parenchyma and regional lymph nodes, do not require treatment. Apparently it makes little or no difference at what time of life the first infection with tubercle bacilli occurs with reference to the evolution of tuberculosis in the human body The first infection type of disease occurring during the second and third decades of life is just as benign as when it occurs in childhood.
> [He] observed no difference in the intensity of the disease or response to treatment between those cases of clinical tuberculosis developing in persons who received their first infection during the period of observation and those who were known to have been infected in infancy and childhood.

In our study of students in teachers' colleges, after all student foci were removed, no proven case of clinical tuberculosis developed among the students examined for each of three successive years, or among those examined for two successive years This is equivalent to 2,893 person years This work is being continued.

In the United States the number of persons included in many studies has been too small or the work has not been continued sufficiently long to produce convincing evidence of the significance of primary infection during adolescence or adult life

Obviously from the evidence in the literature and as the result of experience, primary tuberculous infection received after the childhood age does not appear to be more serious than when the first infection is received during that period.

In completing studies already started, or in initiating future research, greater emphasis upon environmental factors is needed. What part human contacts, working and living conditions play in the tuberculosis problem needs to be defined.

Burke[8] has shown that when small numbers of tubercle bacilli are injected intratracheally in rabbits it results in a more benign lesion than when large numbers are injected. Although this may in part explain the high death rate in infants and very young children on the basis of intimate and continued contact it does not explain the apparent relative immunity between the ages of five and fifteen in which the death rate is at the lowest point.

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BETWEEN MENTAL HEALTH AND MENTAL DISEASE

B Lieber, M D, Dr.P H, *New York City*

Editorial Note Under this title will appear short summaries of "transition cases" from the service of this author in the New York Polyclinic Medical School and Hospital The descriptions are not complete clinical studies, but will accentuate situations from the point of view of individual mental hygiene such as crop up in the every day practice of medicine

Subnormal Intelligence

Preventive medicine, dealing as it does with the prevention of complications, is far from health conservation or actual disease prevention In the same sense the description of the extremely frequent cases of *subnormal intelligence* and of its care and training—there can be no question of real healing—is closer to preventive medicine than to the

Pinner feels, however, that the conclusion that the first infection is benign and the second infection malignant, in the light of our present knowledge is unjustified Quoting Opie [5]

No simple formula will explain the pathogenesis of tuberculosis in all of its varied manifestations Tuberculosis of adult type usually has its origin in the apical or subapical part of the upper lobes of the lungs, whereas tuberculosis of children may occur in any part of the lungs, not more frequently in the apex than elsewhere. Caseous tuberculosis of adjacent lymph nodes is its characteristic feature. Unfortunately, with regard to its recognition during life, tuberculosis of first infection affects the apices with increasing frequency in adolescence and adult life. Some years ago I described an instance of apical tuberculosis in a negro woman 37 years of age with massive caseous tuberculosis of the regional lymph nodes, tuberculosis of the vertebrae, and death from generalized miliary tuberculosis Some pathologists have regarded such apical lesions with caseous tuberculosis of adjacent lymph nodes as characteristic of the disease in adolescence, but Beitzke and others have denied this relation. In negro adults of Jamaica the writer has seen apical lesions of first infection accompanied by caseous tuberculosis of adjacent lymph nodes In forty-four adult American negroes Everett found tuberculosis resembling that of white infants in nine instances, in thirteen instances the disease had similar characters, but evidently had had its origin near the apices of the lungs In the remaining half of these lesions the disease had the character of the adult type of white persons In twenty-one instances of pulmonary tuberculosis in white persons examined for comparison all save two were of characteristically adult type. Of the two lesions of first infection or childhood type, with caseous tuberculosis of regional lymph nodes, one was basal and the other apical

Erythema nodosum as the primary exanthema of tuberculosis is apparently considered rarer in America than in northern Europe As a matter of fact, in our service this phenomenon is extremely uncommon.

It has been our experience that children, even when showing x-ray evidence of the pneumonic stage of primary infection, are usually asymptomatic and are apparently as healthy as negative reactors Rather than to place grave significance upon this type of x-ray shadow, it is felt that its discovery is accidental in that the patient is examined at the time when the pathological phenomenon was present.

To summarize the answer to the second question, there does not appear to be any proof that primary tuberculosis presents any different pathological or clinical picture in the adult than in childhood. It must be admitted that it is difficult and sometimes impossible to differentiate clinically between primary and secondary infection.

III

The third question as to whether primary infection received during adolescence or adult life is more or less dangerous than that acquired during childhood again can not be answered specifically In itself primary infection is usually benign and requires no treatment. There is no evidence in the United States that primary infection in the white adult is any more serious than in the child Myers reports, "the first infection type of tuberculosis as observed in our group of adults has resulted in no significant symptoms or abnormal physical signs throughout its entire course of development." Broadly speaking, the tuberculosis mortality statistics for the United States Registration Area are of interest. In other words, while the average age at which primary infection is acquired has presumably increased, tuberculosis mortality and morbidity have decreased.

Although the answer to this question cannot be gleaned from a study of mortality statistics, they are of interest in that the tuberculosis death rate for the United States Registration Area has declined seventy-three per cent from 1900 to 1935 The rate under five years of age has declined eighty-five per cent among boys and eighty-four per cent among girls, from five to nine, boys seventy-six per cent, girls eighty-one per cent. Between the ages of ten to fourteen the boys' rate has declined seventy-one per cent and the girls' seventy-six per cent, between the ages of fifteen and nineteen the boys' rate has declined seventy-nine per cent and the girls' seventy-four per cent. The rate among men, ages twenty to twenty-four, has declined seventy-nine per cent and to about the same degree until forty-forty-four, in which age period the rate has declined only sixty-nine per cent. The rate for women, ages twenty to twenty-four, declined seventy-three per cent and ages twenty-five—twenty-nine, seventy-eight per cent. No accurate morbidity statistics are available but in our statewide clinic service the percentage of cases of tuberculosis seen at

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preservation of normal mental health When presenting abbreviated, condensed sketches or glimpses of situational conflicts and minor or incipient manifestations of mental illness, all we do is to emphasize the transition cases, which are so important to the general practitioner But we cannot speak about transition in the more or less fixed and hardly changeable cases of *hypophrenia,* except when they are *near* the normal mentality Not even these can cross the—imaginary—line, but they do connect normality with subnormality If we describe them in this light we are bound to remain modest as far as our therapeutic attainments are concerned

It is true that the parents are our first guide in shaping a diagnosis or an understanding of the case But we must be on our guard and form our own opinion, as they may be misleading Just as some overpraise the intelligence of their progeny—because it is theirs—others underrate it because of prejudice or stupidity, as it has been shown in our series in the past, on these very pages

One despairing father thought his boy to be mentally low and that he would surely become a criminal because of the theft of a dime and a propensity to play hooky But the child was above normal and studious in his own way The father was both cured of his suspicion and surprised to hear the doctor accusing himself of the same "crimes" Indeed, as a youngster of nine or ten he too, in spite of his reputation as a "good boy" and an excellent scholar, stole a quarter from the house and, hating the teacher of that particular semester—the usual reason—began to explore the city and the adjoining countryside instead of going to school To be sure, that was a sign of normal intelligence in his case and he was certain to have learned in two weeks outdoors more than in an entire year in the class room, what with watching the people buying and selling and fighting in the market place, listening to beggars at church doors and to street fakers, looking at pavement repairers and bridge builders, admiring bricklayers and umbrella menders, and following the hearses and the mourners to the cemetery After a while when one morning he wanted to end his odyssey and to put in an appearance in school, he did not know how because he lacked an excuse Then his mother, like *a deus (dea) ex machina,* solved the problem She had silently followed him for days and as he was gazing into the depths of the brook and following the graceful meanderings of the small fish schools, she suddenly appeared There she stood like Napoleon Bonaparte in the famous picture, in front of the dozing sentinel, her countenance sad and serious and her arms folded in stark resolution. Instead of the cry of terror *"l'Empereur!"* he only muttered "mom" She never said a word and marched him straight to school Nor did she ever call him thief or nincompoop or consult a doctor on that account.

Or take the case of a wealthy person's boy who, in the parents' eyes, was brightness itself, apparently mistaking as they did a certain deceiving superficial smartness and cunning for intelligence. They could not see why he was untinterested in any kind of learning, why even private tutoring or an expensive boarding school accomplished nothing They were dumbfounded when he forged checks, stole substantial sums from the servants' pocketbooks, borrowed in his father's name, or hurled dishes at his mother and bit his siblings to the blood—and enjoyed it all and grinned at the reprimands He was simply *dull* and did not know exactly what he was doing His dad, a severe executive in a big business concern, capitulated before the child He thought himself wise to have brought up the boy with a view of success in the industrial and commercial world. So he instilled in him the most ungenerous sentiments intentionally, preparing him to be a perfect exploiter, to love the dollar for its own sake, and to admire those who were stuffed with it. The reaping was in accordance with the sowing Nay, worse. It acted like a boomerang

Was this boy—and are such children—responsible?

While responsibility for the actions of any lawless person and especially of such individuals is a mooted question, it should be estimated from case to case The farmer, when he wanted to give a spanking to the town moron who climbed his trees and stole his apples, evidently knew that. His wife told him "Leave him alone, he is not all there" To which the farmer replied, "There is enough of him for my purpose."

I know of another case where the parents were convinced about the fourteen year old child's high mental power because her spelling was good, or rather not as bad as it might have been But she had no idea what a cloud or smoke was, where the rain came from, and how we get milk or potatoes

One mother, believing her boy a genius, had spoiled him from the start. I used to see them both when he was a baby, but my influence was nil He never ate an egg, but "a little egg" His bowel movements were "wonderful" Every word he uttered was praised as something marvelous and repeated and carried around to neighbors and relatives His favorite sport and pastime was to hit her several times daily She not only tolerated it, but encouraged him by laughing as if it were the wittiest thing

But when her son was fifteen she came to the clinic to complain about his criminal tendencies

A big change had taken place in her life. The Fates had dictated that she fall down from her comfortable middle class position to that of a proletarian person, sometimes even into the *lumpen-proletariat* She was now better informed about the boy, but it was too late.

She herself, though uncultured, was highly intelligent and had always been so, except about her child. A sample of her way of talking will show how deeply and bitingly critical she could be in her own idiom and at the same time will describe the economic situation of the family

"Yes, doctor, the rich think that we poor people are monkeys in a cage. The other day a lady looking like dressed beef and about whom the neighbors said she was worth all sorts of money—that was all she was worth—came slumming and pushed my door open It seems she had to write us up for her club or for her post what do you call it? post-graduate course She smiled, but never helped us No, she insulted us She looked at our room and said, 'What a nice kitchen you have.' Kitchen indeed, it was our parlor"

This reminded me of the scene in Ibsen's Hedda Gabler, where the haughty young woman humiliates her husband's aunt by crumpling her newst hat or mistaking it for the servant's old bonnet.

Then our informant added

"As to being poor, we are poor all right. We are certainly worth being gaped at. They never seen anything like it Sometimes I feel we should be gettin' off the earth I carry an idea that my husband'll have no work the whole winter We'd be perfect financially if we had no rent to pay, 'cause then only food would be missing I mean, not for the boy He'd never go without. We give him everything"

It was true. He was a tall and blond beast, well fed and decently clothed

The problem as she saw it was his cruelty to her Why? She asked again and again She had been so good to him

He often knocked her down and threw a knife at her, sometimes injuring her When told that he might kill her he shrugged his shoulders and said in an indifferent tone "That'd be too bad"

He would hold up his visiting grand'ma and, with his threatening knife, would force her to let him ransack her pocketbook, as he had heard in the stories of the lower world heroes

A five minute conversation with him would convince anyone except a mother that he was a very dull individual in spite of the fact that he had passed the grades and was about to finish elementary school

It was apparent that his next graduation would be from some crime class And in our environment where the money incentive is so prevalent and in the hands of a really intelligent and clever gangster he would be a willing tool. Here was a character from "Dead End" stepping down from the stage into real life.

What is there to be done? The best prevention is the proper upbringing—that is to teach the parents, where it is possible. But not all the cases are as bad as those described in this article. I have seen families where much was done to mitigate the evil

(In an early issue I will give the readers a list of the signs by which intelligence could be evaluated in the very young in a plain, non-technical way)

611 W 158 St

Erratum

In the case report entitled "Doctors Beware!" (January 15 issue, page 131) instead of "Four years later she was not entirely normal, but *superior* to the average child of the same age," it should read "Four years later she was not only entirely normal, "

We regret this proofreading error and extend our apologies to Dr B Liber, the author

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WHY NOT STUDY THE WELL, AS WELL?

Prof Earnest A Hooton, of Harvard, suggests in *The Forum* the establishment of an institute to study the well, instead of the ill, because it is difficult to make a man well unless we understand a well man He calls attention to the amazing fact that, though we have millions of case studies of sick persons, there is not in the world today one single complete study of a well and normal human being

Hence he recommends the establishment of a scientific institute for the intensive and prolonged study of healthy human beings This might accomplish even more than the study of pathology in the promotion of sound medical practice.

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Sound Principle

Almost identical measures sponsored by Assemblymen Brenner and Holley reflect a growing appreciation of the need for regulation of the trade in food, drugs, and cosmetics These products, which are part of the daily pattern of every one's life, are manufactured, advertised, and sold with insufficient safeguards for the consumer Existing Federal legislation is incomplete and weak Local ordinances attack isolated evils Mr Brenner and Mr Holley take a broad view of the problem and attempt a comprehensive solution

Both measures establish a Consumers' Bureau in the State Department of Health to study scientific aspects of the manufacture of foods, drugs, and cosmetics and regulate distribution A research committee is created to investigate allergic susceptibility, tolerances for poisonous ingredients, and similar questions. The bills prohibit adulteration, the introduction of dangerous elements into preparations, and false or exaggerated advertising To enforce the ban, annual registration of all proprietary products is required

The basic principle of both the Brenner and the Holley Act is entirely sound Further study will determine whether the methods proposed are feasible in all their details

With national advertising and distribution, a Federal food, drug, and cosmetics bill would be more effective and less irksome than state legislation. If the manufacturer is obliged to register his products in the individual states and comply with different rules in each one, he will find himself lost in a maze of conflicting and confusing regulations

The consumer of foods, drugs, and cosmetics must have protection against improper manufacturing and advertising practices The Brenner and Holley bills show that if Washington does not provide it, the state legislatures will The industries affected can obviate the need for state action by getting behind a reasonable Federal law

World's Fair Exhibit on Man and His Health

We have watched the development of the plans for the health exhibits at the coming World's Fair with more than usual interest As far as we know, this is the first time that officials having the matter in hand have turned to the medical profession for help in producing a coordinated exhibit, where neither individuals nor organizations will be specifically featured Here the exhibit instead will feature the health factor, its aberations, and the best that medicine in its present state of knowledge has to offer in prevention, amelioration, cure, and return to normalcy

The very basis upon which the exhibits are being planned is in all respects a presentation of subject matter without emphasis on, or exploitation of, the product concerned Although not featuring the sponsoring organization as such, it gives them generous recognition

The list of those assisting the World's Fair authorities in this endeavor reads like a medical "Who's Who"

The method adopted to finance the exhibits commands respect The finances are being underwritten by sponsors In some instances these are outstanding commercial firms of the highest ethical rating, and in other instances the finances are being underwritten by important noncommercial agencies or public-minded individuals—not necessarily medical men These people and organizations are supporting this project because of their inherent interest in the advancement of medicine and public health

Our profession will appreciate the absence of commercial drug firms interested in what we are wont to call "proprietary or patent medicines" The less the public is shown this type of medicine, the better naturally is the public health We, who know the evils inherent in the blatant advertising which induces self-medication, can best comprehend what a step in the right direction results when the World's Fair exhibit on "Man and His Health" will be conspicuous by the absence of

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EDITORIALS

Medicine Continues Onward

Recent action by the A M A toward the development of medical service plans throughout the country is not revolutionary, as many newspapers profess to believe Long before politicians and the lay public awoke to the need, the medical profession was seeking the key to better medical care for all the people

Medical education, which is the foundation of medical service, reached its present high development in this country almost entirely through the efforts of the organized profession Without hysteria, without burdening the taxpayer with the expense of clamorous investigative commissions or elaborate administrative systems, the A M A brought about unprecedented reforms in medical education and hospital service This work is still going on—and achieving its ends without sensational publicity or inflammatory appeals to popular fears

Similarly the medical profession always was and is today the prime mover for more effective distribution of medical service The domiciliary care of the needy sick, ward and dispensary services, depend principally on the unselfish labors of the private practitioner In conformity with the changing times physicians acknowledge the desirability of an organized attack on the problem of medical indigence in preference to individual measures They cannot, however, subscribe to methods which place the system above the patient or subordinate medical judgment to administrative routine

This is a large country, with wide variations in economic, educational, social, and medical conditions As Dr Fishbein recently declared before the Medical Society of the County of New York, "What is needed to answer the problem of medical care for the American people is not a PLAN but SCIENTIFIC PLANNING"

Such planning is going on all over the country under the auspices of organized medicine Many countries already have systems in operation which are functioning satisfactorily It is the aim of the profession to set up suitable machinery in every state and county to satisfy local medical needs In the interests of economy and efficiency, existing resources will be utilized to their fullest extent

The Medical Society of the State of New York and its constituent county organizations have a deserved reputation for progressivism They will not lag behind other states in the next great step in the evolution of American Medicine. *Let's go!*

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The consumer of foods, drugs, and cosmetics must have protection against improper manufacturing and advertising practices The Brenner and Holley bills show that if Washington does not provide it, the state legislatures will The industries affected can obviate the need for state action by getting behind a reasonable Federal law

World's Fair Exhibit on Man and His Health

We have watched the development of the plans for the health exhibits at the coming World's Fair with more than usual interest As far as we know, this is the first time that officials having the matter in hand have turned to the medical profession for help in producing a coordinated exhibit, where neither individuals nor organizations will be specifically featured Here the exhibit instead will feature the health factor, its aberations, and the best that medicine in its present state of knowledge has to offer in prevention, amelioration, cure, and return to normalcy

The very basis upon which the exhibits are being planned is in all respects a presentation of subject matter without emphasis on, or exploitation of, the product concerned Although not featuring the sponsoring organization as such, it gives them generous recognition

The list of those assisting the World's Fair authorities in this endeavor reads like a medical "Who's Who"

The method adopted to finance the exhibits commands respect The finances are being underwritten by sponsors In some instances these are outstanding commercial firms of the highest ethical rating, and in other instances the finances are being underwritten by important noncommercial agencies or public-minded individuals—not necessarily medical men These people and organizations are supporting this project because of their inherent interest in the advancement of medicine and public health

Our profession will appreciate the absence of commercial drug firms interested in what we are wont to call "proprietary or patent medicines" The less the public is shown this type of medicine, the better naturally is the public health We, who know the evils inherent in the blatant advertising which induces self-medication, can best comprehend what a step in the right direction results when the World's Fair exhibit on "Man and His Health" will be conspicuous by the absence of

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EDITORIALS

Medicine Continues Onward

Recent action by the A M A toward the development of medical service plans throughout the country is not revolutionary, as many newspapers profess to believe Long before politicians and the lay public awoke to the need, the medical profession was seeking the key to better medical care for all the people

Medical education, which is the foundation of medical service, reached its present high development in this country almost entirely through the efforts of the organized profession Without hysteria, without burdening the taxpayer with the expense of clamorous investigative commissions or elaborate administrative systems, the A M A brought about unprecedented reforms in medical education and hospital service This work is still going on—and achieving its ends without sensational publicity or inflammatory appeals to popular fears

Similarly the medical profession always was and is today the prime mover for more effective distribution of medical service The domiciliary care of the needy sick, ward and dispensary services, depend principally on the unselfish labors of the private practitioner In conformity with the changing times physicians acknowledge the desirability of an organized attack on the problem of medical indigence in preference to individual measures They cannot, however, subscribe to methods which place the system above the patient or subordinate medical judgment to administrative routine

This is a large country, with wide variations in economic, educational, social, and medical conditions As Dr Fishbein recently declared before the Medical Society of the County of New York, "What is needed to answer the problem of medical care for the American people is not a PLAN but SCIENTIFIC PLANNING"

Such planning is going on all over the country under the auspices of organized medicine Many countries already have systems in operation which are functioning satisfactorily It is the aim of the profession to set up suitable machinery in every state and county to satisfy local medical needs In the interests of economy and efficiency, existing resources will be utilized to their fullest extent

The Medical Society of the State of New York and its constituent county organizations have a deserved reputation for progressivism They will not lag behind other states in the next great step in the evolution of American Medicine. *Let's go!*

consists of an acid alcohol precipitation of the proteins and the removal of lipoids and peptones The water soluble extract which is obtained as yet has not been standardized in the same manner as has insulin or the parathyroid hormone From physiological tests, however, it possesses a diuretic action, and an effect on the mobilization of chlorides in the blood and their excretion in the urine. A substance similar in action to the one reported by Jablons has been isolated from the blood in the renal vein by Tokumitsu[2] who termed it a nephrohormone

In half of the cases of nephritis complicated by hypertension, the use of this extract resulted in a noticeable decline in the blood pressure Diuresis and the excretion of salt were markedly increased and the edema present disappeared During the preuremic stage and in chronic uremia, the reported results seem to indicate that the nausea, vomiting, and head ache can be controlled to a considerable extent by the injection of the extract In three instances wherein an albuminuric retinitis was present, absorption of the retinal exudate and a return of vision followed its use

This investigation is a step in the proper direction The report of Jablons is an encouraging one in the therapy of the nephritic lesions which almost inevitably shorten life Standardization of the extract and corroboration of the work should be undertaken as the next step, and efforts directed toward identifying the potent factor Whether or not the kidney in itself possesses an active hormone or a chemical which is capable of producing hypertension *must still remain* a problem which awaits further experimentation for ultimate proof

CURRENT COMMENT

"WHAT IS LIBERTY IN A country of railroads and automobiles, chain stores and radios, trusts and labor unions? Can we hope to find liberty among the struggles of capital and labor, the rise and fall of financial empires, and the confusion of political controversy? And after all, is liberty worth the cost of hunting for it among these strange new powers that wrestle and trample across our country? Or would it be better to give up the dreams of the pioneers and to look for security and plenty without the dangers and uncertainties of freedom?

"Liberty has to be founded on security.

The pioneers had to make themselves secure against starving to death or being tomahawked by the Indians before they could settle down to enjoy the blessings of liberty in America. "—The foregoing comes from an article by David Cushman Coyle, which won the $1000 prize offered by *Harper's Magazine* for the best paper on "The American Way"

In another vein, Mr Coyle continues "There is some ground for the fear that in letting science loose in the world the human race may have released a demon that will destroy mankind. President Hoover's Committee on Social Trends pointed out that changes in laws and vested rights lag behind the changes caused by science and invention 'There is in our social organizations an institutional inertia and in our social philosophies a tradition of rigidity Unless there is a speeding up of social invention or a slowing down of mechanical invention, grave maladjustments are certain to result.' This cultural lag between different elements of the national life creates severe strains which appear in the form of personal insecurity and wild fluctuations of business

"Compared with the insane, weird terrors of the dictatorships, our own riots, labor wars and crime seem like simple, normal outbursts of human nature We believe that Americans would do better to feel their way slowly and trust to luck rather than to march howling into any such madhouse

"We have the resources and the power, if we dare to use them boldly, to build our country in strength and freedom, so that all Americans may walk secure and confident, the masters of a rich heritage and of a future bright with promise Not by basely throwing away freedom can we flee into a safe hiding place under the wing of some dictator, but in the pursuit of liberty itself we shall find the only security that is secure."

"'THE TERM SPECIALIST CARRIES with it an implication of superior training and a background of extensive clinical experi-

2 Tokumitsu *Trans Jap Path Soc* 24 444 1934

all that group of "panaceas" whose alleged virtues the less ethical press, and the less conscientious radio stations, continually are expounding to the public

It is indeed gratifying to note even at this early time that sufficient financial support is in view to keep this exhibit on the high plane upon which the medical advisory committee and the World's Fair authorities have conceived it It augurs well for the conception which is gaining ground that after this World's Fair is over, this excellent exhibit—with such additions as may be found advisable —will remain permanently as a "Museum of Hygiene" to continue its usefulness in carrying on a continuing program of health education

Danger of Facial Pimples

One of the most serious infections, but nevertheless one whose gravity is little appreciated by the laity, is that which occurs in the region between the upper lip, and the hair line of the scalp The most common site of this lesion is in the vestibulum naris, the upper lip or the cheek just lateral to the nose The infection, which most frequently is produced by Staphylococcus aureus, gains entrance to the soft parts through an abrasion or a minor injury to the skin, or mucous membrane of the nose It may follow shaving of the upper lip, picking of the nose, the removal of the nasal vibrissae, or some such other insignificant form of trauma

To the layman, it represents merely a "pimple" which causes a mild degree of annoyance The natural tendency which exists in all of us to "pick at a pimple" is, in all probability, the responsible factor for the high mortality which follows infection in this area of the face The venous channels which drain this site are not equipped with valves, and consequently furnish readily accessible channels through which the infection may spread The involvement of the angular vein by a septic thrombus which can extend to encompass the ophthalmic vein and cavernous sinus is the most frequent method of extension A fatal staphylococcemia often complicates the innocent looking primary infection

The repeated warnings in the literature have been added to recently by the contribution of Elliot[1] The complete abstinence from all surgical measures, until such time as definite evidence is at hand to show that frank suppuration exists, must be strictly observed Hot moist poultices seem to afford the best means of therapy During the invasive stage, blood transfusions, the injections of foreign protein and roentgen therapy may be employed and have been found to be beneficial Above all, however, is the complete avoidance of any additional trauma to the already infected part Such trauma most often will be inflicted by the patient himself It usually can be avoided by impressing the sufferer with the fatal aspects of the lesion There are many physicians who routinely warn *all* their patients against "picking" pimples in this dangerous locality

A Diuretic Renal Extract

The search for an extract of the renal tissues which would be effective in the treatment of kidney disease has been in progress for a number of years The chief difficulty in the past has been the methods used for the extraction of a substance, none of which excluded from the end product those depressor factors which normally are present in animal tissue These are the result of nucleoprotein disintegration and include among others, the guanadins, the cholines, histamines, and adenosines

Jablons[1] appears to have been successful in the isolation of a potent substance from the fresh mammalian kidney which is free of the nucleoproteins Unlike the other methods employed, his

1 Elliott, J N *Ill Med Jour* 72 491 1937

1 Jablons, B N Y STATE J MED, 38 31 1938

COMMITTEE ON LEGISLATION

Bulletin No 3

January 24, 1938

New Bills Introduced

Senate Int. 268—Hanley, Assembly Int. 344—Canney, establishes a division of food in the Health Department to investigate economical methods of preparation, value and standards for foods served for human consumption, to establish code of fair competition for employers and employees preparing and serving foods, and appropriates $50,000 Referred to the Finance Committee in the Senate and the Ways and Means Committee in the Assembly

Comment This bill has been before the Legislature a number of times It provides for inspection by the Department of Health of the manner in which food is prepared and the places where food products are manufactured, and also the manner in which it is prepared in hotels and restaurants It would set up a new division which would require a very large staff

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Comment Identically the same bill as Senate Int. 268, except that the clauses which it contains regarding the protection of the employees against labor abuses and granting them the right of collective bargaining, etc., are referred to the jurisdiction of the Commissioner of Labor

Senate Int. 278—Warner, Assembly Int. 443—Marble, provides for filing of duplicate certificate of birth occurring in any district other than that in which mother resided at time of birth, with registrar of district in which mother resided. Referred to the Health Committees

Comment When a child is born in a hospital to which the mother has come from another county, a record of the birth is filed in the county where it occurred, and later in life if the child seeks a record of its birth, it will not be able to find the record in the county where it has been residing This bill obviously is an attempt to prevent a difficulty of that kind, but it is hardly necessary because the proper procedure in securing copies of birth certificates for any citizen in the State is to apply to the State Department of Health, where copies of all records are kept, filed alphabetically and chronologically

Senate Int. 388—Feld, regulates the practice of electrolysis, defined as the removal of hair by use of electric needles, and provides for appointment by the Regents of an examining board of electrolysis Referred to the Education Committee.

Comment This bill has been before the Legislature for several years It is worth knowing in this connection that the Court of Appeals, during the summer, handed down a decision that the practice of electrolysis is not the practice of medicine.

Assembly Int. 351—Crews, provides for eight-hour day and forty-eight-hour week for all employees in hospitals, and for one day of rest in seven. Referred to the Labor Committee.

Assembly Int 358—Ostertag, provides that Sanitary Code may include provisions for sanitary regulation of house coaches and tourist camps Referred to the Health Committee.

Comment The bill would require the registration of the occupants of house coach camps, tourist camps, and house coaches, and an inspection of the provisions for plumbing, drainage, water supply, and disposal of garbage and other refuse. Prevents the erection of location of any house coach, tourist camp, etc. in the State without a certificate from the Department of Health Grants the Department of Health the right to adopt and enforce other regulations which it may find necessary A house coach is defined as "any vehicle or movable structure motivated by power connected therewith or propelled by a power within itself which is or can be used as the home or living abode or habitation of one or more persons either temporarily or permanently" The terms "house coach camp" and "tourist camp" are defined to mean "any land, structure or enclosure, operated for gain, where house coaches are permitted to locate or park for a valuable consideration or in conjunction with the renting of cabins or rooms or the furnishing of food" Violations shall be considered a misdemeanor

Assembly Int 364—Brenner, creates in the Health Department a consumers' bureau for registration, advertising control, analysis, scientific research, education and publicity of manufacture and sale of foods, drugs, cosmetics or health devices, and for regulating traffic therein Referred to the Health Committee.

ence, and no physician is warranted in posing as a specialist unless he is really expert in his chosen field. The essential skill can be acquired only by extensive study, prolonged training and wide experience The public has a right to expect the medical profession to safeguard it from mushroom specialists'"—At the fifty-sixth annual dinner of the Faculty Association of the New York Post-Graduate Medical School and Hospital held on January 29, "the need for more graduate instruction in medicine and the present method of certification and control of specialization were discussed" We have quoted Dr Walter T Dannreuther, President of the American Board of Obstetrics and Gynecology, in regard to the situation

The New York Times of January 30, from which we have taken the foregoing excerpts, quotes Dr Willard G Rappleye, president of the advisory board for medical specialties and Dean of the College of Physicians and Surgeons of Columbia University, as follows "There is general agreement that the greatest need of American medicine is for better rather than for more physicians While there is wide discussion of the economic and social factors involved in the medical care of the population, thoughtful leaders have recognized for centuries that the well-trained, honest and competent physician is the most important single element in a satisfactory health service for the country, however that service may be organized or financed" [See page 297 for complete text of address]

FROM THE REGULAR CORRESPONDENT to the *J A M A* from France, under date of January 29, we learn that this will not be a happy new year for the French practitioner "Most of the medical journals here contain articles at the end of 1937 which picture the future in very somber colors The social insurance authorities are in great measure responsible for this First they have just established a new scale of remuneration for sickness claims Although no change has been made in the amount of indemnity granted for services rendered at the office of the practitioner or in the domicile of the insured, they now indemnify the insured as much for services rendered by a dispensary, whether it is a private or public one The objective of the insurance authorities is to force the profession to lower its fee table, which is already so low that the average practitioner can hardly pay his expenses All in all, the practitioner's lot here is not happy, as he is caught between efforts to socialize medicine and the necessity of raising additional taxes every year"

Correspondence

Asphyxial Death in Surgery of the Neck

New York City
40 E 61 St.

To the Editor

The mechanical problem presented by acute infections of the neck is so often overlooked that it appears desirable at this Season to rehearse conditions in the field predisposing to sudden death in the course of operative procedures

Acute infection or edema of the upper airway implies edema of the superglottic region An airway embarrassed by abscess or edema often remains open by virtue of the muscle tone of the part. If this muscle tone is destroyed by basal anesthetics, avertine, the barbiturates, evipal, etc., or by topical local anesthesia, death from acute asphyxia promptly ensues On the other hand, nitrous oxide, oxygen, ether, etc, by increasing engourgement of the part frequently produces fatal obstruction

Emergency tracheotomy following complete respiratory obstruction is accompanied by a high postoperative mortality Experience suggests that the following sequence be employed in order that both mortality and morbidity may be reduced

Intubation may be accomplished deliberately with the assistance of chloroform anesthesia carried to a point where the pharyngeal reflexes and muscle spasm are under control Following intubation, any anesthetic agent may be employed The endotracheal tube may be left *in situ* following operation for a period of twenty-four hours The presence of the tube does not cause edema. Edema of the region is reduced as the result of the operative interference and free ventilation The reduction of edema will be noted in the patient's tendency to breathe around the endotracheal tube

When emergency tracheotomy is indicated, this should always be preceded, when possible, by intubation Intubation permits deliberate approach to the trachea, skeltonization of the trachea, and not infrequently, complete avoidance of tracheotomy

PALUEL J FLAGG, M D, *Chairman*
Committee on Asphyxia
American Medical Association

January 31, 1938

COMMITTEE ON LEGISLATION

Bulletin No 3

January 24, 1938

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Assembly Int. 364—Brenner, creates in the Health Department a consumers' bureau for registration, advertising control, analysis, scientific research, education and publicity of manufacture and sale of foods, drugs, cosmetics or health devices, and for regulating traffic therein Referred to the Health Committee.

Comment The bureau shall be operated by a director appointed by the Governor, and a committee on public health of five members, appointed by the Governor The committee shall investigate scientific problems relating to tolerances for poisonous ingredients and allergy or susceptibility Every manufacturer or proprietor of a proprietary product sold in this State shall register it and procure a numbered certificate, for which a fee of $25 00 shall be paid, and $10 00 for annual renewal Every applicant for a certificate of registration shall submit (1) The true and complete qualitative and quantitative composition or formula of the product sought to be registered, (2) The exact text of every judgment, decree, order or stipulation relating to such product entered or issued by any court, federal trade commission or other governmental agency, (3) "A statement of all the therapeutic, palliative or other beneficial effects claimed or to be claimed for such product in its sale, together with satisfactory evidence or authority in support of such claim", (4) Names of those under whose supervision the product is manufactured Certificates shall be denied (1) If accompanied by a false or misleading statement, (2) Contains poisonous or deleterious substance, (3) Contains any ingredient in excess of that determined as safe, (4) If applicant makes claim for the product which can not be supported by scientific or medical opinion, (5) Adulteration, (6) Product is not manufactured under proper supervision No appropriation is provided, for it is believed that the bureau can support itself on registration fees collected.

Assembly Int 380—McCaffrey, strikes out provision that physician in workmen's compensation cases, as employee or carrier may select and pay for, may participate in examination if employee or carrier so requests Referred to the Labor Committee.

Assembly Int. 381—Methfessel, requires not more than twenty days preceding application for marriage license, examination of parties by a physician who must make a written report stating whether he finds person examined is suffering from gonorrhea or syphilis, or epilepsy, heart disease, tuberculosis or other infectious disease, copy to be mailed to the other party to marriage, and relative to duties of town or city clerks in connection therewith Referred to the Judiciary Committee.

Comment The bill specifically states that the confidential relationship between patient and physician shall be waived for the purpose of making this report, and the physician shall be held free from libel or slander because of any statement contained in the report, and also that the "physician who wilfully conceals or fails to state in such report the existence of one or more of the diseases above mentioned, shall be guilty of a misdemeanor" It further provides that "a marriage is void from the time its nullity is declared by a court of competent jurisdiction if either party thereto is, at the time of the marriage, suffering from gonorrhea or syphilis in the infectious or transmissible stages"

Assembly Int. 397—Burgdorf, requires that regulations of the Public Health Council for qualifications for certain public employees whose duties pertain to enforcement of Sanitary Code, be incorporated in such Code Referred to the Health Committee.

Assembly Int. 398—Burgdorf, provides that commissioner, deputy commissioner, assistant commissioner or physician employee of the State Health Department shall not be liable for damages because of official acts, and permits claims for damages to be brought in Court of Claims Referred to the Health Committee

Assembly Int. 435—Flynn, prohibits person from negotiating within fifteen days after accident for a settlement or obtain general release or statement from person sustaining personal injuries Referred to the Codes Committee

Assembly Int. 436—Flynn, prohibits person from negotiating within fifteen days after accident, a settlement or obtaining release or statement with reference to injury, from a person confined in hospital or sanitarium Referred to the Codes Committee.

Assembly Int. 439—Garcia-Rivera, provides home relief recipients shall receive not less than $10 00 a week each and not less than $3 00 for each dependent, and there shall be adequate allowance for rent, special diet, food, medical care, clothing, and household incidentals, persons living apart from family shall not be compelled to live with his family in order to receive relief Referred to the Relief and Welfare Committee.

Assembly Int. 492—Suitor, provides for care of indigent persons suffering from motor vehicle injuries in hospitals not organized for profit and registered by the State Health Department, per diem cost not to exceed $6 00, and appropriates $350,000 Referred to the Ways and Means Committee.

Comment This is the third year that Mr Suitor has carried this bill. The comment that was made on it last year can be repeated It is framed along the lines of an Ohio law Conditions under which hospitals are financed differ so much in the

two states that probably this provision can not be applied here. The doctor and nurse, it seems to us, should be provided for as well as the hospital Under this bill, a person meeting with an automobile injury is defined as an indigent. This differs very widely from our general definition of an indigent. Only public hospitals are concerned and the Commissioner of Health is to furnish the Commissioner of Motor Vehicles and the Comptroller a list of such hospitals with their per diem cost for care The injured person, in order to receive the benefit of this law, must "assign and set over unto the hospital in which he is treated, to the extent of the amount for the reasonable charge of such hospital, in an amount not to exceed $6 00 per diem for such treatment, care and maintenance, any rights of action, suits, claims or counterclaims which he may have." * The hospital is obliged to file monthly statements with the Commissioner of Motor Vehicles of patients treated under this act. The Commissioner of Motor Vehicles shall pay all claims

Assembly Int. 496—Burgdorf, authorizes the State Health Commissioner to permit the discharge of sewage, chemicals, refuse or waste matter into State waters by any factory or industrial establishment if the Commissioner finds such discharge will not pollute the waters in a manner injurious to health or so as to create a public nuisance. Referred to the Health Committee.

Assembly Int. 556—Holley, creates in the State Health Department a consumers' bureau for registration, advertising control, analysis, scientific research, education and publicity of, manufacture and sale of drugs, cosmetics or health devices Referred to the Health Committee

Comment With a few minor changes, this bill is identical with Assembly Int 364—Brenner

Bulletin No 4

January 31, 1938

We are wondering how thoroughly our bulletins are being read As with radio performers, we have no way of satisfying ourselves on this point except by the comments we receive which we can relate to something appearing in one of them, and frequently our "fan mail" is not as heavy as we should like to see it. Finally we endeavor to take a position on the bills that we think the Society would approve and our object in sending out the bulletins is to secure support from as broad a base as possible. You may agree with our comment and, if you do, a line to that effect will satisfy us If you do not agree, then we wish you would send us a statement of your objection and your reason. It may be that you will point to something that we overlooked. If our comment is not clear on any bill, we will be glad to go into detail, or if you would prefer to read a copy of the printed bill, we shall send it to you upon request. Dear bulletin reader, this applies to you Don't think that you do not need to write because another will, we want comments from all

New Bills Introduced

Senate Int. 326—Fischel, health insurance, same as Assembly Int. 35—Wagner With the Senate Labor Committee

Senate Int. 327—Fischel, health insurance, appointment of commission, same as Assembly Int. 34—Wagner With the Senate Finance Committee.

Senate Int. 459—Crawford, sanitary regulation of trailers and tourist camps, same as Assembly Int. 358—Ostertag With the Senate Health Committee.

Senate Int. 481—Schwartzwald, relative to pollution of waters, same as Assembly Int. 496—Burgdorf With the Senate Health Committee.

Senate Int. 482—Schwartzwald, regulations of Public Health Council, same as Assembly Int. 397—Burgdorf With the Senate Health Committee

Senate Int. 483—Schwartzwald, liability for damages of certain State employees, same as Assembly Int. 398—Burgdorf. With the Senate Health Committee.

Senate Int. 526—Feld, provides for license of registered and practical nurses by board of not less than seven members appointed by the Regents, and makes general rules and regulations therefor Referred to the Education Committee.

Comment Same as Senate bill Int. 187, by Mr Esquirol, except that in this bill the name of the second group of nurses is changed from "nursing aide" to "practical nurse" and subsection (e) of section 1378, which refers to schools established for the training of nursing aides, is deleted.

Assembly Int 623—Fogarty, provides for arbitration as to value of medical aid rendered under the Workmen's Compensation Law, by two physicians designated by injured person or his physician, instead of president of county medical society Referred to the Labor Committee.

Comment The Workmen's Compensation Law at present provides for the creation of arbitration committees by the county societies The president of each county society has authority to appoint two physicians to the arbitration board This bill would remove that authority and place it with the injured person or the injured per-

Comment The bureau shall be operated by a director appointed by the Governor, and a committee on public health of five members, appointed by the Governor The committee shall investigate scientific problems relating to tolerances for poisonous ingredients and allergy or susceptibility Every manufacturer or proprietor of a proprietary product sold in this State shall register it and procure a numbered certificate, for which a fee of $25 00 shall be paid, and $10 00 for annual renewal Every applicant for a certificate of registration shall submit (1) The true and complete qualitative and quantitative composition or formula of the product sought to be registered, (2) The exact text of every judgment, decree, order or stipulation relating to such product entered or issued by any court, federal trade commission or other governmental agency, (3) "A statement of all the therapeutic, palliative or other beneficial effects claimed or to be claimed for such product in its sale, together with satisfactory evidence or authority in support of such claim", (4) Names of those under whose supervision the product is manufactured Certificates shall be denied (1) If accompanied by a false or misleading statement, (2) Contains poisonous or deleterious substance, (3) Contains any ingredient in excess of that determined as safe, (4) If applicant makes claim for the product which can not be supported by scientific or medical opinion, (5) Adulteration, (6) Product is not manufactured under proper supervision No appropriation is provided, for it is believed that the bureau can support itself on registration fees collected.

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Assembly Int 381—Methfessel, requires not more than twenty days preceding application for marriage license, examination of parties by a physician who must make a written report stating whether he finds person examined is suffering from gonorrhea or syphilis, or epilepsy, heart disease, tuberculosis or other infectious disease, copy to be mailed to the other party to marriage, and relative to duties of town or city clerks in connection therewith Referred to the Judiciary Committee

Comment The bill specifically states that the confidential relationship between patient and physician shall be waived for the purpose of making this report, and the physician shall be held free from libel or slander because of any statement contained in the report, and also that the "physician who wilfully conceals or fails to state in such report the existence of one or more of the diseases above mentioned, shall be guilty of a misdemeanor" It further provides that "a marriage is void from the time its nullity is declared by a court of competent jurisdiction if either party thereto is, at the time of the marriage, suffering from gonorrhea or syphilis in the infectious or transmissible stages"

Assembly Int 397—Burgdorf, requires that regulations of the Public Health Council for qualifications for certain public employees whose duties pertain to enforcement of Sanitary Code, be incorporated in such Code. Referred to the Health Committee.

Assembly Int. 398—Burgdorf, provides that commissioner, deputy commissioner, assistant commissioner or physician employee of the State Health Department shall not be liable for damages because of official acts, and permits claims for damages to be brought in Court of Claims Referred to the Health Committee

Assembly Int. 435—Flynn, prohibits person from negotiating within fifteen days after accident for a settlement or obtain general release or statement from person sustaining personal injuries Referred to the Codes Committee.

Assembly Int. 436—Flynn, prohibits person from negotiating within fifteen days after accident, a settlement or obtaining release or statement with reference to injury, from a person confined in hospital or sanitarium Referred to the Codes Committee.

Assembly Int 439—Garcia-Rivera, provides home relief recipients shall receive not less than $10 00 a week each and not less than $3 00 for each dependent, and there shall be adequate allowance for rent, special diet, food, medical care, clothing, and household incidentals, persons living apart from family shall not be compelled to live with his family in order to receive relief Referred to the Relief and Welfare Committee.

Assembly Int. 492—Suitor, provides for care of indigent persons suffering from motor vehicle injuries in hospitals not organized for profit and registered by the State Health Department, per diem cost not to exceed $6 00, and appropriates $350,000 Referred to the Ways and Means Committee

Comment This is the third year that Mr Suitor has carried this bill The comment that was made on it last year can be repeated It is framed along the lines of an Ohio law Conditions under which hospitals are financed differ so much in the

with our upstate members during the many meetings the Committee held and our progress thus far [May 25, 1937] is chiefly a result of the efforts of members who are residents of New York City However, our work is not yet completed and we are quite certain that our upstate members will have the opportunity, as well as the responsibility of assisting in the completition of this work

You must understand that our official report, when made, must go to Committee of which we are a constituent part and what we have to say this morning is only in the nature of a summary of our efforts thus far, so that you may be advised as to the direction it is taking and so be in a position to offer us further suggestions

We desire first to call your attention to the fact that for the year 1936 more than fifty per cent of the cases of industrial diseases handled under the Workmen's Compensation Law were diseases of the skin This fact, it seemed to our Commitee, justified our intention to ask our State Society to set up, under the Workmen's Compensation Committee a standing Sub-committee on Industrial Dermatoses We trust that the Recommendation will be accepted. Based on our experience with compensable dermatoses in New York City the Committee was impressed with the regularity with which alleged compensable dermatoses found their way to the Referee of the Labor Board with conflicting dermatologic opinions on their etiology It was this fact that formed the background for several distinct topics of investigation that the Committee undertook

It was realized that in practice the Referee of the Labor Board, a layman, was called upon in many instances to select from conflicting medical opinions a point of view on which to render a decision This we thought placed an unfair burden on the Referee and saddled him with a duty that, in the last analysis, was purely medical, namely, the making of an etiological diagnosis Our Committee therefore has been studying the feasibility of setting up a board of dermatologic specialists who could act in an advisory capacity to resolve such disputed cases The nature, function, and machinery for the activity of this board is still receiving our attention As a corollary which follows from the above mentioned difficulty, it was found advisable to set up, for purposes of guidance to physicians, a series of generally accepted dermatologic concepts applicable to industrial dermatoses, that may guide physicians in their study and analysis of such cases of industrial dermatoses as come under their care Such concepts the Committee was pleased to call the criteria for the diagnosis of industrial dermatoses These criteria, among other things include an evaluation of the trichophytin test and the patch test

Equally as important as these diagnostic criteria is the matter of the adequate interpretation of the term "cure." We must confess that we have not as yet hit upon an adequate and satisfactory definition from the point of view of its legal applicability You will recall that tied up with the solution of this question is the matter of induced hypersensitivity and the consequences that may ensue therefrom

Lastly, the Committee gave serious consideration to the fact that the practice of industrial medicine necessitated, for varying periods of time, contingency fee service, by virtue of the fact that the law specifically requires the treating physician, on suspecting a compensable disease, to refrain from accepting fees from the employee. Since some employees represent a doubtful credit risk and since a considerable period of time elapses between a physician's judgment as to compensability of a case and the authoritative acceptance thereof, the physician often finds himself in the position of unsuccessfully seeking payment from the employee when compensability is ultimately denied In connection with this problem we are seeking a way to minimize the amount of contingency fee service that must necessarily prevail

In closing we wish to acknowledge the kind cooperation of Mr Siegel, Referee of the Labor Board in New York City district in charge of skin disease cases, and also that of Dr Kaliski, Chairman of our Workmen's Compensation Committee. We trust that our continued efforts will eventuate in ultimate arrangements for a more useful and serviceable practice of our specialty under the Workmen's Compensation Law

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The New York City Department of Hospitals, in its twenty-six institutions, utilizes the services of approximately ten per cent of all interns in the United States

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It is said that non-Nordic German children are not permitted to have German measles —*Colorado Medicine*

Scientists at Cornell University have succeeded in giving a pig nervous prostration Now let them turn their talents to scaring a road hog out of his wits, if any — *St Louis Star-Times*

son's physician, and would also change the language of the bill to read that these physicians are to be members of the Medical Society of the State of New York

Assembly Int. 648—Fite, requires city or town in which mother is resident, to pay $75 00 towards expense in child-bearing for hospital, nursing, and medical services, State to pay one-half Referred to the Cities Committee

Comment The subsidy is to apply whether the child is born at home or in a hospital, "provided that pre-natal care shall have been given commencing with the fourth month of the enceinte" Payments are to "be made in all cases except when expressly rejected by the parents, and shall be in lieu of any benefits or relief for such purposes otherwise provided."

Assembly Int 705—Flynn, provides attorney of patient or former patient of hospital shall be allowed to inspect records relative to care and treatment of such person therein upon presenting written authorization executed and acknowledged by such patient Referred to the Codes Committee.

This bill has not yet been printed Comment will be made in the next bulletin.

Assembly Int 711—Sullivan, provides for license to practice ophthalmic dispensing, defined as the filling or dispensing of ocular prescriptions involving lenses, spectacles, eyeglasses or optical devices or appliances, except drugs and medicines, as prescribed by physicians and optometrists, under State Board hereby created in Education Department Referred to the Education Committee

This bill has not yet been printed Comment will be made in the next bulletin

Action on Bills

At a conference on January 24, the Committee took action on the following bills

Approved

Assembly Int 291—Breitbart—Identification of criminals

Assembly Int. 292—Breitbart—Blood tests in criminal proceedings

Assembly Int 334—Peterson—Intoxicated drivers

Assembly Int 358—Ostertag—Sanitary regulation of trailers, etc.

Assembly Int 364—Brenner-Consumers' bureau, food and drug bill

Opposed

Senate Int. 243—Livingston, Assembly Int. 332—Wagner—Nurse registration.

Senate Int. 268—Hanley, Assembly Int. 344—Canney—Division of foods in Health Department

Senate Int 269—Hanley, Assembly Int. 349—Canney—Division of foods in Labor Department

Senate Int 278—Warner, Assembly Int. 443—Marble—Registration of births

Assembly Int 339—Phelps—Insane patients, future care, etc

Assembly Int. 381—Methfessel—Pre nuptial examinations

JAMES H BORRELL
B WALLACE HAMILTON
JOHN L BAUER

COMMITTEE ON WORKMEN'S COMPENSATION

At the 1936 Annual Meeting of the Medical Society of the State of New York, your Chairman [Eugene F Traub, M D], on motion from the floor, appointed a Committee of three to study the newer problems in Industrial Dermatoses, as presented by the amended Workmen's Compensation Law of 1935 When this Committee started to function it was advised by the Secretary of our State Society that our Section had acted without authority in the appointment thereof We were further advised that the problem of the Industrial Dermatoses came under a standing Committee of the Society, namely the Workmen's Compensation Committee Our State Secretary, on consultation with the Chairman of the said Workmen's Compensation Committee, realized the necessity for the investigation we proposed to undertake and accepted the motion herein passed last year as indicative of the need for a Sub-committee of our State Workmen's Compensation Committee, to deal specifically with the question of industrial dermatoses

The Chairman of the Workmen's Compensation Committee therefore appointed the following Committee covering all parts of the state

Eugene F Traub, *Chairman*	New York City
Herman Sharlit, *Secretary*	New York City
Howard Fox	New York City
J Gardner Hopkins	New York City
Beatrice Kesten	New York City
Oscar Levin	New York City
Marion Sulzberger	New York City
Louis Tulipan	New York City
John C Graham	Brooklyn
Albert R. McFarland	Rochester
G M Fisher	Utica
Earl D Osborne	Buffalo
Mark Heiman	Syracuse

Unfortunately it was not feasible to meet

SPECIALIZATION

The certification of medical specialists and the control of specialization in the future as the major concern of the medical profession today was brought out on January 29 at the Hotel Biltmore in New York City by some of the leaders in the movement who outlined the program which the profession has set up for the benefit of the general public as well as for its own protection

The occasion was the annual banquet of the Faculty Association of the New York Post-Graduate Medical School and Hospital which was attended by several hundred guests and members of the professional staffs of the Post-Graduate, the Reconstruction, and the Skin and Cancer hospitals which comprise the postgraduate teaching group of Columbia University

By 1940 no one will be able to represent himself as a specialist without the certification of one of twelve national boards, representing the principle medical specialites, which are now working under the American Medical Association All of the state or national medical directories will indicate to an inquiring public those men who have qualified as specialists in their particular fields Already hospitals and other medical institutions are refusing to give appointments to specialists unless they are diplomates of their national specialty boards and later, when the entire medical profession is well-acquainted with these boards, general practitioners will cease to refer patients and the patient will refuse to be treated by uncertified specialists

Need for Control

Speaking of the origin and background of the national specialty examining boards, Dr Walter T Dannreuther, President of the American Board of Obstetrics and Gynecology said, "After the turn of the century the medical profession became afflicted with numberless self-styled specialists and there were no criteria whereby those who were well qualified could be distinguished from those who were not. The rapid multiplication of self-appointed specialists was encouraged by the tendency of the public to ask who was a specialist rather than to inquire what a specialist is The term specialist carries with it an implication of superior training and a background of extensive clinical experience and no physician is warranted in posing as a specialist unless he is really expert in his chosen field The essential skill can be acquired only by extensive study, prolonged training, and wide experience. The public has a right to expect the medical profession to safeguard it from 'mushroom' specialists"

Program Outlined

Dr Willard C Rappleye, President of the Advisory Board for Medical Specialties, and dean of the College of Physicians and Surgeons of Columbia University, in describing the program which is now well under way said 'In response to the needs of the public and the profession the various specialty groups in the country have banded together and organized twelve American Boards whose primary function is to improve the quality of training in each of the specialties and to provide for the public a device which will permit the profession and the public to recognize those men who are experts These twelve boards are coordinated under the Advisory Board for Medical Specialties which, in addition to the professional groups, represents the American Hospital Association, the Association of American Medical Colleges, the National Board of Medical Examiners, and the Federation of State Medical Boards of the United States The Advisory Board is probably the most representative body in the field of medical education which now exists in the country"

The efforts of the specialty boards and the Advisory Board are in direct response to the need in every area of the country of an adequate number of specialists who, in addition to a sound basic preparation in medicine, are qualified by graduate training, technical skill, judgment, and experience to perform the specialized service which some patients require Opportunities for advanced training must be made available because the usual medical course and internship can provide a student with only the elementary and introductory principles of medicine The mass of scientific knowledge and the variety of skills needed in all divisions of practice are far too extensive to be covered satisfactorily in the usual medical course The public and the profession are confused by the large number of physicians who claim to be specialists whereas in reality there is a shortage of fully trained experts to meet the needs of the country

"Not only are the specialty boards interested in the proper training of specialists but equally so in making available to the public through a register of specialists the

PNEUMONIA CONTROL

That the physicians of the State may have concrete examples of different phases of anti-pneumococcus serum treatment of pneumococcus pneumonia, there will appear here case reports selected from the large number received by the State Department of Health on the use of anti pneumococcus serum produced and distributed by it

In order that physicians practicing in New York City or those using effective serum from other sources may also be represented, we hope that physicians who may have had particularly significant experiences with serum will submit short reports to the Pneumonia Editor, New York State Journal of Medicine, 33 W 42 Street, New York City—Editor

Case 12

Case report from the records of Dr Frederic F Drury, Gouverneur

"J H, a nineteen year old male had been perfectly well except for slight 'cold' of three days' duration when he had onset of dyspnea, sudden fever, and a cough slightly productive of blood-stained sputum on December twelve, nineteen hundred and thirty-seven He felt moderately ill His temperature was 103.2, pulse 108, and respirations twenty-eight That night he called his physician who found dullness and bronchial breathing over the lower half of the right chest posteriorly A sputum specimen was sent to the laboratory and on the following morning, the second day of the disease, a report of Type V pneumococci was received Serum administration was begun promptly and four therapeutic doses of New York State Type V antipneumococcus serum were given in twenty c.c. amounts at about four hour intervals No serum reactions occurred The temperature and pulse began to drop by crisis after the second dose had been administered, and at 8 A M on the third day of the disease, the temperature was 98, pulse eighty, and the respiratory rate had returned to normal Convalescence was uneventful, and the patient was discharged well on December thirty, on the eighteenth day of his disease"

The treatment of Type V pneumonia by specific Type V antipneumococcus horse serum is now well-established. The published reports of Finland and Bullowa show it to be unquestionably effective when properly used The case cited above is a typical favorable response to this type of serum

Since no standard therapeutic unit has as yet been adopted for Type V serum by either New York State or the Federal Government, there is no designation of the number of units in the vial on its label.

In general, the principles underlying Type V serum therapy are similar to those for Type I The limited available evidence indicates that dosage *in number of vials* as supplied by the New York State Department of Health is reasonably identical for both types An uncomplicated early case may be given a minimum dose of two vials and an average dose of four vials Bacteremic cases as indicated by a blood culture taken just prior to the first intravenous dose of serum require at least double the dose. Late cases, aged patients, and cases with extensive pulmonary involvement need more serum than uncomplicated cases

The usual precautions against horse serum sensitivity should be carried out (including history, skin and eye tests, and a preliminary intravenous test of ten c.c. of a 1 10 dilution of serum) A syringe containing one c c of 1 1,000 epinephrin should be at hand throughout the whole procedure.

Each dose should consist of two vials and the interval between doses should not exceed four hours Once serum therapy is started, its administration at regular intervals should be kept up until the desired effect is obtained, or cause for failure determined

In the event that the patient does not respond after four vials have been administered, the blood culture should be repeated, sputum rechecked for error or mixed infection, and a careful search made for localized foci of infection such as empyema, thrombophlebitis, meningitis, pericarditis, endocarditis or otitis media

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In Persia in the eleventh century, a secret society was organized for the purpose of murder The members of this group found that the best way to accomplish this was to fill themselves up with Indian hemp, or hashish (Marijuana) Because of this custom they were called "hashishins," which we have shortened to assassins —*Clinical Medicine and Surgery*

A hospital on wheels will be added to San Francisco's public health service, if plans of Dr J C Geiger, city health officer, are approved by the Board of Supervisors The hospital would include a trailer to an ambulance, completely equipped for emergency work with an operating table, two beds, and surgical instruments

THE PHYSICIAN'S INCOME TAX—1938

Prepared by the Bureau of Legal Medicine and Legislation

This discussion relates only to the requirements of the federal income tax law Information with respect to the requirements of state income tax laws should be obtained from responsible state sources

The Revenue Act of 1936 amended in numerous respects the prior income tax law, but none of the changes made relate to physicians as a class distinct from the main body of federal income tax payers

Every one who is required to make a federal income tax return must do so on or before March 15, unless an extension of time for filing his return has been granted For cause shown, the collector of internal revenue for the district in which the taxpayer files his return may grant such an extension, on application filed with him by the taxpayer This application must state fully the causes for the delay Failure to make a return may subject the taxpayer to a penalty of 25 per cent of the amount of the tax due.

The normal rate of tax on residents of the United States and on all citizens of the United States regardless of their places of residence is 4 per cent on net income in excess of the exemptions and credits

Who Must File Returns

1 If gross income was less than $5,000 during 1937, a return must be filed (*a*) by every unmarried person, and by every married person not living with her husband or his wife, whose net income was $1,000 or more, and (*b*) by every married person living with her husband or his wife, whose net income was $2,500 or more If the aggregate net income of husband and wife, living together, was $2,500 or more, each may make a return or the two may unite in a joint return.

2 Returns must be filed by every person whose gross income in 1937 was $5,000 or more, regardless of the amount of his net income and of his marital status If the aggregate gross income of husband and wife, living together, was $5,000 or more, they must file either a joint return or separate returns, regardless of the amounts of their joint or individual net incomes

If the status of a taxpayer, so far as it affects the personal exemption or credit for dependents, changed during the year, the personal exemption and credit must be apportioned, under rules and regulations prescribed by the Commissioner of Internal Revenue with the approval of the Secretary of the Treasury, in accordance with the number of months before and after such change For the purpose of such apportionment a fractional part of a month should be disregarded unless it amounts to more than half a month in which case it is to be considered as a month.

As a matter of courtesy only, blanks for returns are sent to taxpayers by the collectors of internal revenue, without request Failure to receive a blank does not excuse any one from making a return, the taxpayer should obtain the necessary blank from the local collector of internal revenue.

The following discussion covers only matters relating specifically to physicians Full information concerning questions of general interest may be obtained from the official return blank and from the collectors of internal revenue.

Gross and Net Incomes What They Are

Gross Income A physician's gross income is the total amount of money received by him during the year for professional services, regardless of the time when the services were rendered for which the money was paid, plus such money as he has received as profits from investments and speculation and as compensation and profits from other sources

Net Income Certain professional expenses and the expenses of carrying on any enterprise in which the physician may be engaged for gain may be subtracted as "deductions" from the gross income, to determine the net income on which the tax is to be paid An "exemption" is allowed, the amount depending on the taxpayer's marital status during the tax year as stated before. These matters are fully covered in the instructions on the tax return blanks

Earned Income In computing the normal tax, but not the surtax, there may be subtracted from net income from all sources an amount equal to 10 per cent of the earned net income, except that the amount so subtracted shall in no case exceed 10 per cent of the net income from all sources Earned income means professional fees, salaries and wages received as compensation for personal services, as distinguished from receipts from other sources

Reprinted from the *Journal of the American Medical Asso*, January 29, 1938

names of those physicians who are certified by the Boards as fully competent in their individual fields of practice While the specialty boards and the Advisory Board are primarily concerned with training in the clinical specialties they are aware of and are endeavoring in every possible way to strengthen the education programs which will benefit those physicians commonly designated as general practitioners who today are, and there is every indication that they will remain in the future, the backbone of medical service for the entire country," said Dr Rappleye

Functioning of Specialty Board

Dr Clarence G Bandler, Vice-President of the American Board of Urology, and recently elected President of the New York County Medical Society, described the activities of the boards all of which are similar in operation "Nine members are elected for five-year terms, three each by the two national associations and three by the specialty section of the American Medical Association The boards are not self-perpetuating, but replacements may be made by the cooperating bodies every five years Their first objective being to insure the competency of any physician or surgeon who is specializing, it becomes the function of the boards, after the credentials of applicants are thoroughly investigated, to conduct written, oral, and practical examinations testing the qualifications of volunteer candidates"

State's Demand for License Anticipated

"The states for some time have been discussing the advisability of having a special license for medical specialties," said Dr George Miller Mac Kee, of the American Board of Dermatology and Syphilology, and chief of the Skin and Cancer Unit of the Post-Graduate. "If the states do demand a license it is hoped they will accept the certificates issued by the boards instead of holding their own examinations. This hope is based on the belief that the board composed of dermatologists, for instance, is better qualified to pass on the credentials of a dermatological candidate than is a state board where there might be political influence"

Dr Adolph G De Sanctis, President of the Faculty Association, presided at the dinner and in introducing the speakers commented with pride on the fact that so many of the staff of the New York Post-Graduate Medical School and Hospital represented the profession on the various national specialty boards, also that the institution had taken such an active and leading part in graduate medical education and the control of specialization as well as in organized medicine Referring to the statement that what the young medical graduate needs today is additional clinical training, he said "I have felt for some time that practically all the emphasis in medical education has been in the undergraduate field, and today in the United States we can boast of undergraduate medicine which is second to none in the entire world, but I believe that the pendulum has swung too far in one direction and I, for one, believe that too much emphasis has been placed on the scientific and too little on the clinical phase of medicine."

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

The general oral, clinical and pathological examinations for all candidates (Groups A and B) will be conducted by the entire Board, meeting in San Francisco, on June 13 and 14, immediately prior to the meeting of the American Medical Association

Application for admission to the June 1938 Group A examinations must be on an official application form and filed in the Secretary's Office before April 1

The annual informal Dinner and General Meeting of the Board will be held at the Palace Hotel, San Francisco, on June 15, at seven o'clock Dr William D Cutter, Secretary of the Council on Medical Education and Hospitals of the American Medical Association will be the guest speaker, and the Diplomates certified at the preceding days' examinations will be introduced individually All Diplomates are invited to attend the dinner meeting, and to bring as guests their wives and any persons interested in the work of the Board

For further information and application blanks address Dr Paul Titus, Secretary, 1015 Highland Building, Pittsburgh, Pa

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Mayor Charles W Kress, of Binghamton, is urging the construction of an addition to the City Hospital, which is badly overcrowded.

28, 1934, No 4422, it is held, among other things, that

1 The cost to be recovered shall be charged off over the useful life of the property

2 The reasonableness of any claim for depreciation shall be determined on the conditions known to exist at the end of the period for which the return was made.

3 Where the cost or other basis of the property has been recovered through depreciation or other allowances, no further deduction for depreciation shall be allowed.

4 The burden of proof will rest on the taxpayer to sustain the deduction claimed

5 The deduction for depreciation in respect to any depreciable property for any taxable year shall be limited to such ratable amount as may reasonably be considered necessary to recover during the remaining life of the property the unrecovered cost or other basis

Particular attention is called to the last of the foregoing provisions If, in prior years, rates have been claimed which, if continued, will fully depreciate the cost, less salvage, before the end of its useful life, based on conditions now known, a reestimate of the remaining useful life should now be made and the portion of the cost that had not been depreciated at the beginning of the year 1937 (for a return for the year 1937) should be spread over this reestimated life.

Medical Dues Dues paid to societies of a strictly professional character are deductible. Dues paid to social organizations, even though their membership is limited to physicians, are personal expenses and not deductible

Postgraduate Study The Commissioner of Internal Revenue holds that the expenses of postgraduate study is not deductible.

Traveling Expenses Traveling expenses, including amounts paid for transportation, meals and lodging, necessarily incurred in professional visits to patients and in attending medical meetings for a professional purpose, are deductible

Automobiles Payment for an automobile is a payment for permanent equipment and is not deductible The cost of operation and repair, and loss through depreciation, are deductible The cost of operation and repair includes the cost of gasoline, oil, tires, insurance, repairs, garage rental (when the garage is not owned by the physician), chauffeurs' wages, and the like

Deductible loss through depreciation of an automobile is the actual diminution in value resulting from obsolescence and use and from accidental injury against which the physician is not insured. If depreciation is computed on the basis of the average loss during a series of years, the series must extend over the entire estimated life of the car, not merely over the period in which the car is in the possession of the present taxpayer

If an automobile is used for professional and also for personal purposes—as when used by the physician partly for recreation, or so used by his family—only so much of the expense as arises out of the use for professional purposes may be deducted. A physician doing an exclusive office practice and using his car merely to go to and from his office cannot deduct depreciation or operating expenses, he is regarded as using his car for his personal convenience and not as a means of gaining a livelihood

What has been said in respect to automobiles applies with equal force to horses and vehicles and the equipment incident to their use

Miscellaneous

Contributions to Charitable Organizations For detailed information with respect to the deductibility of charitable contributions generally, physicians should consult the official return blank or obtain information from the collectors of internal revenue or from other reliable sources A physician may not, however, deduct as a charitable contribution the value of services rendered an organization operated for charitable purposes

Laboratory Expenses The deductibility of the expenses of establishing and maintaining laboratories is determined by the same principles that determine the deductibility of corresponding professional expenses Laboratory rental and the expenses of laboratory equipment and supplies and of laboratory assistants are deductible when under corresponding circumstances they would be deductible if they related to a physician's office

Losses by Fire or Other Causes Loss of and damage to a physician's equipment by fire, theft or other cause, not compensated by insurance or otherwise recoverable, may be computed as a business expense and is deductible, provided evidence of such loss or damage can be produced Such loss or damage is deductible, however only to the extent to which it has not been made good by repair and the cost of repair claimed as a deduction

Insurance Premiums Premiums paid for insurance against professional losses are deductible This includes insurance against damages for alleged malpractice, against liability for injuries by a physician's automo-

The first $3,000 of a physician's net income from all sources may be regarded under the law as earned net income, whether it was or was not in fact earned within the meaning set forth in the preceding paragraph Net income in excess of $3,000 may not be claimed as earned unless it in fact comes within that category No physician may claim as earned net income any income in excess of $14,000

Deductions for Professional Expenses

A physician is entitled to deduct all current expenses necessary in carrying on his practice The taxpayer should make no claim for the deduction of expenses unless he is prepared to prove the expenditure by competent evidence So far as practicable, accurate itemized records should be kept of expenses and substantiating evidence should be carefully preserved The following statement shows what such deductible expenses are and how they are to be computed

Office Rent Office rent is deductible If a physician rents an office for professional purposes alone, the entire rent may be deducted If he rents a building or apartment for use as a residence as well as for office purposes, he may deduct a part of the rental fairly proportionate to the amount of space used for professional purposes If the physician occasionally sees a patient in his dwelling house or apartment, he may not, however, deduct any part of the rent of such house or apartment as professional expense, to entitle him to such a deduction he must have an office there, with regular office hours If a physician owns the building in which his office is located, he cannot charge himself with "rent" and deduct the amount so charged

Office Maintenance Expenditures for office maintenance, as for heating, lighting, telephone service and the services of attendants, are deductible

Supplies Payments for supplies for professional use are deductible. Supplies may be fairly described as articles consumed in the using, for instance, dressings, clinical thermometers, drugs and chemicals Professional journals may be classified as supplies, and the subscription price deducted Amounts currently expended for books, furniture and professional instruments and equipment, "the useful life of which is short," generally less than one year, may be deducted, but if such articles have a more or less permanent value, their purchase price is a capital expenditure and is not deductible

Equipment Equipment comprises property of a more or less permanent nature. It may ultimately wear out, deteriorate or become obsolete, but it is not in the ordinary sense of the word "consumed in the using"

The cost of equipment, such as is described above, for professional use, cannot be deducted as expense in the year acquired. Examples of this class of property are automobiles, office furniture, medical, surgical and laboratory equipment of more or less permanent nature, and instruments and appliances constituting a part of the physician's professional outfit, to be used over a considerable period of time, generally over one year Books of more or less permanent nature are regarded as equipment and the purchase price is therefore not deductible.

Although the cost of such equipment is not deductible in the year acquired, nevertheless it may be recovered through depreciation deductions taken year by year over its useful life, as described below

No hard and fast rule can be laid down as to what part of the cost of equipment is deductible each year as depreciation The amount depends to some extent on the nature of the property and on the extent and character of its use. The length of its useful life should be the primary consideration The most that can be done is to suggest certain average or normal rates of depreciation for each of several classes of articles and to leave to the taxpayer the modification of the suggested rates as the circumstances of his particular case may dictate As fair, normal or average rates of depreciation, the following have been suggested automobiles, 25 per cent a year, ordinary medical libraries, x-ray equipment, physical therapy equipment, electrical sterilizers, surgical instruments and diagnostic apparatus, 10 per cent a year, office furniture, 5 per cent a year

The principle governing the determination of all rates of depreciation is that the total amount claimed by the taxpayer as depreciation during the life of the article, plus the salvage value of the article at the end of its useful life, shall not be greater than its purchase price or, if purchased before March 1913, either its fair market value as of that date or its original cost, whichever may be greater The physician must in good faith use his best judgment and claim only such allowance for depreciation as the facts justify The estimate of useful life, on which the rate of depreciation is based, should be carefully considered in his individual case

In a Treasury Decision, approved Feb

THE WOMAN'S AUXILIARY

To the Medical Society of the State of New York

AN EXECUTIVE BOARD MEETING of the Woman's Auxiliary to the Medical Society of the State of New York was held on February 10, at the home of the President, Mrs Francis R. Irving, 119 Wendall Terrace, Syracuse. The Executive Board members of Syracuse had invited the visiting members to be their house guests

Following the Board Meeting the members were guests of Mrs Carlton F Potter at a buffet supper at her home

ON FEBRUARY 1, the Onondaga County Auxiliary held its regular meeting at the Crouse Irving Hospital Dr Joseph Lawrence of Albany spoke on Legislation Mrs Katherine Scott Sykes presented an original skit. Tea and a social hour followed.

THE WOMAN'S AUXILIARY of Schenectady County held a regular meeting at the Ellis Hospital in the Doctors Auditorium on January 25 This meeting marked the first anniversary of the organization

THE PRESIDENT, Mrs Francis Irving and the Organization Chairman, Mrs John J Buettner attended a meeting of Oswego County women on January 17, at the home of Mrs Kent Wood Jarvis, wife of the President of the Oswego County Medical Society Twenty-nine members were present. It was voted to organize an Auxiliary Mrs John J Brennan was elected temporary Chairman A delightful tea followed the transaction of business

THIRTY-FIVE WOMEN signed the Secretary's book as charter members of the Woman's Auxiliary to the Jefferson County Medical Society at a dinner meeting held at the Black River Valley Club on November 11 Mrs Irving, President of the State Auxiliary, and Mrs John Buettner, Organization Chairman, were present and spoke of the purpose of the Auxiliary Dr Charles Prudhon, Secretary of the Jefferson County Medical Society addressed the meeting on the need for such an organization

The Need of a Woman's Auxiliary in Every County Medical Society

THE QUESTION SO OFTEN ASKED in many County Medical Societies Is there a need for an Auxiliary to our Society?

The best answer may be gathered from those societies which have been fortunate enough to have one. The foremost consideration in the minds of those promoting this organization was its social value within the medical profession itself Some of the leaders in the State Medical Association have said that since there are forces within this profession as well as without, which are working against its best interests, the time has come when much thought should be given in bringing about unity and solidity in the profession Because the social instinct is, generally speaking, more highly developed in women than in men, they have felt that doctor's wives can perform a distinct service to the medical profession by helping to develop unity through fellowship between members of the doctor's families

The Auxiliary, besides fulfilling this work for which it was started, has done very constructive work in furthering the maternal welfare, syphilis, and cancer clinics It has been found of great value in Legislative matters pertaining to medicine.

Another thing that has been said by State Secretaries is that the Women's Annual State Meetings, which are held at the same time as the medical meetings, serve to interest the wives and to bring out a much larger attendance than formerly among the membership The usefulness of the Auxiliary in the entertainment of the wives of visiting physicians, not only at the state meeting but other medical meetings of all sorts, is obvious

While there is no outstanding increase in organization, there is an indication of steady growth, not only in membership but in an increased interest in the principles of the Auxiliary, which is very gratifying

Increase in membership may be made by the Membership Chairman of each County enlisting new members in the Auxiliary already organized and also to encourage the wives of doctors in Counties having no Auxiliary to have one formed.

bile while in use for professional purposes, and against loss from theft of professional equipment and damage to or loss of professional equipment by fire or otherwise. Under professional equipment is to be included any automobile belonging to the physician and used for strictly professional purposes

Expense in Defending Malpractice Suits Expense incurred in the defense of a suit for malpractice is deductible as a business expense

Sale of Spectacles Oculists who furnish spectacles, etc., may charge as income money received from such sales and deduct as an expense the cost of the article sold. Entries on the physician's account books should in such cases show charges for services separate and apart from charges for spectacles, etc.

For the convenience of physicians, a Notary Public is always available at the Editorial Offices of the NEW YORK STATE JOURNAL OF MEDICINE, 33 W 42 St., New York City

AMERICAN BOARD OF OPHTHALMOLOGY

The American Board of Ophthalmology announces that it will hold examinations in San Francisco, June 13, during the American Medical Association, in Washington, D C, October 8, during the American Academy of O and O L, and in Oklahoma City, November 14, during the Southern Medical Association

Applications should be filed immediately, as the required number of case reports must be filed at least sixty days prior to date of examination. Application blanks can be procured from Dr John Green, 3720 Washington Ave, St Louis, Mo

Up to the end of 1937, the Board held fifty-six examinations and had certified 1,498 ophthalmologists The Board on January 1, 1938, issued a new and complete list of physicians certificated to date, arranged geographically This list was mailed gratis to all certificated persons and to over two hundred and fifty hospitals and institutions

During 1937, examinations were held at Los Angeles on January 23, at Philadelphia on June 7, and at Chicago on October 8-9 At these examinations twenty-five, seventy-one, and eighty-four candidates respectively were examined, of whom nineteen, forty-two, and fifty-six respectively were passed, three, seventeen, and twenty-five respectively were conditioned, and three, two, and one respectively failed.

The American Board of Ophthalmology has established a Preparatory Group of prospective candidates for its certificate. The purpose of this Group is to furnish such information and advice to physicians who are studying or about to study ophthalmology as may render them acceptable for examination and certification after they have fulfilled the necessary requirements Any graduate or undergraduate of an approved medical school may make application for membership in this Group Upon acceptance of the application, information will be sent concerning the ethical and educational requirements, and advice to members of the Group will be available through preceptors who are members or associates of the Board Members of the Group will be required to submit annually a summarized record of their activities

The fee for membership in the Preparatory Group is ten dollars, but this amount will be deducted from the fifty dollars ultimately required of every candidate for examination and certification. For sufficient reason, a member of the Preparatory Group may be dropped by vote of the Board

The American Physicians' Art Association, a national organization of medical men who have ability in the fine arts, will hold a *first national exhibition* in the San Francisco Museum of Art, San Francisco, in June 1938 (The American Medical Association Convention is June 13-17 in the same city) The American Physicians' Art Association already has an outstanding membership There are three classifications for membership active, associate, and contributing The *first annual exhibition* promises to be of unusual interest with entries to be accepted (after jury selection) in the following classifications oils, watercolors, sculpture, photography, pastels, etchings, crayon and pen and ink drawings (including cartoons), wood carvings and book bindings Scientific medical art work will not be accepted The exhibition is not limited to first showings All entries close April 1 Any physician interested should communicate at once with the Secretary of the Association, Flood Bldg, San Francisco

Public Health News

The National Health Survey

J. Rosslyn Earp, L.R.C.P., Dr.P.H.
New York State Department of Health

Medical statisticians have realized for a long time that the picture of social pathology obtained from the analysis of mortality statistics is quite inadequate. Among the attempts that have been made to study the incidence of sickness in a population, those made by Edgar Sydenstricker in the town of Hagerstown, Maryland, are most noteworthy. While these will remain for long a model of precision, their usefulness is limited by the narrow geographical boundaries of the study. When the United States Public Health Service undertook to sponsor and superintend a morbidity survey using the organization and appropriations of the Works Progress Administration, they must have realized that they could not approach the accuracy of Dr. Sydenstricker's work, but that they would be able to obtain a much more adequate sample of the national population. Every precaution was taken to make the results as reliable as could possibly be obtained with the investigators available. The enumerators underwent a special course of training. A vigorous publicity campaign prepared the householders to cooperate so successfully that 98.5 per cent of the families approached were willing to supply the desired information. The medical profession was almost equally obliging. Consent of their patients having been obtained, 535,000 inquiries were mailed to the doctors to confirm the diagnosis of sickness reported. 400,000 answers were received relating to 350,000 attended illnesses.

Altogether, 740,000 urban families and 36,000 rural families are included in the study. The results may be taken as a fair indication of the amount of sickness and medical care found in the economic conditions of 1934 and 1935, during most of which time the medical relief project of the FERA was in operation. The rural population cannot be said to be adequately represented in this study. Only three states—not including New York—undertook rural studies. Undoubtedly, one reason for this, though it is not mentioned in the report, was the difficulty of obtaining travel expenses under a WPA project. The natively Spanish-speaking population of the Southwest which is predominantly rural and which enjoys probably less medical care than any other part of our population, is not represented.

The conclusions reported in the first two bulletins from Washington tend to err, therefore, on the side of understatement. The accompanying table shows the frequency rate of disabling sickness by economic status and the percentage of these cases attended by a physician.

PHYSICIANS' CARE RECEIVED FOR DISABLING ILLNESS AS RELATED TO ANNUAL FAMILY INCOME—2,308,588 PERSONS IN 81 CITIES CANVASSED IN THE NATIONAL HEALTH SURVEY, 1935-1936

Annual family income and relief status	*Frequency rate Annual cases per 1 000 persons*	*Percentage of cases attended by physician*
All incomes	172	74
Relief	234	70
Non-relief		
under $1 000	174	72
$1 000 to $2 000	155	76
$2,000 to $3,000	150	80
$3 000 and over	149	83

This table seems to bear out the opinion expressed in a recent resolution by the trustees of the American Medical Association that "A varying number of people may at times be insufficiently supplied with needed medical service for the maintenance of health and the prevention of disease."

Since these figures for disabling illness relate to illnesses disabling for one week or longer, it will probably be agreed that adequate medical care would include medical care to each of the cases reported. The fact that in families of $3,000 and over income no less than seventeen per cent of cases of disabling illness are unattended by a physician seems to demonstrate that the problem of providing adequate medical care is not only an economic one, a conclusion with which readers of *American Medicine*[1] are already quite familiar.

Of a total of six million persons in the country as a whole estimated to be disabled on the day of the canvass, one and one-half million were found to be suffering from acute respiratory diseases. Two and one-half million were disabled by chronic diseases. About one-half million persons were disabled by injuries due to accident. The acute infectious diseases accounted for a

At present, we have thirteen Counties organized, with an assurance of three more Counties ready to organize

The last County to be organized was Jefferson County, which was organized on November 11, in Watertown, with a charter membership of interested and intelligent women, anxious to begin the work given them by their County Medical Society I have also been asked to meet with a group of Doctor's wives in Oswego County in the very near future

We do not solicit any women against her wishes, but we feel that if she were to experience the joys and privileges of working with this splendid body of women, who are individually and collectively bound to the medical profession by bonds most natural and enduring, she would be anxious to become a member of this group

It is my hope that during the coming year the membership of this organization may be greatly increased. We ought to bear in mind that the wife of every doctor affiliated with the County Medical Association should be a member of this Auxiliary Let it be our goal to see that every such person is a member before the termination of this year

It is not too much to say that our success in matters of importance to us will be substantially in direct proportions to the number and strength of our membership.

It is my earnest desire that each County Society in this State will have an Auxiliary so that they may be represented at the State Convention to be held May 9–12, at the Waldorf-Astoria, New York City

MRS JOHN J BUETTNER
State Organization Chairman

ALUMNI DAY MEDICAL PROGRAM

The New York University College of Medicine announces through James W Smith, M D, Secretary of the Committees on Science, Education, and Entertainment that Alumni Day will be celebrated February 22 The program is as follows

9 45 A.M

Twenty-eighth Street Building,
477 First Avenue

1 Opening remarks by E D Friedman, '07, President Alumni Association

2 Introduction by Albert A. Epstein, '05, Chairman, Committee on Science and Education

10 00 A M

1 "Innervation of the Heart," Donal Sheehan, Professor of Anatomy

2 "Recent Advances in Electrocardiography" Charles E Kossmann, 31, Assistant in Medicine

3 "Pathology of Coronary Occlusion," Irving Graef, Associate Professor of Pathology

4 "Radiographic Studies of the Heart," I Seth Hirsch, Professor of Radiology

5 "Therapeutic Measures in Heart Disease" Arthur C DeGraff, '21, Samuel A Brown Professor of Therapeutics

Demonstrations and Exhibits (Morning and Afternoon) Exhibit of John Wyckoff's work on Heart Disease—Egbert Le Fevre Library, Pathological Demonstrations—Department of Pathology, 4th floor, Roentgenological Exhibit—Department of Radiology, Basement floor, Motion Pictures—Lecture Hall, 3rd floor, Electrocardiographic Exhibit—Loomis Laboratory, 414 East 26 Street.

Luncheon—1 00 P M

Student Lounge, 338 East 26 Street
at First Avenue

Addresses of Welcome Dean Emeritus Samuel A Brown, '94, Dean Currier McEwen, '26, Chancellor Harry Woodburn Chase, Harold O Voorhis, Secretary of the University

3 00 P M

Twenty-eighth Street Building,
477 First Avenue

6 "A Review of John Wyckoff's Contribution to the Study of Heart Disease," Alfred E Cohn, Rockefeller Institute for Medical Research

7 "Rheumatic Heart Disease," Currier McEwen, '26, Assistant Professor of Medicine.

8 "Degenerative Types of Heart Disease," William Goldring, '22, Assistant Professor of Medicine.

9 "Syphilitic Heart Disease," Clarence E de la Chapelle, '22, Assistant Professor of Medicine.

5 00 P M

Social Hours with Dean McEwen Dean's office, Twenty-eighth Street building

Public Health News

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quarter of a million illnesses, mostly those of children, while acute diseases in the alimentary system were responsible for about the same number

It is estimated that one and one-quarter billion days are lost annually in this country from work, at home or in industry, or from school, through illnesses which disable for one week or longer The economic loss represented by this figure ought surely to justify a greater expenditure, both on preventive medicine and on treatment directed toward a reduction in the period of disability

At the time of writing these notes the two last bulletins of the series, dealing with the distribution of specific illnesses, have not been published

Hospitalization of the Prematurely Born

I do not mean to imply that I have adequately described the information given in the three bulletins already published I have not, for example, quoted any of the statistics on the hospitalization of the sick of the various income groups Instead, let me refer to a survey on a very small scale in a single New York City of the facilities available for the care of the prematurely born in its three hospitals This survey was stimulated by the visit of Dr Julius Hess, and was made by the district health department with the cooperation of the hospital superintendents The same score sheet was used as was used in rating the Chicago hospitals [2] On this score sheet the three hospitals rated respectiely sixty-six, fifty seven, and fifty-six per cent. Each of them lost twenty points out of the possible one hundred because breast milk was not available. I wonder how many superintendents of hospitals up-state are aware that breast milk may be obtained from the Mother's Milk Bureau of the Children's Welfare Federation, 325 E 38 St., New York City The milk is pasteurized, frozen into wafers, and put into sterile containers Only one of the three hospitals enjoyed the services of a consulting pediatrician

References

1 Expert Testimony out of Court, American Foundations in Government, 1937 *American Mediciue*
2 *J.A.M.A* August 8, 1936

A Service to Practicing Physicians

Dr C W Grove, Health Officer, Geneva, has prepared a complete set of syringes, needles, gauze, iodine, alcohol, alcohol lamp, adrenalin—in short, everything necessary for the home administration of serum This equipment is stored in a compact wooden box, painted white, plainly labeled, and the sterile equipment is accurately dated. Included in the box are the two publications of the Bureau of Pneumonia Control—"Clinical Aspects of Pneumococcus Pneumonia" and "Technic of Serum Administration"

This set is kept in the staff room of the Geneva General Hospital It is available to physicians at all times After use, the hospital takes care of reouthting and resterilization

Although most practitioners probably have all the necessary syringes, needles and sterile goods somewhere in their offices, they often are not assembled for this purpose, and very possibly one essential item for the compete set may be missing Even if everything is readily at hand, it may take valuable time to get it prepared and sterilized Another advantage is that it simplifies the taking of blood cultures

Another Pneumonia Kit

The Syracuse Visiting Nurse Association has assembled a pneumonia serum kit. The association offers, with the use of this kit, the services of a V N A nurse to aid the physician with the administration of serum and to give nursing care.

The inadequacy of the existing Federal Food and Drugs Act is strikingly demonstrated by the fact that seizures of the toxic Elixir Sulfanilamide (Massengill) could be made only on the charge that the word "elixir" implied an alcoholic solution, whereas this product was a diethyleneglycol solution Astonishing as it may seem, had the product been properly labeled a "solution," not an "elixir," no charge of violation of the law could have been brought against the company that had sold a product which, when used as directed, had caused many deaths, notes a late issue of the *New England Journal of Medicine*

This example should be shocking enough to arouse the medical profession to action on the pure food and drugs act now before Congress

Medical News

Chemung County

Dr. Frank H. Lahey of Boston, spoke on Jan. 5 before 140 members of the Chemung County Medical Society at their annual dinner meeting at the Mark Twain hotel in Elmira.

Dr Lahey is chief surgeon of the Lahey Clinic, past president of the American College of Surgeons and a member of the American Surgical Society, Southern Surgical Society, New England Surgical Society, American Urological Society and the American Gastro-enterological Society

His lecture, illustrated with slides, was on "Some of the Newer Clinical and Laboratory Developments in Thyroid Disease"

Dutchess County

At the annual meeting of the Dutchess County Medical Society held January 12, at Poughkeepsie, the following officers were elected

President — Scott Lord Smith Poughkeepsie
Vice-President — G S Tabor Millerton
Secretary Treasurer — H. P Carpenter, Poughkeepsie
Associate Secretary — L. W Stoller Red Hook

Censors

A. L. Peckham — E. F Powell
J J Toomey

Delegate
C K. Deyo

Alternate Delegate
S E. Appel

Counselor
Hon G V L. Spratt

Reported by
H P Carpenter, M D, *Secretary*

Seventy members and guests attended a dinner after the annual business session and enjoyed an interesting talk on "Anesthesia," by Dr E A Rovenstine, professor of anesthesia at New York university

Erie County

A campaign to educate Buffalonians to the importance of taking an annual physical examination will be launched in the near future by the Medical Society of the County of Erie, Dr Harry C Guess, newly-elected president of the society, announced at its meeting in Hotel Statler, on Jan 17

As a first step in the campaign, members of the society's newly-formed speakers' supply bureau will address Parent-Teacher associations and fraternal and religious groups The proposed examination, which Dr Guess suggested to be taken by every individual on his birthday, would be complete and standard for all

Dr Guess appointed the following committee to direct the campaign for annual physical examinations Dr Stephen A Graczyk, chairman, Dr George L Sheehan, Dr J Frederick Pamton, Dr John L Hoffman, Dr Howard Osgood and Dr Roy L Scott.

As a speakers' supply committee, Dr Guess named Dr Harvey Hoffman, chairman, Dr John W Kohl, Dr James Jordan, Dr Mary J Kazmierczak and Dr Edward Tracy

Speaking on "My Impressions of a Doctor," Harold J Adams, Buffalo attorney, treated his subject from the viewpoint of a lawyer towards medical experts He urged greater care in the preliminary examination and also on the witness stand

Greene County

At the regular January meeting of the Medical Society of the County of Greene held in Catskill on January 11, Dr D D Rutstein of the Bureau of Pneumonia Control of the State Department of Health delivered an address on the treatment of pneumonia and illustrated it with a sound moving picture

About fifty per cent of the physicians of the county were in attendance. After the address a general discussion followed and a very profitable evening was spent. A light lunch followed

Reported by W M Rapp, M D, *Secy*

Jefferson County

Dr. M Lee Smith, seventy-eight, who died on Jan 19, had practiced medicine over fifty years

Kings County

The Monthly Meeting of the Medical Society of Bay Ridge was held on January 11 at the Shore Road Academy The subject of the evening was "Breast Tumors" The paper was read by Dr Benjamin Milton Cassel The x-ray treatment in such cases was presented by Dr Alfred Loomis Bell The subject was then discussed by Drs Dexter Davis and John J Masterson About thirty-five members were present.

Monroe County

AUTOMOBILE DRIVERS ARRESTED for drunken driving in Monroe County are to be examined by physicians to find if they are intoxicated. The cost has caused some discussion, and the $10 day and $15 night fees that District Attorney O'Mara proposes to pay doctors for examining allegedly intoxicated motorists were defended as inadequate by Dr Leo F Simpson, president of the County Medical Society, who said

"As a physician, I think the proposed fees are entirely inadequate Were I a lawyer, I know I would think them extremely funny

"Mr O'Mara is attempting to add another element to cut down the dreadful menace of intoxicated drivers and the Medical Society has agreed to co-operate. If subsequent events should prove medical opinion can be made of no legal value, we have at least tried"

"The present situation is a disgrace and a sad commentary on our intelligence and forcefulness"

Nassau County

DR. JAMES F MICHEL, who had practiced medicine in Farmingdale for forty-two years, died at his home there at the age of seventy-three after a brief illness

Active in the business and civic affairs of the community, he was for twenty-five years president of the First National Bank. He was village health officer and school district physician for many years He was also for many years on the staff of the Reed General Hospital, Amityville.

New York County

ORGANIZED MEDICINE IN THIS country is now actively engaged in mobilizing State and county medical societies to determine medical service needs throughout the country and to use available facilities to meet those needs, Dr Morris Fishbein, editor of *The Journal of the American Medical Association,* declared at a meeting of the Medical Society of the County of New York at the Academy of Medicine on January 24

Dr Fishbein contended that the answer to the problem of medical care for the American people "is not a plan but scientific planning" He explained that under the leadership of many county and State societies "definite provisions" for medical service to the indigent, and to those partly able to pay already have been established in various parts of the country He declared that "hundreds of such plans" have been reported to the Bureau of Medical Economics of the association. He pointed out that seventeen counties in Pennsylvania already have such plans actively in effect and that in Iowa, Kansas, California, Michigan, and Missouri, "many counties" have plans which are functioning

Dr Clarence G Bandler, president of the County Medical Society, pledged the cooperation of organized medicine in the metropolitan area to all efforts of governmental agencies to provide medical care for those unable to pay for it.

Dr Bandler pointed out that the society is now actively cooperating with the Commissioner of Hospitals, Dr S S Goldwater, on a "group hospitalization and medical treatment plan" This plan would require small "protective payments" in return for hospitalization and the payment of physicians on a fee comparable to the scale of the Workmen's Compensation Commission, he explained

Dr Adolph G DeSanctis, retiring president of the society, asserted that if organized medicine has been criticized the criticism was based on misunderstanding He said the society "will be only too happy" to lead in an open and frank discussion of medical problems

DR. FREDERICK FULLER RUSSELL, a member of the board of managers of Memorial Hospital for the Treatment of Cancer and Allied Diseases and lecturer on preventive medicine and hygiene at the Harvard Medical School and Harvard School of Public Health, has been awarded the Buchanan Medal of the Royal Society, London.

The medal is given in recognition of Dr Russell's services toward public health Dr Russell, who is a Brigadier General in the Medical Officers Reserve Corps, was chief of the Board of Health Laboratories at Ancon, Canal Zone, from 1915 to 1917, and was in charge of the Division of Infectious Diseases and of the laboratory service of the Surgeon General's office during the World War

From 1920 to 1923 Dr Russell was director of the Public Health Laboratory Service of the International Health Board, and from 1923 to 1935 was general director of the International Health Board While an instructor in the Army Medical School from 1907 to 1913 he developed the typhoid vaccine which the army has used with great effectiveness since that time

A TESTIMONIAL DINNER was given to Dr C J Imperatori at the Hotel St. Moritz, on the evening of January 20

Dr Imperatori is Professor of Clinical Otolaryngology at the New York Post-

Graduate Hospital, and Medical School of Columbia University He is co-author of a well-known text book on diseases of the Nose and Throat.

At this dinner, organized by the members of his teaching staff, Dr Imperatori was presented with an oil painting of himself, as a token of appreciation for his many years of endeavor in behalf of his associates

UNDER THE JOINT SPONSORSHIP of The New York Academy of Medicine and the Medical Society of the County of New York, a series of afternoon lectures will be given in Hosack Hall of the Academy of Medicine on Thursdays at 4 30 P M commencing February 17 The subjects for the eight lectures planned for this series are as follows

Feb 17 "Prenatal Care and Differential Diagnosis of Pregnancy," Alfred C Beck, M D

Feb 24 "The Diagnosis and Treatment of the Medical Complications of Pregnancy," William W Herrick, M D

Mar 3 "The Diagnosis and Treatment of the Surgical Complications of Pregnancy," Samuel A. Cosgrove, M D

Mar 10 "The Conduct of Normal and Abnormal Labor Including Consideration of Analgesics," Edward A Schumann, M D

Mar 17 "The Hemorrhages of Pregnancy," Harvey B Matthews, M D

Mar 24 "Postpartum and Postabortion Sepsis," Benjamin P Watson, M D

Mar 31 "The Postpartum Period," George W Kosmak, M D

Apr 14 "The Newborn Infant," Samuel Z Levine, M D

Niagara County

DR. HERBERT H BAUCKUS, of Buffalo, addressed the Medical Society of the County of Niagara at Lockport on January 11, on "Common Skin Lesions, their Diagnosis and Treatment"

Oneida County

THE OFFICERS ELECTED at the annual meeting of the Medical Society of the County of Oneida on January 11 are

President	H N Squier Utica
Vice-President	P P Gregory Rome
Secretary	James I Farrell, Utica
Treasurer	H D MacFarland Utica

Reported by James I Farrell, M D, *Secretary*

SPEAKERS AT THE dinner meeting of the Utica Academy of Medicine in Hotel Utica, on January 20 were Dr Warriner Woodruff and Dr Dan Vickers Doctor Woodruff spoke on "Thoracic Surgery," with Dr Hyzer Jones and Dr W C Jenson as discussion leaders Doctor Vickers spoke on "Common Duct in an Early Typhoid Carrier," and discussion was opened by Dr J L Golly

Onondaga County

DR FOSTER KENNEDY neurologist, addressed the Onondaga Medical society at the first meeting of the year in the new Medical college on January 4 on "Epilepsy"

Dr Kennedy is a graduate of the University of Belfast Ireland During the war he served as medical officer in the British army, and returned to the United States to take up the work at Cornell as professor of neurology, in the College of Medicine and chief of the neurological service at Bellevue hospital

DR CHARLES E WEIDMAN, Marcellus physician who practiced in Onondaga county for fifty-one years, died at his home after a brief illness on January 17

Ontario County

DR. ROBERT M Ross, physician in charge at Brigham Hall, was elected president of the Canadaigua Medical Society on January 13 at the annual meeting, at which Dr Robert G Cook, of Gibson Street, was host Dr Margaret T Ross, of Brigham Hall, was named vice-president and Dr C Harvey Jewett was unanimously re-elected secretary and treasurer Dr J Wendell Howard, retiring president, gave the presidential address, his subject being "Tuberculosis"

Queens County

DR. ALBERT A EPSTEIN, attending physician at the Hospital for Joint Diseases and at Beth Israel Hospital, read a paper on "Nephrosis" at a meeting of the Medical Society of the County of Queens, on January 21, at the society building

THE ROCKAWAY MEDICAL SOCIETY gave a dinner dance to mark its fifteenth anniversary on January 22 at Henri's, Lynbrook

Rensselaer County

THE RENSSELAER COUNTY Medical Society met in Troy at the Health Center on January 10 and Dr Stephen H Curtis, retiring president, gave a talk on "The Future of Medicine" Dr David W Houston spoke on "Socialized Medicine to Present Date" Dr A J Hambrook led the discussion

Richmond County

DR ALBERT WASCHABERGER was the speaker at a meeting of the Richmond County Medical Society, at the Old Mill, Hylan Boulevard, Grasmere, on January 12

Dr Waschaberger spoke on the treatment and management of sinusitis A discussion followed

Rockland County

THIRTY-FIVE MEMBERS OF the Rockland County Medical Society engaged in a discussion of the economic problems of a general practitioner at a meeing in New City on January 17 with Dr Frederick A Schroeder, president in the chair It was decided to renew the standard scale of fees, $2 for office visits and $3 for house visits

Suffolk County

THE NEWLY ELECTED OFFICERS of the Suffolk County Medical Society are as follows

President	Earl M McCoy Central Islip
First Vice President	Willetts W Gardner, Patchogue
Second Vice President	Roger Dexter Northport
Secretary	Edwin P Kolb Holtsville
Treasurer	Grover A Silliman, Sayville

Reported by Edwin P Kolb, M D, *Secretary*

Sullivan County

THE OFFICERS OF THE Medical Society of the County of Sullivan for 1938 are

President	Harry Golembe, Liberty
Vice-President	Ralph S Breakey, Monticello
Secretary Treasurer	Deming S Payne, Liberty

Reported by Deming S Payne, M D., *Sec'y-Treas*

Westchester County

DR WALTER W MOTT, of the State Medical Society committee on Medical Economics, spoke before the New Rochelle Medical Society at Wykagyl Country Club, on January 11, on "Medical Economics"

AT ITS ANNUAL MEETING on January 12 Dr W Godfrey Childress was elected president of the Westchester Tuberculosis and Public Health Association, Inc.

Wyoming County

THE OFFICERS OF THE Wyoming County Medical Society for 1938 are

President	R. B Bean, Castile
Vice-President	G G Davis Arcade
Secretary Treasurer	O T Ghent, Warsaw
Delegate to State Convention	H S Martin
Alternate Delegate	Z G Truesdell

Reported by O T Ghent, M D, *Sec'y*

IMPORTANT CONFERENCE ON TUBERCULOSIS

The Joint Annual Meeting and Luncheon Conference, sponsored by the New York Tuberculosis and Health Association, and the Tuberculosis Sanitorium Conference of Metropolitan New York is to be held this year at the Hotel Pennsylvania, New York City, March 1

The morning session is to be under the auspices of the Tuberculosis Sanatorium Conference which embraces forty-five tuberculosis hospitals and sanatoria in this area With Dr Foster Murray presiding, four speakers at the 9 30 A M session will give their views on Problems in Home Visiting, Clinical Standards and Procedures including Mass Tuberculin Testing and X-raying, 1937 Tuberculosis Statistics for New York and the Metropolitan Area, and Social and Vocational Rehabilitation of the Tuberculosis

Officers of the Sanatorium Conference for this year will also be elected at this session

A focal point of interest is to be the luncheon of the New York Tuberculosis and Health Association at which Dr I Arthur Myers, President of the National Tuberculosis Association, will have the role of chief speaker

Accepting "The Challenge of Tuberculosis" as the theme of their 1938 campaign, the luncheon conference will be of unusual importance in view of the concentrated efforts now being made to establish a minimum of two hospital beds for each annual tuberculosis death in New York City Dr I Ogden Woodruff, President of the New York Tuberculosis and Health Association, will preside and other speakers will be the Commissioner of Health, Dr John L Rice, and Bailey B Burritt, General Director of the Association for Improving the Condition of the Poor The annual meeting of the Board of Directors of the New York Tuberculosis and Health Association will be held following the luncheon

Additional information and luncheon reservations ($1 35) may be obtained from Bernard S Coleman Secretary of the Tuberculosis Committee of the New York Tuberculosis and Health Association, 386 Fourth Avenue, New York City (Caledonia 5-2240)

Hospital News

State System of Cancer Hospitals Discussed

OPPOSITION TO A STATE SYSTEM of cancer hospitals was expressed by numerous members of the medical profession who attended a public hearing held in Buffalo by the legislative Cancer Survey Commission on Jan 13, according to reports in the Buffalo papers

Representatives from Western, Central and Southern New York were in attendance when the meeting was called to order by Assemblyman Frank A Gugino, Buffalo Republican and chairman of the commission The fact-finding group, which was set up through enactment of a bill sponsored by Mr Gugino, launched its campaign last fall

The body was created for the purpose of making a comprehensive study of the cancer problem and with a view to formulating a long-range program for more effective prevention and treatment of malignant diseases

Dr Walter S Goodale, superintendent of Buffalo City Hospital, was the first to express his opposition to any proposal that would have the state set up a system of cancer hospitals

"I protest against any more of them" he said "And, in so doing, my remarks are not to be construed to be derogatory toward the present clinic here in Buffalo"

A Hospital Subsidy Suggested

Dr Goodale then cited figures showing that of the 7,000 hospitals in the country, not more than 25 of them treat all diseases He advocated a state subsidy plan for hospitals for the treatment of cancer cases

"And what about this subsidy?" enquired Dr Edward S Godfrey, Jr, state commissioner of health and a member of the commission

'Well," smiled Dr Goodale in return, "if you can use your well-known talents, you ought to be able to wangle enough money out of the Legislature to provide them"

Dr William Dean of Rochester, who spoke for the Monroe County Medical Society, told the commission that all cancer cases were being adequately taken care of by the institutions in the Flower City

"I'm opposed also to any state system in regard to cancer," he said "Any subsidy should be utilized by existing hospitals"

Dr Dean added that it was his belief that cancer is not a communicable disease and expressed the opinion that at present there is 'only a small amount of radium in the hands of practicing Rochester physicians"

Hospital in Center of State Urged

Dr Burton T Simpson, director of the New York State Institute for the Study of Malignant Diseases, in High Street, advocated a state hospital located in the central part of the state for "indigent cancer patients"

"I'm against any plan of state medicine that interferes with the general practitioner," he said, "but I am in favor of a state hospital for those indigent cancer cases The treatment of cancer is a group proposition, a science in itself I'm willing to have the state subsidize general hospitals for cancer treatment, but I wouldn't be willing to have the money go to a general hospital that wouldn't be willing to provide a good cancer clinic."

Dr Simpson praised the tumor clinic at Buffalo City Hospital, as one of the best in the country"

'It's my recommendation that the state build a hospital in the central part of the state for the advanced indigent cases," he added, "Don't spread them around"

Health Commissioner Francis E Fronczak also spoke in favor of a state subsidized hospital that would be fully equipped with the proper facilities and amount of radium necessary

The physician himself, however,' continued Dr Fronczak, "is the key to the case. He should be able to recognize a cancer case"

Dr James L Gallagher, chairman of the legislative committee of the Erie County Medical Society, said his group believes in "subsidization of the patient." He added that he also opposes any state system of caring for the victims

Dr Simpson in response to a question put to him by a physician, said that about

one death of every ten in New York State was from cancer The figure is less than the average reported by Dr Fronczak for Buffalo in 1937

Dr Simpson also indicated to Dr Samuel Varco, Buffalo surgeon, who is an associate member of the commission, that it is his belief that general practitioners may as well resign themselves to the fact "that they cannot treat cancer cases because of a lack of facilities"

Dr Ewing's Views

Dr James Ewing, vice-chairman of the commission and president of the medical board of Memorial Hospital in New York City, observed that radium always will be essential in treating cancer cases

"I have great confidence in the practicing physician" Dr Ewing added "But 45 per cent of the cases fail to get the proper diagnosis before they are hopeless. This blame can be equally divided between the physician and the patient"

The well known authority on cancer then discussed the question of having local groups handle the situation, instead of by state control

"You're losing a great asset in the local groups if the government steps in," he said.

He said that if there is a state subsidy to hospitals, then such hospitals should be able to meet all requirements necessary to carry on the work

"Hospitals must have the experienced help necessary before getting a subsidy," he continued

The other regular and associate members of the commission are Assemblyman Harry R Marble of Holcomb, Dr Karl F Eschelman, Dr J Sutton Regan, Dr Morton L. Levin, Dr Arthur H. Estabrook and Dr R S Ferguson

How to Figure Hospital Costs

THE NEED FOR ACCURATE financial information in hospitals is evident from the ever-growing interest on the part of hospital administrators, but the computation of functional unit costs has been slow and seemingly neglected Primarily, the hospital exists for the care of the sick, and to further this purpose requires efficient financial control Financial operating statements serve a purpose, but they do not supply the all important factor—costs

The revenue from patients compared to the direct expenses does not produce operating results The revenue must be compared to cost Unless a cost procedure is adopted, it is impossible to compare the true cost of services a hospital is rendering to patients with the revenue paid by and for patients Unit costs of patient care are a real base for rate revision, for comparisons with income produced from each service, for an accurate control of expenditures in relation to the income each produces Costs bring to light possible economies, indicate where free work should be controlled and for what services additional resources must be obtained. The advantages to be gained by the study and use of costs are numerous

A new book, "Procedure for Hospital Costs," illustrates and explains how departmental and service costs can be found and the results obtained For the purpose of showing that any size or type of hospital can apply the procedure, a hospital using only a cash book and recording few statistics was used as a model Obviously, the method can be applied by any hospital

To produce departmental and service costs, two steps are used They are entitled (1) Preliminary and (2) Final apportionment The term "apportionment" as used means the allocation of the expense of each department or operating unit by the use of a related statistical base Preliminary apportionment is the distribution of indirect expense to departments Final apportionment is the distribution of departmental cost to patient services

The book shows how each statistical base was worked out and how these bases were used to determine the departmental costs When the departmental costs are established such costs are distributed to patient services

As an illustration of the results which can be obtained, there are numerous questions and answers These questions cover costs, and, in addition, statistics which play an important part in the financial operation of a hospital There are an unlimited number of costs which can be produced For instance—What is the cost of operating the Administrative Offices? What is the average cost of maintaining a nurse? What is the average cost per employee for house-

keeping? What is the cost of housekeeping in the ward? What is the cost of maintaining all other personnel? The cost of laundry per pound? The cost per day for nursing care? The cost of social service? The cost of bed, board and routine services? An outpatient visit? A private ambulatory visit, deliveries, x-ray films, laboratory examinations, ambulance trips, combined services per patient day, the method for arriving at the number of computed free ward days, the average number of meals served per ward patient, the average cost of a meal to patients, the average number of x-ray films per semi-private patient, the average number of special nurses per day for private patients, the average pounds of laundry used per bed in the ward, the cost of educating a student nurse

The book has been reviewed by the representative hospital associations, public and cost accountants, and the consensus of opinion is that the book, the first published on the subject, serves a needed and definite purpose for the hospital field.

The book is approved by the New York Conference on Hospital Accounting and is authorized and published by the United Hospital Fund of New York The price of the book is $1 00

Newsy Notes

THE DEDICATION OF THE NEW $300,000 dispensary of Greenpoint Hospital in Brooklyn, on January 20, says the New York *Times,* attained sociological significance in the address of Peter J McGuinness, Register of Kings County and acknowledged laird of Greenpoint politics He mounted the stand to express the gratitude of the community and selected the following words for his message

"Thanks be to God we had such a Mayor and a Commissioner of Hospitals to help us They will take care of our poor people from now out, irrespectless of what befalls They've done it honest and done it good"

The Mayor was introduced by Dr S S Goldwater, Commissioner of the Department of Hospitals The Mayor said

"After Pete's benediction I think we might adjourn the meeting He struck the keynote. Now I want to thank the medical profession for its generous cooperation in aiding our program for dispensaries, health stations and hospitals I like dealing with doctors, which is more than I can say for my own profession"

"We are giving way on our building program to outpatient departments," announced Dr Goldwater "I am not prepared to say the voluntary hospitals should develop their outpatient services unless they are ready to expand their public wards—which does not seem to be the case"

Speakers included Dr Thurston Welton, president of the medical board, Dr Charles H. Goodrich, president of the New York State Medical Society, and Dr Joseph Raphael, vice-president of the Kings County Medical Society

A SPECIAL COMMITTEE, comprised of superintendents of hospitals in Westchester, will make a study of ways and means of establishing one rate for hospitalization in wards in Westchester institutions

At the present time, various rates are charged in the hospitals, and it is felt by the association that it would be of benefit to all institutions if a uniform rate could be agreed upon

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RETURN TO PRACTICALLY A pre-depression salary and wage base brought a net loss of $3,739 92 for Geneva General Hospital last year This was reported to the annual meeting of the board of trustees The hospital actually increased its operating income last year but more than $5,000 added to salary and wages more than offset this, it was said

FLUSHING HOSPITAL AND Dispensary finished last year with a deficit of $6,005 56, it was reported at the meeting of the Board of Trustees in January

However, Dr Arthur L Janes, president, was encouraged by this showing, first because the deficit for the previous year was $15,028.29, second because the hospital's participation in the United Hospital Campaign in the last three months of the year precluded the solicitation of direct donations and, third, the hospital's share of the United Hospital Fund, which will be received this year, is expected to wipe out the deficit a number of times over

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in stressing the need for additional accommodations for patients

GROUND WAS BROKEN IN January for the construction of a new x-ray building for the Mercy Hospital in Watertown The building, which will cost approximately $20,000, will be a one-story structure with a basement and will be added to the northwest wing of the hospital so that it will be a continuation of the hospital building Eventually, hospital authorities said, three stories will be added to the new building and will be used for general and maternity patients The present hospital facilities are inadequate From time to time the hospital census has been so great that hospital officials have been unable to accommodate all patients desiring admittance

A NEW BUILDING AT THE Columbia-Presbyterian Medical Center to provide low-priced private hospital service for persons of moderate means is urged by Dr Willard C Rappleye, dean of the Columbia University School of Medicine, as one of five pressing needs of the Center

The purpose of such facilities, Dr Rappleye declared in his annual report would be to accommodate the Medical Center's younger physicians whose patients cannot afford higher-priced rooms He said there was a rapidly increasing demand from the staff for low-priced hospital rooms

"It is the unanimous conclusion of the staff," he declared, "that the situation regarding semi-private services can only be met satisfactorily by the erection of a separate building of not less than 200 beds"

At the Helm

THE FOLLOWING HOSPITAL OFFICIALS HAVE BEEN CHOSEN Donald G C Sinclair, 2d, to be president of the Caledonian Hospital in Brooklyn, reelected, Dr Joseph Tenopyr, to be president of the medical board, reelected, and Miss Nora E Young, to be superintendent, continued.

Herman A. Schatz, to be president of the trustees of Vassar Brothers Hospital in Poughkeepsie.

Dr John J Quinlan, to be president of the staff of Troy Hospital

Elisha Walker, to be chairman of the directors of the Beekman Street Hospital, New York City

John Appel, Jr, to be president of the governors of the White Plains Hospital

Dr F J Scott, to be president of the medical and surgical staff of the Cohoes Hospital

Dr William H Williams, to be president of St Luke's Hospital Staff in Utica

Dr W B Roemer, to be president of the board of managers of the Oneida County Hospital, reelected.

Dr Floyd Nellis, to be president of the General Hospital staff at Utica

Thomas Kerley to be president of the Benedict Memorial Hospital Association at Ballston Spa, reelected, Miss Marion Macomber, to be superintendent, continued

Mrs Daniel Heinhardsen to be president of the women's auxiliary of the Mount Vernon Hospital, reelected

Miss Gertrude S Norton, to be president of the women managers of the Samaritan Hospital at Troy, reelected

Mrs Hamlin Wheaton, to be president of the Thompson Memorial Hospital Guild at Canandaigua

Mrs Charlotte Hubbell, to be president of the Corning Hospital Alumni Association

Dr F D Barnes, to be president of the Grasslands Hospital Staff

Dr Louis J Berg, to be president of the medical staff of Tarrytown Hospital

Dr Henry J Vier, to be chief of the medical staff of St Agnes Hospital at White Plains

Walter B Niven, to be president of the board of the Geneva General Hospital, reelected

WILLIAM H WALKER, president of the board of trustees of Flushing Hospital and Dispensary for twenty-two years, and well known in the world of art and humor, died on Jan 18, after a lingering illness His age was sixty-seven

Mr Walker, a resident of Flushing for the past forty years, devoted twenty-eight years of loyal service to the Flushing Hospital When Mr Walker retired as president of the board of trustees, last March, he was elected honorary president

For more than twenty-five years, Mr Walker was closely associated with "Life" humorous publication, in making political and satirical cartoons

THREE MONTHS OF CONTROVERSY ended in Rochester on Dec 27 when the outgoing Democratic Council voted a 10-year renewal of the Municipal Hospital contract.

Disapproving an amendment proposed by the three Republican minority councilmen which aimed at a cancellation clause on one year's notice, the six Democrats approved the new contract without change

Under it, the present arrangement will continue whereby the Strong Memorial Hospital of the University of Rochester exercises full jurisdiction over the Municipal Hospital

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OLD DRAPERIES THAT are worn in spots but still contain good material, says *The Modern Hospital*, may be given a new lease on life by cutting the usable parts into strips six or eight inches or wider The strips are then sewed together, using a narrow upholster's fringe at each seam or a contrasting piping The vertical lines make the drapes effective and permit introduction of a new color note

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THE AMERICAN COLLEGE OF SURGEONS recently made a survey to determine what measure of protection was afforded the hospital patient through licensing by states, cities, and other governmental units It was found that only three states out of forty which answered the inquiry required licensing of all hospitals, twenty admitted they had no requirements for the licensing, establishing, or operating of hospitals, two required a license for maternity and mental institutions only, and nine required licenses only for hospitals doing maternity work. One state has a licensing law applying only to mental hospitals Several of the larger cities have established regulations, but in some instances these are not enforced. Even where licenses are required, all that is usually necessary is the payment of an annual fee and conformance with certain requirements covering fire and other safety precautions Therefore, the American College of Surgeons has formulated for presentation to state, city and other interested bodies recommendations for the licensing and regulating of hospitals

Recently the fourth revision of the Manual of Hospital Standardization was completed It is available to all hospitals for ready reference A copy may be secured by writing to the central office of the college, 40 E Erie St., Chicago, Ill This manual contains a comprehensive, detailed explanation of all of the requirements for an approved hospital

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"REFRESHER" COURSES ON THE treatment of pneumonia were given in 14 hospitals in New York City in January Commissioner Rice also announced that a group of expert advisers on the serum therapy of pneumonia had been organized and that private physicians could call upon the Department of Health for the services of such advisers in the treatment of their patients The service is free, the advisers being paid by the Department of Health for each such call

Improvements

THE NEW $150,000 WING of St Agnes Hospital at White Plains was opened on January 12 The wing, which is completely fireproofed, includes private and semi-private rooms, a sun parlor on each of the four floors, a semi-private ward on the second floor, a clinic in the basement, a physician's meeting room on the first floor and several sterilizing rooms The sun parlors extend the entire width of the wing at the south end Although construction has not been entirely completed, according to Sister Perpetua, superintendent of the hospital, it is the plan to open one floor at a time until the wing is fully under operation

A PROPOSAL THAT THE City of Troy establish a municipal hospital for the care of the indigent was laid before the Rensselaer County Medical Society's first meeting of the year by Dr Stephen H Curtis, who suggested that Rensselaer County deed to the city the present County Welfare Home, which would be remodeled at a cost not to exceed $30,000 and staffed as a municipal hospital exclusively for the care of patients without funds

REPORTS OF THE DIRECTORS and the superintendent of Ilion Hospital at the annual meeting of the hospital association agreed

This duty is imposed without reference to the opportunity or ability of those upon whom it is charged to know that there is any occasion for them to yield the right of way to which they are ordinarily entitled under the state law In the absence from the ordinance of any provisions to assure knowledge to the public of a superior right of way on the part of permit-holding physicians, its recognition in all instances could not reasonably be expected, and its attempted exercise would often be confusing and perilous The question here is not whether the city could validly give physicians a general right of way on its streets under suitable regulations for the protection of the persons and interests affected, but whether an ordinance conferring the right without any qualifying and safeguarding provisions, and therefore directly tending to jeopardize the public safety which the statutory right of way rule was intended to promote, is a valid exertion of the police power delegated to the city by the state, and is within the purview of the "reasonable traffic regulations" which the legislature has authorized the city to prescribe and enforce.

In our judgment the ordinance, in so far as it relates to the exercise of a right of way by physicians under such conditions as the evidence in this case describes, clearly fails to meet the test of reasonableness, which in view of the statute on the subject and the accepted principle of adjudication in such cases, it is our duty to apply

Separation of Symphysis Pubis

A married woman twenty-nine years of age consulted a doctor who specialized in obstetrics and pediatrics with respect to her condition of pregnancy The physician determined that the patient was in the third month of pregnancy and made arrangements to care for her and to take charge of the delivery of her expected child Following this, the patient returned at monthly periods for prenatal observation and the patient's condition was satisfactory throughout. Finally, the physician received a call early in the morning from the patient's house that the patient was in labor and ordered her to enter the hospital where arrangements had been made for her delivery The doctor frequently kept in touch with the patient during the day and in the early evening concluded that the patient would not deliver normally so it was immediately determined that a consultant should be brought in who promptly responded. The patient was put under a general anesthetic and the consultant, an obstetrician and gynecologist, actually delivered the child with medium forceps The child upon delivery was not breathing and attempts to resuscitate the child were of no avail The patient remained in the hospital about two weeks During that period of time, the patient's recovery seemed to be satisfactory Following the patient's return to her home, the physician saw her twice during the following week but never thereafter On the last of said occasions, swelling in the left leg was noticed and although plaintiff was able to stand she was unable to walk She seemed to be normal pelvically The doctor was advised thereafter that some other physician had taken over the care of the patient.

It was later learned that the patient's condition was diagnosed as a separation of symphysis pubis and that a wiring operation was performed for the purpose of uniting the said separation

Subsequently, a malpractice action was brought against the physician charging negligence in allegedly failing to determine before delivery that a normal delivery would not be possible, in causing upon the delivery the separation of the symphysis pubis, and in failing after delivery to determine the said condition and to take prompt steps to remedy the same Prior to the trial of the case, a physical examination of the plaintiff showed that she was at the time suffering from no ill effects X-rays then taken showed that the wire which had been introduced during the reparative operation had broken and that the position of the symphysis pubis was approximately the same it had been a short time following delivery as revealed by x-rays taken at that time Upon the trial of the case, before a judge and jury, the plaintiff's principal claim was that the defendant had been negligent following the delivery in failing to detect the separation and to take steps to remedy it. The defendant denied having observed any symptoms to indicate the condition and asserted that the delay in diagnosis did not in any way injure the patient. In this contention, the defendant was supported by testimony The issues in the case were submitted to the jury by the court, and a verdict was rendered in favor of the defendant thereby exonerating the physicians of all charges of malpractice

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The Yonkers Academy of Medicine held a stated meeting at the Hudson River Country Club on January 26 Dr Walter Clark, Assistant Director of American Social Hygiene Association, presented a paper on Standardization of Syphilis Treatment.

Medicolegal

LORENZ J BROSNAN, ESQ
Counsel, Medical Society of the State of New York

Physicians' Automobiles—Right of Way

In a case decided a short time ago in a nearby State, the question under consideration was the extent to which a municipality could properly grant special privileges to automobiles operated by physicians *

The general law of the State which regulated the question of right of way in traffic provided in part "All vehicles shall have the right of way over other vehicles approaching at intersecting roads from the left" The said provision was drawn so as to be statewide in effect, but cities within the State were empowered by law to "prescribe and enforce reasonable traffic regulations—applicable to all vehicular traffic" An ordinance adopted by the governing body of the principal city of the State provided in part as follows "The officers and men of the fire department with their fire apparatus of all kinds, when going to, or on duty, at or returning from a fire, and all ambulances, and the officers and men and vehicles of the police department, and all physicians who have a police permit (as hereinafter provided), shall have the right of way in any street and through any procession, except over vehicles carrying the United States mail The police department is hereby empowered to issue, upon application therefor, a permit for such right of way to any duly registered physician which permit shall not be transferable"

A collision occurred in the daytime at an intersection in the city which had adopted the said ordinance It appeared that A, who was injured, was riding in a car which had been struck on the left side by a car driven by Dr B She brought an action against Dr B to recover damages for her personal injuries Upon the trial the testimony of the plaintiff clearly showed that the car in which she had been riding approached the intersection to the right of the other car The driver of A's car testified that she was certain she had the right of way and that the defendant would recognize that right and stop While the defendant's version of the accident controverted the testimony put into evidence by the plaintiff as to some of the facts, the decisive factor seems to have been that defendant was permitted to prove that he was a duly registered physician and held a right of way permit issued to him by the police department When the Court charged the jury, he granted defendant's request and informed them that as such physician defendant was entitled to the right of way The trial resulted in a verdict for the defendant, and an appeal was taken from the judgment by the plaintiff

The chief point urged by the appellant was that the ordinance was an invalid one not being a reasonable regulation of traffic Since under the instructions to the jury a verdict had been practically directed in favor of the physician, the appellant contended that if the ordinance was invalid the judgment of the trial court should be reversed

The Appellate Court determined that the ordinance was not a proper regulation of traffic. After first determining that the ordinance was proper so far as it governed fire apparatus, police cars, and ambulances, the Court said in its opinion

The uniforms of the firemen and policemen, and the structure of the fire apparatus, ambulances, and police cars, immediately disclose their identity to those by whom the right of way must be yielded But a physician or his car, when using the city streets, is not so easily distinguishable.

No provision is made by the ordinance for any sign by which the mission of car or the vocation of the occupant is to be revealed. It is said that the defendant had a blue cross on his car, but this was not required by the ordinance It escaped the notice of the plaintiff and the driver of the automobile in which she was injured, and it does not appear that, if they had observed the cross, they would have been aware of its significance. The sufficiency of such a sign is not a subject to our present inquiry

The question as to the validity of the ordinance is to be decided according to its terms, and they do not provide that the display of a cross on a physician's car shall be a condition of the exercise of the right of way allowed him, or that he shall have such a privilege only when using a car or other vehicle of a designated type It is not even stipulated that the right shall be available to him only for the purposes of his professional duties The fact that a right of way permit has been issued to a physician by the police department is the sole ground upon which the ordinance directs other users of the public highways to recognize and respect the unqualified priority for which it provides

* *Kidd v Chissel*, 126 Atl 82.

gent, "neither could we imagine a more effective method of preparing our case for the battle that is bound to recur with increasing force in the coming legislature"

The expense of all this is met by a special levy of $10 on each active member of the state society

In these sober words, in the *Wisconsin Medical Journal*, President Sargent declares the high purpose of Wisconsin's physicians The italics are his

As the drive to socialize the care of sick here in America takes shape it becomes increasingly apparent that Wisconsin is to be given the doubtful honor of being singled out as a likely place in which a first foothold might possibly be gained The choice was not ours We could not divert the beginnings of the movement. We have succeeded, however, in putting a temporary stop to its progress and now we find ourselves blessed with time for careful research and reflection. *The months to come must be spent in an earnest and sympathetic review of the entire subject of proposed social and economic change in medical practice Where the certain promise of good is found, there we must go Where the promise for good is chimerical and unproven, however, we are driven by humanity's sake to resist Whatever our position, we must be both open-minded and fully informed If judgment leads us to a program of cautious resistance, that resistance must rely for success upon the force of constructive thinking, if we are to stand in absolute denial we must depend upon the power of genuine facts To such a program, by action of your delegates assembled our organization now stands fully committed*

Look at this Picture—

In its rovings, the committee has found out something else, too The county medical societies have come in for a bit of scrutiny, and the good and not-so-good stand out in sharp contrast In some counties, remarks the President, the physicians have come to know one another in a spirit of friendly understanding, there the county medical society is a cohesive and influential body, there the public relations committee has gained the confidence and cooperation of the various agencies handling the broad problem of the care of the sick

In such counties the roving committee usually finds that nearly every child has been vaccinated against smallpox and immunized against diphtheria, that a program of tuberculosis detection has been inaugurated and is continuous in the high schools, that medical care of relief cases is on a high plane and under a system of free choice, and, what is more, adds Dr Sargent, it finds that this medical relief work is being reasonably and properly paid for, within such limitations as may be imposed by a difficult local tax situation

—and at That

Other counties have been found by the committee, however, where this combination of friendly professional cohesion and effective public guidance is sadly lacking In these counties the medical society is commonly found split in factionalism and its public relations committee merely a name Worse yet, the authorities have learned to work independently of the profession, and medical matters in city, town, and county are handled on a purely political basis In such a county public health work usually turns out to be woefully inefficient, the medical care of relief cases is not up to standard, and the disease prevention program is poorly developed

In one Wisconsin county, for instance, the (part time) health officer in a large city is responsible for the entire medical care of over 3,000 persons on relief In that same county, we are told, 6,500 of the 8,000 rural children have never been vaccinated, their mothers have not been educated to its importance Yet in that very community, exclaims Dr Sargent there is an army of able and interested women who have been organized for years, seeking just such worthy projects to which to bend their effort and influence!

The Counties Make the Nation

Our entire nation, from sea to sea, is nothing more than the aggregate of its counties, and the sum total of organized medicine in America might be said to be the sum total of the county medical societies The question of sickness care in the nation distils down to the county It is in the county, the city, the village, that the problems rise of most immediate and vital importance to physician and patient, and the body to meet and handle these problems is the county medical society Where the county society is harmonious and filled with life and energy, there the care of the sick and preventive measures for the well are at the optimum Otherwise—otherwise Wisconsin's "roving" committee has discovered something

Across the Desk

Doctors Putting the "Wis" in Wisconsin

"Wis" was the old Anglo-Saxon word meaning wise, and was the root of our word wisdom, uniting with the ending "dom," which signifies state or condition So "wisdom" means a wise state, and that is what Wisconsin, or Wis for short, will be when the doctors are through with it Anyway, it will be wiser than it was before And the Wisconsin doctors are doing a fine job, not only for their own state, but for every other state as well

For Wisconsin, it seems, was picked by the backers of socialized medicine as a fertile field, and a group of measures, called the Biemiller bills, were introduced into the state legislature last year, designed to saddle state medicine upon the people and the medical profession there The state medical society put up a stiff fight, however, led by George Crownhart, its executive secretary, and the bills went down to defeat, as related at the time in this department

But the fear was felt, in Wisconsin and other near-by states, that the attempt would be renewed this winter, and that if Wisconsin fell, other states would be attacked In a way, then, Wisconsin doctors are holding the pass, to protect all of us Wisconsin is famous as a "progressive" state, open to liberal ideas, and perhaps was selected by the socializers for that reason If they cannot win Wisconsin, what hope can they have of winning more conservative states, or the nation as a whole?

The "Roving Committee"

The bad luck of anybody who tries to put something over on the medical profession is that he is up against a group of scientific thinkers The scientific mind goes at once to the heart of a question, and finds what is true and what is false in it. The best course of action is then as clear as daylight, and no smoke-screen of political eloquence can becloud or befog matters

In this case, the main question is whether the people of Wisconsin are getting adequate medical care Very well, why not find out? So the state medical society has appointed a special "roving committee" of physicians with the experience and background to fit them for the task, and this committee has been holding hearings at various key centers throughout the state, to receive and consider the complaints, opinions, and recommendations of all who can speak with any knowledge on the subject of sickness care.

No one seems to be left out who can tell the committee anything helpful President James C Sargent, of the state medical society, sat in with the committee at several hearings, and tells us that reports on sickness care were given by "such well informed sources as the county judge, the local relief administrator, heads of local welfare and social agencies, the county and city nurses, the mayor, the health officer, the superintendent of schools and the high-school principal, representatives of women's clubs and of parent-teachers associations, representatives of labor and of the local press, etc., etc." Then in the evening, after each day's hearing, there is a dinner meeting, where the officers of neighboring county medical societies report on conditions in their localities and aid the committee with advice and information

President Sargent feels it likely that the "roving committee", after its wide and deep research, can "with authority say whether or not the sick of our state actually are receiving adequate care." If inadequacies exist, "they will be uncovered and drawn sharply to the attention of our society," but "on the contrary, if this committee determines that sickness care in Wisconsin is adequate, readily available, and of high standard, it will silence once and for all the carping criticism heard now so frequently and with such seeming authority"

"Roving" Secretary to Scrutinize Europe

Of no less importance is the question whether any of the foreign systems of state medicine would be beneficial here The logical thing to do is to examine them, so the state medical society has dispatched Executive Secretary Crownhart to Europe for that purpose "Certainly there is none among us better prepared to undertake so important a study," declares President Sar-

Public Health Program", Salzmann has articulated these two chapters with the rest of the work.

The other three parts deal with "The Evolution of Preventive Dentistry", "The Organization of Dentistry in Public Health" and "The Role of Official and Unofficial Public Health Agencies in Dentistry"

As community public health programs are usually in the hands of physicians, this book should be of special value to such administrators A study of this work will enable these officials to understand better the public dental health problems, and to become acquainted with policies, procedures and standards that have already proven themselves successful in other communities

MICHAEL PEYSER

The Diet Book for Doctor, Patient and Housewife By Marguerite R Rea Third edition Duodecimo of 255 pages New York, Oxford University Press, 1937 Cloth, $2 25

Rea's diet book is divided into two sections The first deals, chapter by chapter, with the dietaries for the more common gastro-intestinal and metabolic diseases The second part has a scanty few tables and many recipes The first section appears to be written by a completely lay person (Mrs Rea's qualifications are nowhere stated) There is, for instance, practically no recognition of the quantitative elements in diet, even in the chapter on diabetes For this disease, a list of "allowed" and "forbidden" foods is given Among the foods allowed are bran bread and cakes and sour apples, among those forbidden are potatoes, brown bread, ripe apples, pears, peaches, melons, oranges, etc As this shows, there are many errors in the qualitative aspects of diet. Raw beef sausage appears in the gastric ulcer diet. No scientific explanation is given as to the basis of any of the dietaries For instance Mrs Rea lists the foods allowed and forbidden for hypertension without explanation as to the aim of the diet or what type it is

The foods suggested are very fancy expensive, and unobtainable from the point of view of cost and supply The following foods appear frequently on the suggested lists boiled pheasant, baked sweetbreads, boiled pigeon, roast partridge, grouse pomegranates, tamarinds, boiled calves' thymus, caviar, etc, all foods costly and hard to obtain in the United States The recipes in the second section should prove of interest to a chef or anyone with an unlimited pocketbook and interest in elaborate dishes

This book is of practically no value to either the doctor, patient, or housewife in America—except as an amusing document. So much recent work on diet has appeared which is accurate, scientific, and practical that this diet book can be ignored

ETHEL PLOTZ

Rose and Carless Manual of Surgery Edited by William T Coughlin, M D Fifteenth edition Octavo of 1536 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $9 00

This textbook, intended for students and general practitioners, has been fully revised, and much of it rewritten to meet particularly American needs The subject matter is presented in a clear, concise, easily readable and readily assimilable manner It is intended to furnish the basic groundwork of the science and art of surgery The specialties are treated only in so far as they fall within the province of the general surgeon New chapters have been inserted, and new results, many in the form of colored plates, have been added These enhance the value of the text Though the subjects are treated in concise manner, nevertheless, they are sufficiently comprehensive for the student and the general practitioner, and the text is highly recommended to them

EMIL GOETSCH

A Textbook of Medicine By American Authors Edited by Russell L Cecil, M D Fourth edition Octavo of 1416 pages Philadelphia, W B Saunders Co, 1937 Cloth, $9 00

The new (4th) edition of Cecil's Medicine deserves more than the usual attention because of its use as a textbook in so many of our best schools As the teacher in the lecture room and at the bedside influences the thought and concept of the student, so does the textbook, the student's constant companion, exert its influence in a like manner

A number of features merit notice There is the weight of the book, approximately five and a half pounds, verily a weighty volume It, however, cannot claim supremacy in this respect, for another textbook of medicine heads the list with a seven pound volume And this is only one of a number of books the student must have about him and carry here and there For this purpose he indeed must have a "sound mind in a sound body" The pages in this volume number 1614 All this is mentioned somewhat prominently because this tendency cannot go on As it is, it has reduced itself to an absurdity What is to prevent a textbook of medicine from being published in two volumes? As far as subject matter is concerned, the division would be very

Books

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and the interest to our readers

RECEIVED

Practical Neuroanatomy A Textbook and Guide for the Study of the Form and Structure of the Nervous System By J H Globus, M D Quarto of 387 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $6 00

A Pediatrician in Search of Mental Hygiene By Bronson Crothers, M D Octavo of 271 pages New York, The Commonwealth Fund, 1937 Cloth, $2 00

Diseases of the Blood and Atlas of Hematology With Clinical and Hematologic Descriptions of the Blood Diseases Including a Section on Technic and Terminology By Roy R. Kracke, M D, and Hortense E Garver, M S Quarto of 532 pages, illustrated Philadelphia, J B Lippincott Company, 1937 Cloth, $15 00

The Baby's First Two Years By Richard M Smith, M D New and revised edition Octavo of 121 pages, illustrated Boston, Houghton Mifflin Company, 1937 Cloth, $1 75

Manual of Clinical and Laboratory Technic By Hiram B Weiss, M D and Raphael Isaacs, M D Fifth edition reset Duodecimo of 141 pages, illustrated Philadelphia, W B Saunders Company, 1937 Cloth, $1 50

The Cerebrospinal Fluid. By H Houston Merritt, M D and Frank Fremont-Smith, M D Octavo of 333 pages, illustrated Philadelphia, W B Saunders Company, 1937 Cloth, $5 00

Mental Therapy Studies in Fifty Cases By Louis S London, M D Volumes I & II Octavo of 774 pages, illustrated New York, Covici, Friede, 1937 Cloth, $12 50

Concepts and Problems of Psychotherapy By Leland E Hinsie, M D Octavo of 199 pages New York, Columbia University Press, 1937 Cloth, $2 75

The Patient and the Weather By William F Petersen, M D with the assistance of Margaret E Milliken, S M Volume IV Part 2, Organic Disease Quarto of 729 pages, illustrated. Ann Arbor, Edwards Brothers, Inc., 1937 Cloth, $11 00.

Physiological Chemistry of the Bile. By Harry Sobotka Octavo of 202 pages, illustrated Baltimore, Williams & Wilkins Company, 1937 Cloth, $3 00

Chemistry of the Brain. By Irvine H. Page, M D Quarto of 444 pages, illustrated Springfield, Charles C Thomas, 1937 Cloth, $7 50

A Method of Anatomy Descriptive and Deductive. By J C. Boileau Grant, M B., F R C S Quarto of 650 pages, illustrated. Baltimore, William Wood & Company, 1937 Cloth, $6 00

The Surgery of the Sympathetic Nervous System By George E Gask, F R C S. & J Paterson Ross, M S Second edition. Quarto of 191 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $4 50

Diathermy Including Diathermotherapy and Other Forms of Medical and Surgical Electrothermic Treatment. By Elkin P Cumberbatch, M A Third edition Octavo of 576 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $6 00

A Text-Book of Ophthalmic Operations. By Harold Grimsdale, M D and Elmore Brewerton, F R C S Third edition Octavo of 322 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $6 00

Genital Abnormalities, Hermaphroditism & Related Adrenal Diseases. By Hugh Hampton Young, M D Quarto of 649 pages, illustrated Baltimore, Williams & Wilkins Company, 1937 Cloth, $10 00

REVIEWED

Principles and Practice of Public Health Dentistry By J A Salzmann, D D S Octavo of 584 pages, illustrated Boston The Stratford Company, 1937 Cloth, $4 00

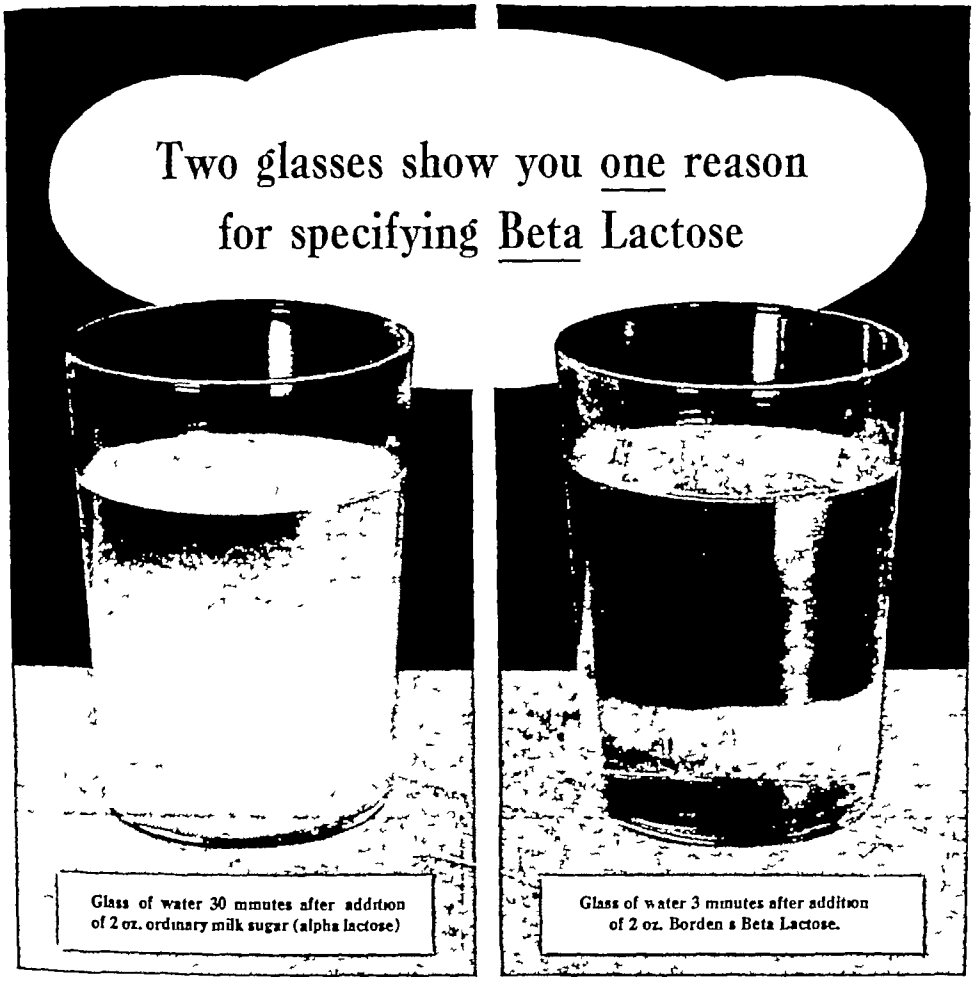
This work is of great interest because it deals with a subject, the importance of which is increasingly being recognized by public health officials It is the first book of its kind As is usual in a pioneering effort, the author omits discussion, or unduly limits it on some phases which in the opinions of others should merit fuller treatment. On the whole, the writer has done a good job, and in spite of its minor faults the work can be accepted as useful and authoritative

The two special contributors, who wrote the chapters on *Standards and Procedures in Clinics for Children,* and *Community Service for Children,* are generally recognized as experts in their respective fields In part four, which is titled "The Dental

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simple The additional expense surely is no deterrent The life of a two volume work far exceeds that of one cumbersome volume

We approach another feature of the book that is unusual, the number of contributors The preface states there are 130, but the actual count under the list of "Contributors" is 140 Is such a large number desirable? It is admitted that "The rapid growth of medical science during the last few years has made it almost impossible for a single individual to master the entire field" And yet it wasn't so very long ago that such a custom prevailed Is it now necessary to call upon 140 to perform the task? Couldn't a grouping be effected that would make it unnecessary to have more than one or two dozen contributors and not almost twelve dozen?

There is another and more serious fault resulting from "specialists" as contributors to a textbook, and that is the natural tendency to treat a subject in too detailed a manner For instance The discussion of Bacteriology of Rheumatic Fever is far beyond the needs of the student, and far beyond that met in many other text books in which the subject is not contributed by a specialist Another illustration It takes six pages to present Silicosis to the student. In a popular English text is a brief one paragraph account, and in a largely used American book, two paragraphs suffice And finally Rheumatoid and hypertrophic osteoarthritis consume twenty-two pages of description, including its subheadings of twelve different methods of treatment with a detailed description of each And to typhoid fever, in the same volume, are devoted twelve pages!

There is no intention to imply in the least that the material is not authoritative But much of it, indeed very much of it, is far beyond the needs of junior and senior students in a medical school For the student, it should serve as a reference book and not as a text.

There are some subjects treated in detail every line of which is of importance and of interest Special mention is made of acute lobar pneumonia and though twenty-two pages are devoted to it, no student or practitioner can afford to miss any part of it. The same might be said of Diabetes mellitus

The up-to-dateness of the material is shown by the appearance of a normal four lead electrocardiogram and a reference to it in the chapter on Coronary Thrombosis

Notice is taken of the statement that "Typhoid Mary" a chronic typhoid carrier, "was the source of infection in at least twenty-eight individuals" As a matter of fact the health department records have recorded fifty-seven cases as directly traceable to her with three deaths, but in the opinion of the reviewer, from his personal contact with her and a knowledge of her wanderings, she is suspected as the cause of many more.

Attention is directed to the meager description of acute (infectious) mononucleosis, this is a fault of most text books The student is not sufficiently impressed, and numerous errors result in recognizing a condition whose diagnosis is quite simple.

Exception is taken to the statement appearing in a discussion of the treatment of coronary thrombosis that "enemas should be used to keep the bowels open" Students are warned against this procedure.

Lederer's anemia is casually referred to as one of a group of hemolytic anemias, without any discussion of its symptomatology or its specific curative treatment. An English textbook devotes a separate brief chapter to it

Nothing in this review is intended as a reflection on the intrinsic merit of the work as a whole, but it is contended that for the student it should serve as a ready reference book, for the practitioner who is desirous of being up to date it is indispensable

SIMON R. BLATTEIS

Treatment by Diet By Clifford J Barborka M D Third edition, revised Octavo of 642 pages, illustrated Philadelphia, J B Lippincott Company, 1937 Cloth, $5 00

The third edition of Barborka's work on diet shows comparatively few changes from the second edition, and the general plan is the same It is a useful volume on clinical dietetics for the busy practitioner who wants little discussion of theory but needs practical diet lists for his patients It serves this purpose well, but lacking thorough tables, it cannot be recommended as a textbook in dietetics

There appears to be some disproportion in emphasis, gout, for example, being given twenty pages in contrast to nine pages for the far more common problem of undernutrition The chapter on pernicious anemia is weak in that it omits diets to be used in connection with the parenteral administration of liver, when it may be impossible or unnecessary for the patient to take liver by mouth The chapters on nephritis and the application of diet therapy are excellent.

The most serious drawback of the book is that the diets are not, in general applicable to low income groups Another edition should devote considerable space to low cost diets

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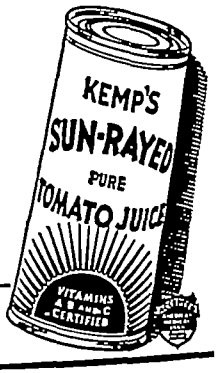


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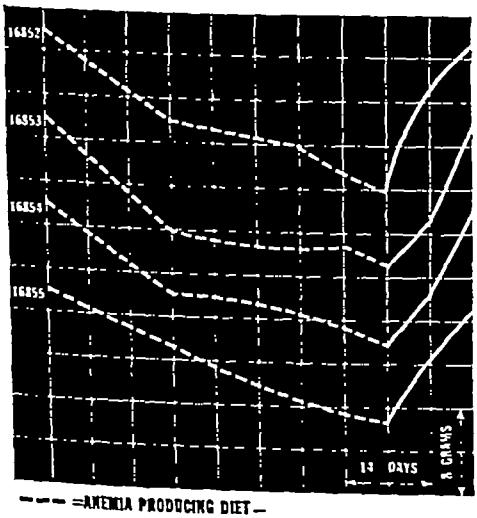
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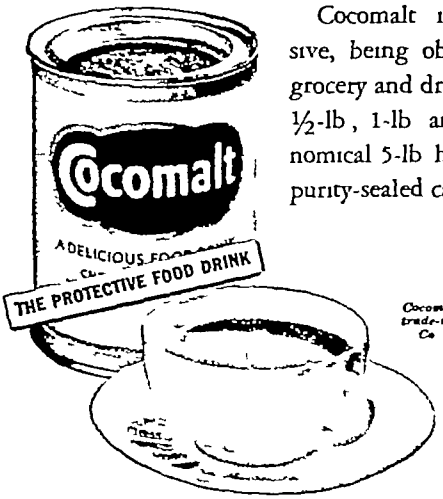
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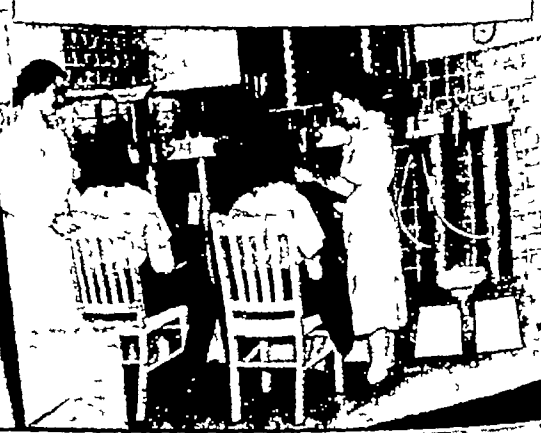


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Again, the school staff aims to co-operate with the parents, just as the patient co-operates with the Doctor in the restoration of health When you send your boy and girl to a private school have a confidential talk with the teachers and tell them just what you have discovered in your boy or girl that needs encouraging or restraining If they have any traits that need especial care, it is not only to your interest, but it is your duty to tell the teachers of them in order that they may act intelligently for the pupil's good.

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The Recreation Park at Bradenton provides roque courts, shuffleboard tennis, bowling on the green, and horseshoe pitching Indoor provisions are made for those who enjoy checkers, chess and cards The Bradenton Country Club offers an 18-hole golf course, one of the finest in the South, and good roads in all directions make motoring to other points of interest a joy The Women's Club and Country Club are scenes of many social activities, and in addition dancing is enjoyed in Recreation Park and the Municipal Pier Building several nights each week Of the churches, the several denominations are housed in beautiful buildings and every effort is made to make newcomers feel at home Educational facilities are of the finest Bradenton is the largest city in Manatee County, and is the county-seat

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(*Continued on page 47*)

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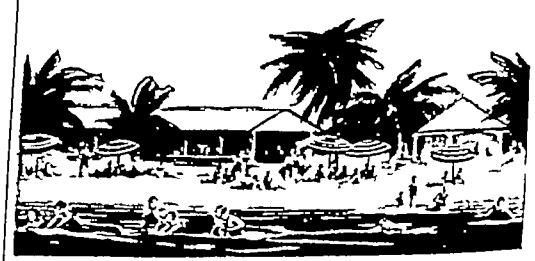
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(Continued from page 45)

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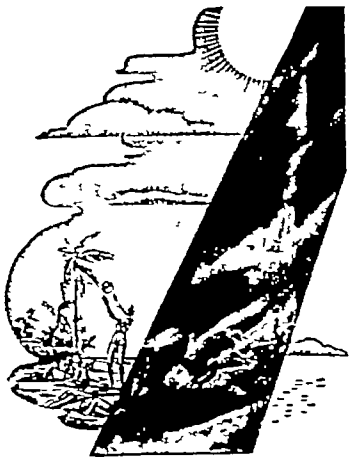
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(Continued on page xlviii)



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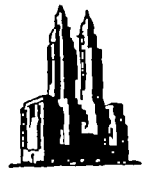


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Winter takes a Lido holiday



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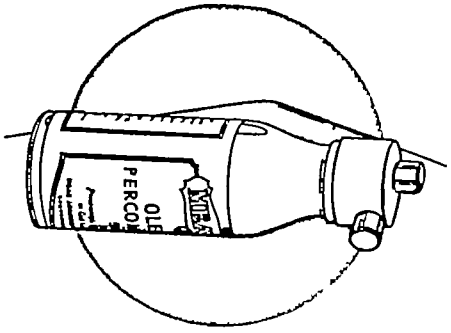
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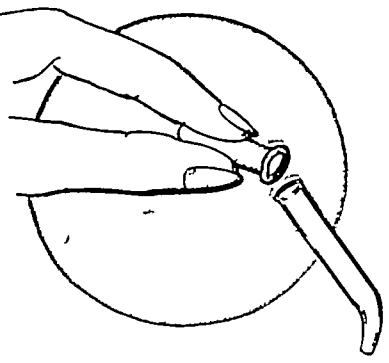
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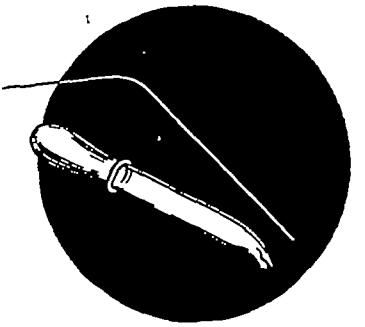
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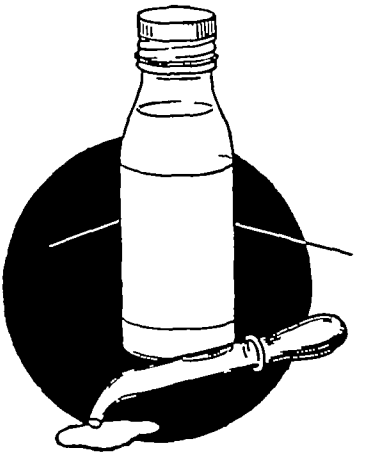
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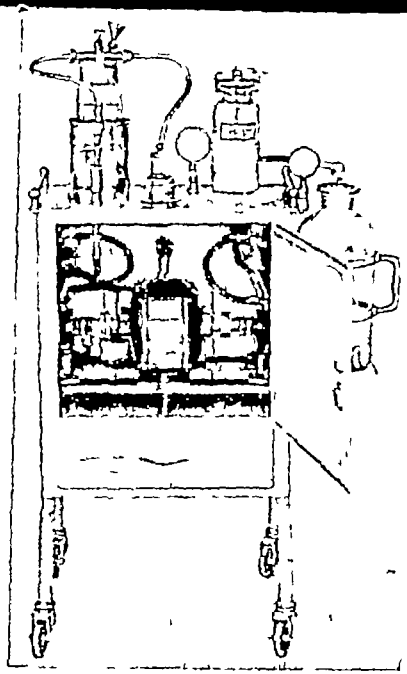
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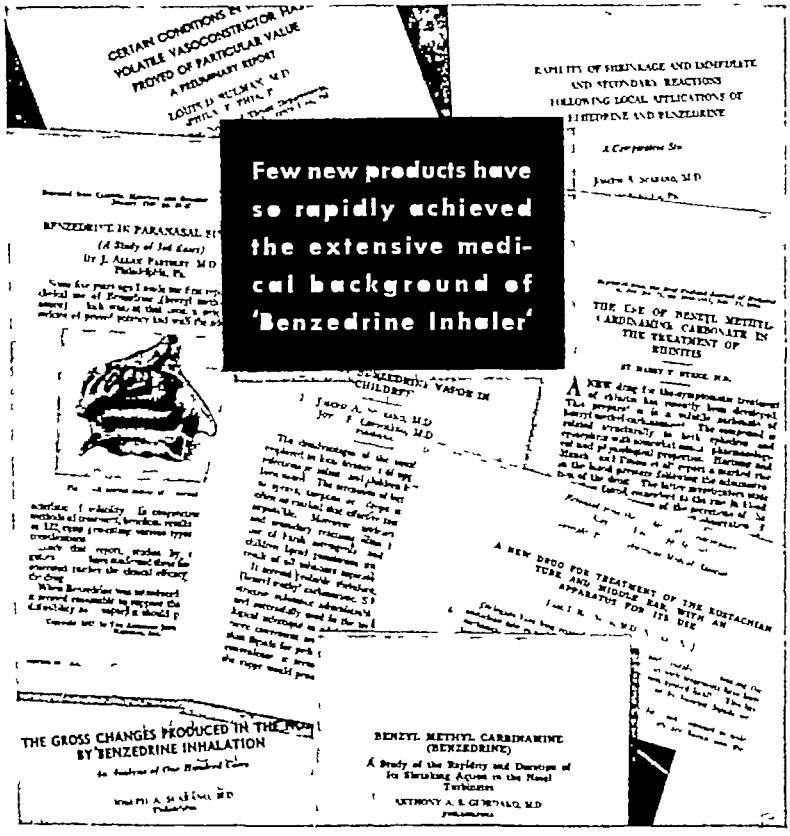
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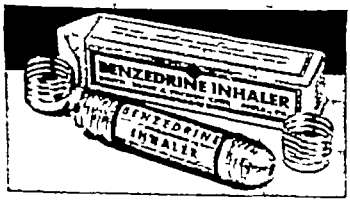
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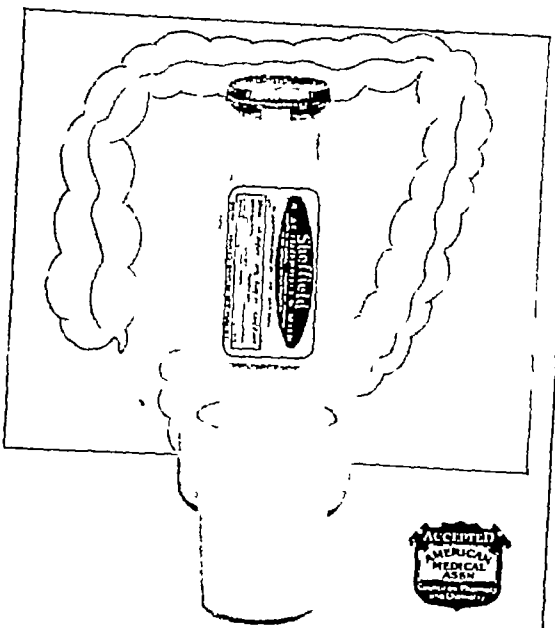
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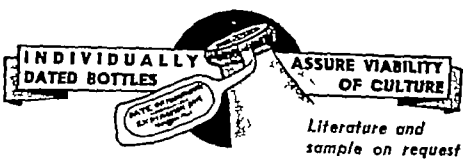
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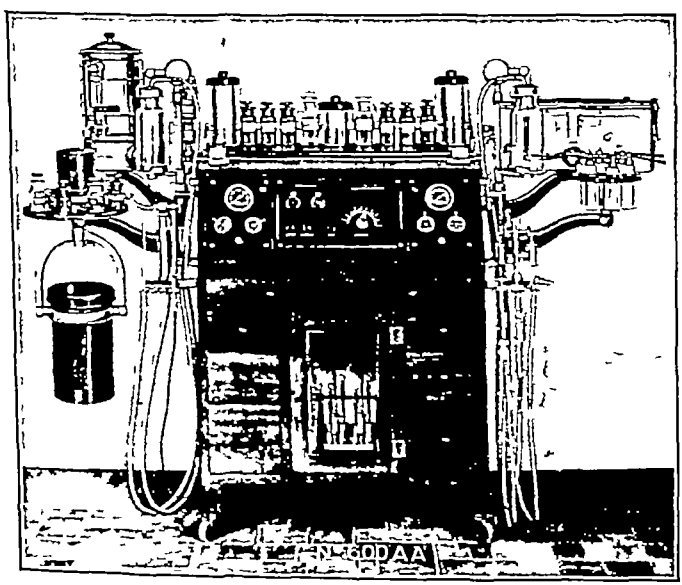
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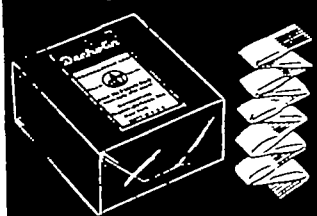
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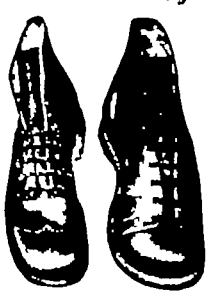
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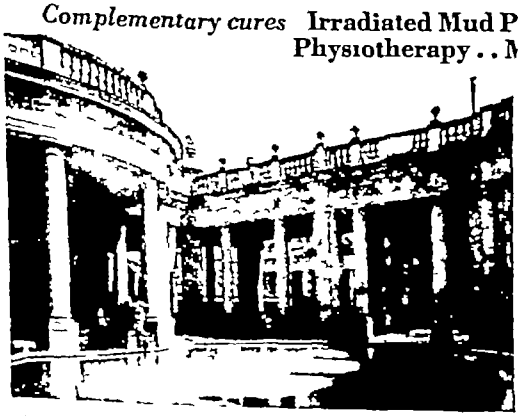
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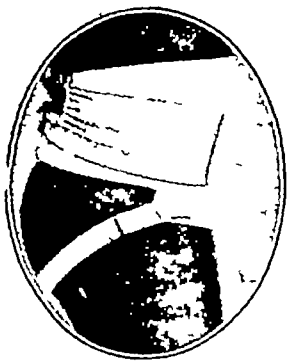
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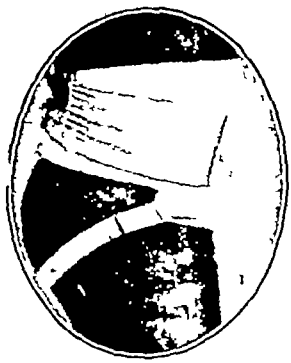
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SEE YOUR DOCTOR

STORM

Abdominal Supporter



Made only upon Doctors' orders for any condition requiring support Now worn in every civilized land

Ask for Literature

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1701 Diamond St. Philadelphia, Pa.

Many old
MEDICAL BOOKS
Published Before 1860
are valuable

Write us before disposing of your Medical Library We are also interested in all medical histories and biographies

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Why should *YOU* worry about that convention speech? Let our staff of experienced technical writers prepare it for you. Rates reasonable

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PROFESSIONAL REGISTRY
FOR NURSES
(Agency)

Discuss with us Your Nursing Needs!
MARIAN L. GILLESPIE R. N. Licensee
901 ST JOHNS PL., B'KLYN—SLocum 6-5035

TRIAL FOR 50c *MARK SIZE WANTED*
WITH THIS ADVERTISEMENT—ONE REGULAR PACKAGE
"CAUSTICKS" (Silver Nitrate) 1½" $1.00 ☐
6½" $1.25 ☐
'A Stick for Each Application' 12" $1.75 ☐
TAPPAN ZEE SURGICAL CO., Box N, Nyack, N Y

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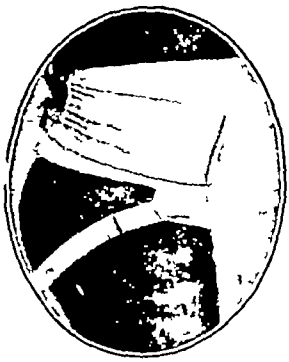
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PARKE, DAVIS & COMPANY Detroit, Michigan
The World's Largest Manufacturers of Pharmaceutical and Biological Products

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SEE YOUR DOCTOR

Twenty-second Annual Session

AMERICAN COLLEGE of PHYSICIANS

April 4-8, 1938

WALDORF-ASTORIA HOTEL

New York City



A POSTGRADUATE WEEK IN INTERNAL MEDICINE and allied specialties covering a wide range of subjects presented by eminent authorities

GENERAL SESSIONS will be consolidated meetings, consisting of about forty formal addresses, revealing the trends and covering the best of recent work in medicine

CLINICAL SESSIONS will consist of hospital visits, ward walks, clinics and demonstration of patients in hospitals, laboratories and medical schools

ROUND TABLE CONFERENCES will cover discussions of timely topics, led by authorities in each particular subject

A SERIES OF SPECIAL DEMONSTRATIONS, dealing with highly technical subjects in special fields, will be scheduled

A TECHNICAL EXHIBIT of special interest will be open throughout the week

INVITATION is extended to all qualified physicians Non-members of the College will pay a nominal registration fee

Address inquiries and requests for Programs to the Executive Secretary

JAMES ALEX. MILLER, M D, *General Chairman*
New York N Y

JAMES H MEANS, M D, *President*
Boston, Mass

E. R. LOVELAND, *Executive Secretary*
4200 Pine St, Philadelphia Pa

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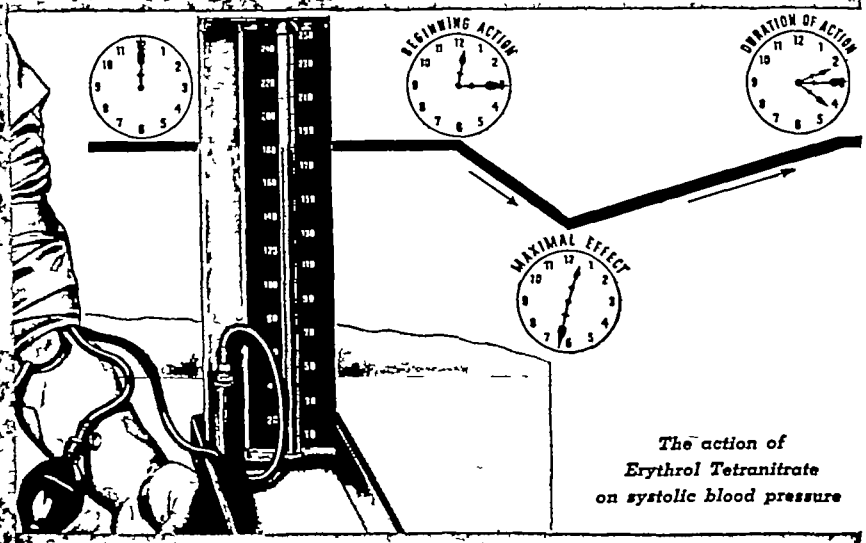
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Erythrol Tetranitrate

MERCK [Erythrityl Tetranitrate]



The action of Erythrol Tetranitrate on systolic blood pressure

For reduction of high blood pressure

For the relief of, and as a prophylactic for, attacks of angina pectoris

For vascular diseases

- **Vasodilator action slower and more lasting than other commonly used nitrites**
- **Vasodilatation usually begins within about fifteen minutes after administration and persists for 3 to 4 hours.**
- **Individualized dosage may be continued with sustained effect.**

Erythrol Tetranitrate Merck (Erythrityl Tetranitrate) is supplied in bottles of 50 ¼-grain tablets; tubes of 24, and bottles of 100 ½-grain tablets—readily obtainable from your pharmacist

MERCK & CO Inc. *Manufacturing Chemists* RAHWAY, N. J.

May you saw it in the N. Y. S. Jour. of Med. of March 1, 1938

Reducing the risk
of severe serum reactions in

SCARLET FEVER ANTITOXIN THERAPY

TIME WAS WHEN PHYSICIANS confronted with a case of scarlet fever felt themselves in a dilemma The use of antitoxin meant a serious risk of serum reactions, withholding it left the patient in danger

Antitoxin was, therefore, frequently given only in severe cases, with the result that many of the milder cases progressed to the severe form of the disease, with a lower expectancy of effectiveness of serum therapy when instituted late

The advent of Globulin Modified Scarlet Fever Streptococcus Antitoxin *Lederle* has changed the old attitude towards antitoxin therapy This potent antitoxin with its greatly reduced liability to cause reactions is now being widely used regardless of apparent mildness of attack The decrease in the incidence of serious complications alone, aside from the favorable effect on the prognosis, far over-balances the lingering hazards involved in the 2% incidence of severe serum reactions following the use of this antitoxin



"Scarlet Fever Streptococcus Antitoxin (Globulin Modified) *Lederle*" is available in appropriate packages for both prophylaxis and therapy

Lederle

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK

Avoid the danger
of severe complications in

MEASLES

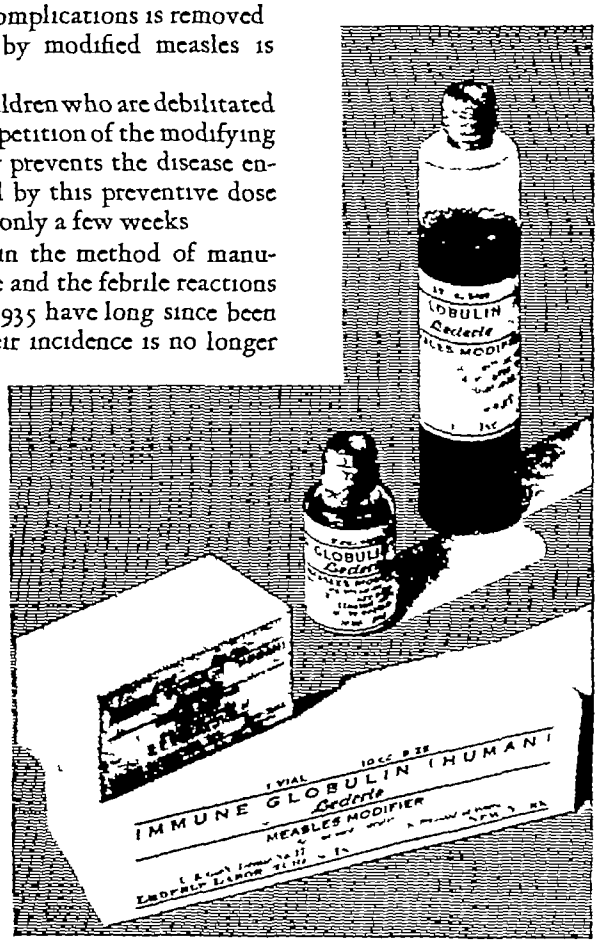
THE CHIEF CAUSE FOR CONCERN in measles continues to be the incidence and severity of complications—chiefly bronchopneumonia—in this epidemic infectious disease

With the measles season at hand, the availability of an effective measure for the control of the disease affords a feeling of relative security

Administration of a relatively small dose of "Immune Globulin (Human) *Lederle*" to the exposed child usually modifies the disease to such a marked extent that the danger of complications is removed Immunity thus conferred by modified measles is active and lasting

In the case of exposed children who are debilitated or weakened by illness, a repetition of the modifying dose is feasible and usually prevents the disease entirely Immunity conferred by this preventive dose is passive and effective for only a few weeks

Through improvement in the method of manufacture, the local irritative and the febrile reactions that were troublesome in 1935 have long since been markedly lessened and their incidence is no longer disturbing



"Immune Globulin (Human) Lederle is available in 2 cc and 10 cc vials

Lederle

LEDERLE LABORATORIES, INC
30 ROCKEFELLER PLAZA NEW YORK

Authorities Say:—

The value of Vichy Celestins as an adjuvant in *hepatic* and *gastric* affections has long been acknowledged in medical literature. Its use is indicated both in their treatment and dietetic management.

A valuable FREE booklet on the Therapeutic Value of Vichy, with medical bibliography, will be sent to any physician on request.

American Agency of French Vichy, Inc., 198 Kent Ave., Brooklyn, N. Y.



VICHY CELESTINS

A *Natural* STILL ALKALIZING WATER

BOTTLED ONLY AT THE SPRING IN VICHY, FRANCE

HARRY F. WANVIG

Authorized Indemnity Representative

of

The Medical Society of the State of New York

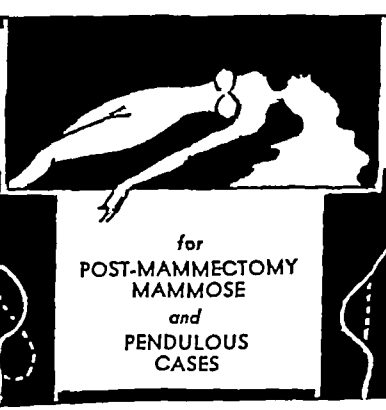
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Edith Lances INC.

Phone
6505
Plaza 5-6506
6507

17 W 57TH ST
NEW YORK CITY



for
POST-MAMMECTOMY
MAMMOSE
and
PENDULOUS
CASES

SCULPTURAL BRASSIERES

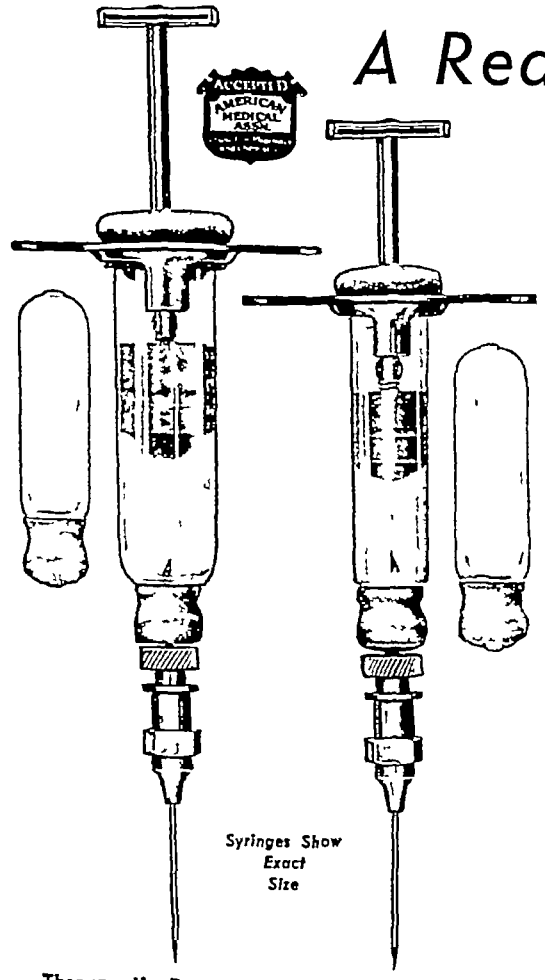
CORSETS AND BEACH WEAR

Made to the individual's requirements in all cases of abnormalities as a requisite aid to appearance, physical comfort and support and to relieve mental stress. Recommend your patients here

NATIONAL

SCARLET FEVER ANTITOXIN

A Real Achievement



Syringes Show Exact Size

Therapeutic Dose — **Prophylactic Dose**

Each package of Antitoxin or Curative Serum (National) contains as illustrated an ampul vial of 1 to 10 dilution of serum to determine sensitivity of the patient by the cutaneous or scratch test

HIGH GLOBULIN CONCENTRATION AND REFINEMENT

Refinement and concentration of the pseudoglobulin fraction of the antitoxin reduces volume 75 per cent, decreases serum reactions, because of low content of non essential serum, proteins, and offers the following advantages

Pain of injection is reduced
Smaller volume is more quickly absorbed
Gives quick therapeutic response

PROPHYLACTIC DOSE

2,000 Units National Institute of Health (100,000 original neutralizing units) in ½ cc volume

THERAPEUTIC DOSE

6,000 Units National Institute of Health (300,000 original neutralizing units) in 1½ cc. volume

Each prophylactic and therapeutic dose contains 30 per cent excess units to insure potency beyond expiration date stamped on each package Furnished in sterile syringes, with rustless (chromium) steel needles and adaptor

The advantages of a highly refined and concentrated Scarlet Fever Antitoxin should materially increase its use for prophylaxis (passive immunity), and for treatment of scarlet fever patients

THE NATIONAL DRUG COMPANY

PHILADELPHIA, U.S.A.

Send me literature on Scarlet Fever Antitoxin (National) NYS 3 38

Name

Address Date

How the Deaf Hear with
CORONATION ACOUSTICON



This diagram of the ear will help you explain both bone conduction and air conduction to your patients Interestingly colored, it will look very attractive on the wall of your office. We will be glad to send one of these diagrams to you free upon request so that you may easily explain how your patients can hear with a Coronation Acousticon

• A CROWNING ACHIEVEMENT IN THE HEARING AID FIELD, the Coronation Acousticon is notable for its tone-controlling variants and the clarity with which it reproduces both brilliant and mellow sounds Its unusual flexibility makes it more than ever adaptable to individual hearing requirements

• SEND YOUR PATIENTS TO YOUR LOCAL ACOUSTICON INSTITUTE for custom fittings on the Aurogauge and Acoustiscope, the instruments by which Acousticons are fitted with scientific accuracy If you prefer, fittings will be made at your office or in your patients' homes There is no charge or obligation for this service.

• HAVE YOU ANY PATIENTS WHO SHOULD BE WEARING ACOUSTICONS, but are reluctant to do so because of psychological factors? We believe we can help you break down their resistance and make them understand that Coronation Acousticons are no more conspicuous or inconvenient than eye-glasses. Won't you give us their names? We want to send them literature especially prepared to assist you in breaking down their psychological objections and make them cooperate with you and follow your recommendations. Send us the names and addresses of these "hard to convince" patients. Of course, your name will not be mentioned in our correspondence with them—unless you say so

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And Offices in Principal Cities Throughout the World

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Doctors are finding Ry-Krisp Whole Rye Wafers a natural aid for correcting common constipation due to insufficient bulk because

RY-KRISP is simply whole rye, salt and water — *double baked* for brittle crispness It has a high percentage of bran, high pentosan and crude fibre content to encourage normal bowel action. Each wafer absorbs five times its weight in water, thus producing needed bulk to stimulate natural peristaltic action

RY-KRISP involves no unpleasant dosage. Instead it offers the tempting, crunchy goodness of a *natural,* delicious food — so good with any meal that patients gladly eat it regularly A valuable help to school children, to busy men and women tied down with daily routine.

For free samples and the Research Laboratory Report on Ry-Krisp use the coupon below



RY-KRISP *Whole Rye Wafers*

RALSTON PURINA COMPANY
Dept. NY, 2295 Checkerboard Square, Saint Louis, Missouri

Without obligation, please send me samples of Ry-Krisp and copies of the Research Laboratory Report

*Name*_____ M D *Address*_____

*City*_____ *State*_____

(This offer limited to residents of the United States and Canada)

When vitality runs low...

A New Complete

VITAMIN-MINERAL THERAPY

Renders Partial Vitamin Treatments Obsolete

CHRONIC fatigue, malnutrition, the general debility of lowered metabolism — how easily these etiologically obscure "run-down" conditions elude accurate diagnosis

Today, thanks largely to the pioneer work of Drs Funk and Dubin, we know that many physiologic disturbances have their origin in faulty eating habits—are due to lack of adequate amounts of vitamins and minerals

In these conditions as in convalescence the immediate objective of the physician must be the upbuilding of vitality—the restoration of metabolic vigor

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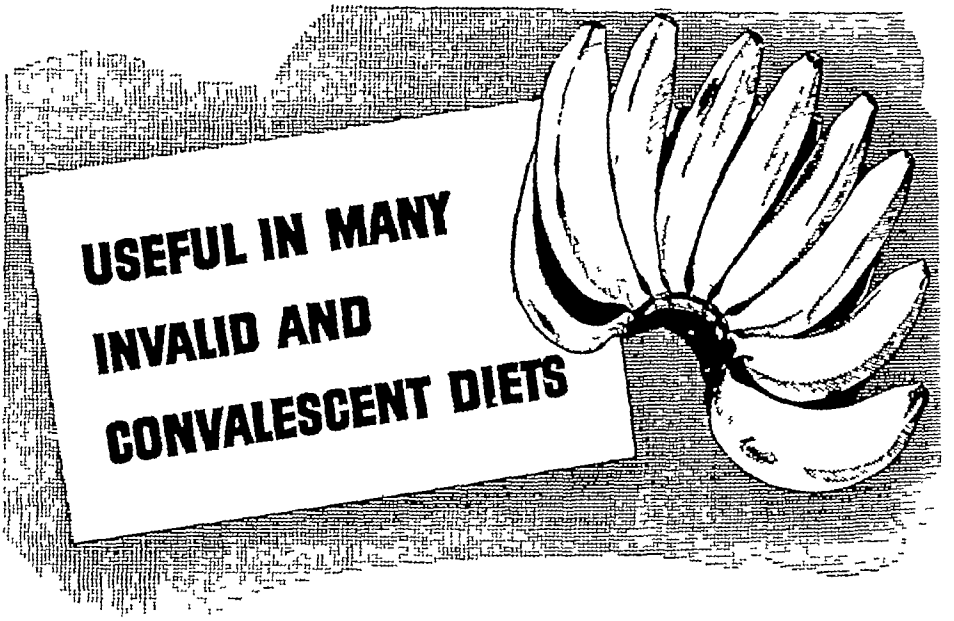


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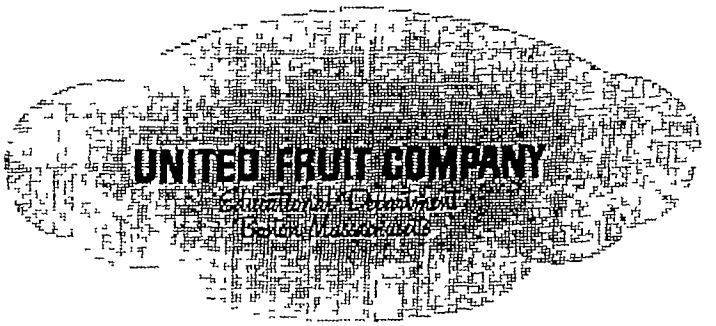


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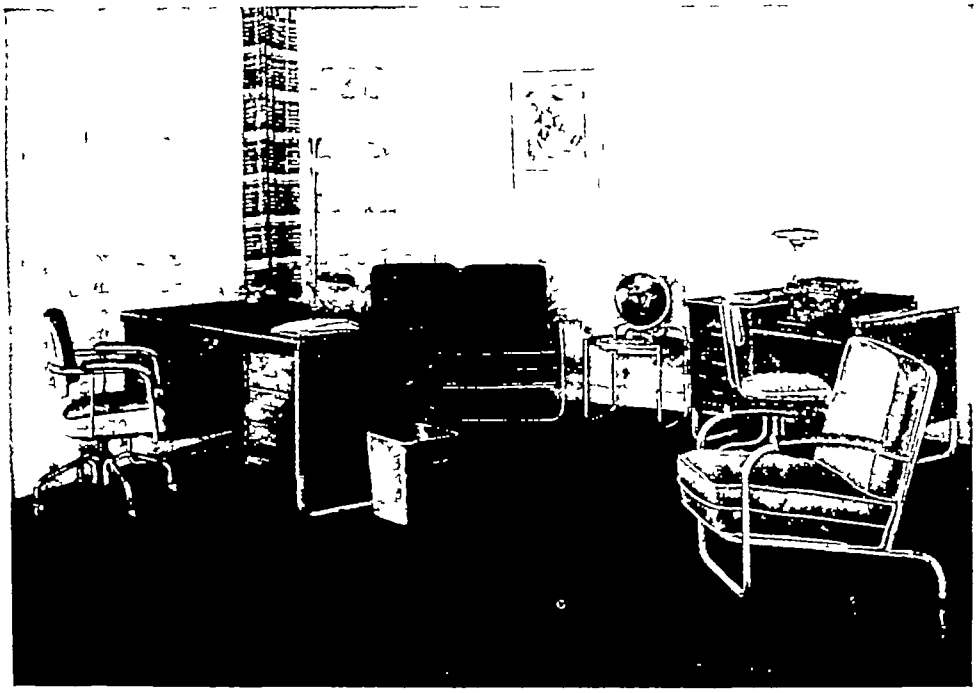
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BASIC OPERATIONS IN COMMERCIAL CANNING PROCEDURES

I. CLEANSING OPERATIONS

● As reference to a recent text on canning will disclose (1) the details of commercial canning procedures will vary from product to product. There are, however, certain basic operations which are included in practically all canning procedures In the belief that they may prove of interest, it is our intention to describe in broad detail the nature and purposes of these essential operations

One of the first and most important steps in commercial canning is the thorough cleansing of the raw food material received at the cannery The purpose of such an operation is, of course, immediately evi dent, namely, to remove soil, dirt or other inedible substances which may be present However, cleaning also serves to reduce substantially the load of spoilage bacteria with which Nature usually endows raw foods

Commercially, cleansing is effected in a variety of ways In general, however, water washers specifically designed for the vari ous types of products are used In these machines, the raw food material is sub jected to high pressure sprays or strong flowing streams of potable water while passing along a moving belt or while being tumbled by agitating or revolving screens Sometimes a "flotation" type of washer is also used to remove chaff or similar material With certain products, water washing is preceded by a "dry" cleaning treatment in which adhering soil and dirt is mechan ically removed from the food by revolving or agitating screens, or by strong air blasts. Also, in certain canning procedures, opera tions whose basic functions are not primar ily to clean the raw material may also exert a cleansing effect. Thus, the "blanch" or scalding treatment accorded many prod ucts serves to clean the food, as does the water spray sometimes applied to foods after the blanch

Modern canners know the necessity of thorough cleansing of the raw materials they use They appreciate that thorough cleaning and removal of extraneous mate rial decreases the load of spoilage organ isms which must be destroyed by the heat processes to which all canned foods are subjected They also appreciate the neces sity of maintaining strict plant and equip ment sanitation to destroy spoilage bacte ria which may be carried in by raw foods.

Because of the efficient cleansing of raw materials and close attention to the other important operations in the commercial canning procedures, modern canned foods must be ranked among the most wholesome foods coming to the American table. (2)

AMERICAN CAN COMPANY
230 Park Avenue, New York, N Y

(1) 1937 Appertizing or The Art of Canning A W Bitting The Trade Pressroom San Francisco

(2) Preventive Medicine and Hygiene, M J Rosenau Appleton-Century Co New York

This is the thirty-third in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached We want to make this series valuable to you, and so we ask your help Will you tell us on a post card addressed to the American Can Company, New York, N Y, what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles

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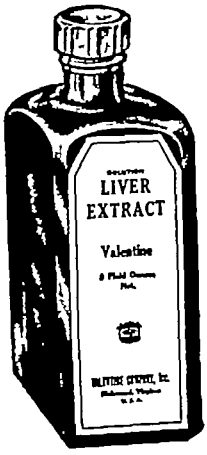
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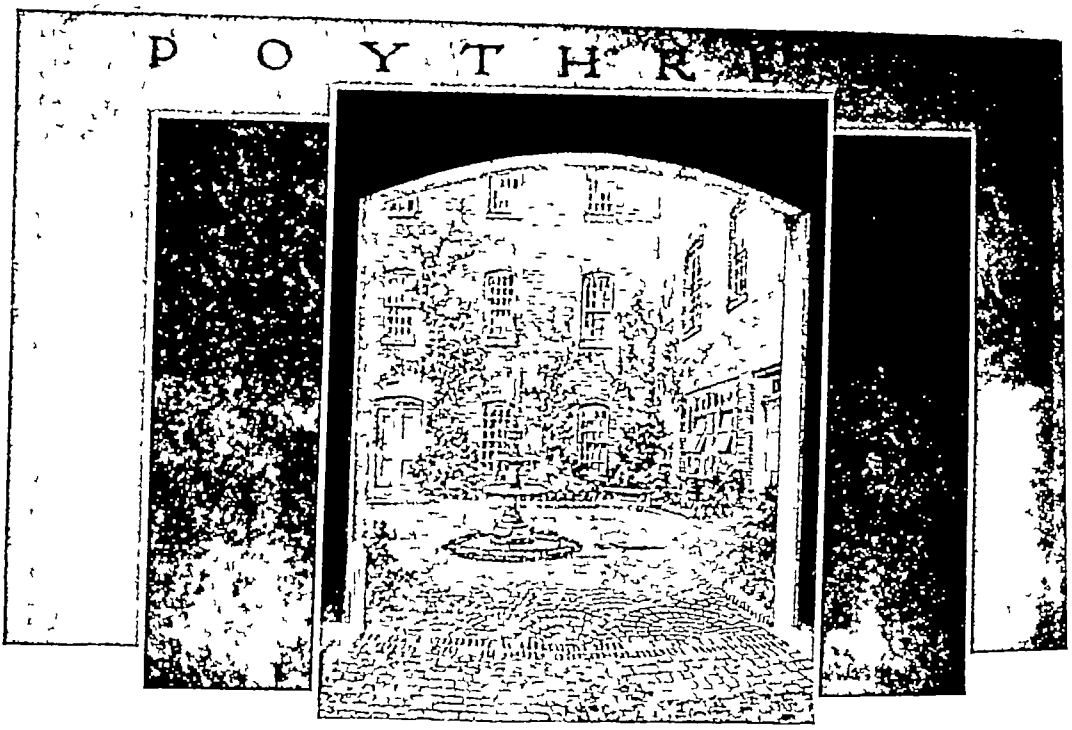
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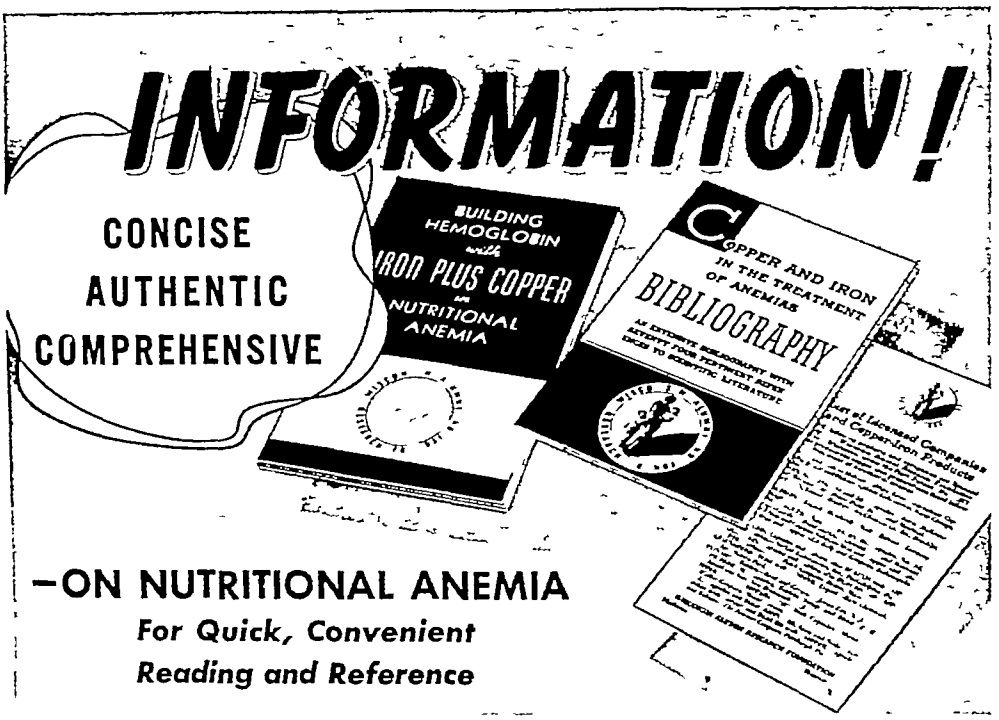
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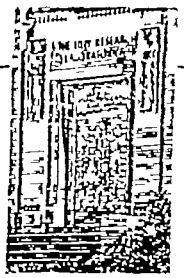
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JOURNAL of MEDICINE

OFFICIAL ORGAN OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 38 MARCH 1, 1938 No 5

MANAGEMENT OF INTRAOCULAR FOREIGN BODIES

DAVID F GILLETTE, M D, *Syracuse*

The history of an irritated eye sometimes indicates an injury, the details of which may suggest an intraocular foreign body, at times quite evident, but occasionally uncertain The latter needs very careful study

The examiner should always take an exact, searching history [1] This should include the possibility of an injury, the type and manner of work, whether the machines, tools, and metals used are magnetic, and the proximity to and occupation of fellow workmen It is important to get the line of vision, position of the head, and relative height of the working plane, as well as the time of the accident The examiner should also consider the possibility of a second accident, other than that in the line of duty

The oculist must question the patient about pain, loss of vision—whether transitory, gradual or permanent—and any other ocular symptoms, together with his immediate reaction and subsequent treatment He should remember, however, that there may be an absence of pain, and any other subjective symptoms for days, weeks, months, or years following a small puncture wound of the globe

A methodical examination is essential It should include a search for wounds of the lids, especially their margins, of the cornea, conjunctiva, sclera, iris, lens capsule and cortex, together with a careful study of the anterior chamber, vitreous, and all visible portions of the fundus The suspicious case with a meager history requires careful study, for a positive diagnosis is often most difficult

A wound of the lid margin, sometimes only an abrasion in the absence of a direct blow, suggests a flying particle and its position may help to locate the ocular puncture

The wounds of the cornea should be examined very exactly as to depth—this is often helped with fluorescein The examiner should use the loupe, ophthalmoscope and slit lamp,[2] and search for a possible hole in Descemet's membrane, the edges of which have a tendency to retract A shallow anterior chamber in the presence of additional anterior segment trauma strongly suggests a puncture wound, with possible intraocular foreign body If it is impossible to gauge the depth of the corneal wound, and if there is a suspicious trauma, an x-ray is indicated [3] Although it has been claimed that a prolapsed iris contraindicates an intraocular foreign body, it does occur [4] A recently prolapsed iris can often be reduced with the instillation of aminoglaucosin A puncture wound of the bulbar conjunctiva must be studied with care, especially if a hemorrhage is present It is sometimes possible to expose the scleral wound by blanching the conjunctiva with an adrenalin pack The examiner should not probe the conjunctival wound in search of a scleral puncture,[5] for it may further traumatize the vitreous, introduce infection, or cause a secondary hemorrhage

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 25, 1937

The scleral puncture is usually evidenced as a dark line of uveal pigment, or as a clear transparent ridge or bead of vitreous with a white scleral border A puncture wound of the sclera is usually accompanied by hypotony

A hole in the iris may be seen in direct light, but is best revealed by transillumination This can be quickly done at the time of slit lamp and ophthalmoscopic examination, and should always be completed before the pupil is dilated A foreign body imbedded in the iris, either anteriorly or posteriorly, may be hidden by hemorrhage or exudate

When free in the anterior chamber a foreign body will either be anterior in the iris angle, or posterior between the root of the iris and the zonula ciliaris The tug of a small permanent magnet will help to locate such a magnetic foreign body The hand or giant magnet should not be used for this purpose, as the foreign body may become hopelessly entangled in the iris, necessitating an iridectomy at operation This should always be avoided whenever possible, both for cosmetic and visual reasons

The pupillary area of the anterior lens capsule and as much of the cortex as possible should be minutely examined with the ophthalmoscope and slit lamp The examiner should, when possible, dilate the pupil and repeat the examination to the periphery of the lens and fundus

The reaction of the ocular tissues to the trauma depends upon the physical condition of the patient and the eye at the time of the accident, as well as the size, shape, speed, and nature of the flying particle If the foreign body is small and of high speed, the small capsule wound of the lens usually closes immediately, leaving but little opacity However, when aqueous freely enters the lens wound, the cortex becomes opaque and swells, often so rapidly that glaucoma results

The ophthalmologist should use the slit lamp and ophthalmoscope to search the vitreous for the foreign body and its path The latter is usually evidenced immediately by some uveal pigment or blood, and later by a grey streak,[6] which appears soon after the vitreous lamellae have been injured Later this path often becomes filled with fibrous bands that may lead eventually to destruction of the eye.[7] The foreign body may be free in the dependent portion of the vitreous, or located in the retina, where it is usually obscured by hemorrhage If the eye is not too severely traumatized and there is no danger of emptying the anterior chamber, the tension should be taken, preferably with a tonometer However, when a limbal section is indicated, it is best to conserve the anterior chamber, for it simplifies the operation and lessens the possibility of trauma to the iris and lens

Sooner or later most retained particles of iron or steel cause siderosis This is evidenced by the ocher-colored pigment deposited about the metal on Descemet's membrane, the lens capsule, and in the vitreous Other symptoms—dilated pupil, defective color perception, and macular disease—appear later

Retained intraocular copper particles cause a chemical degeneration known as chalcosis, which is shown by the rosette-shaped collections of crystals beneath the posterior lens-capsule and the Kayser Fleischer stain in the cornea

Retained foreign particles are always dangerous and usually lead to degenerative pyogenic or chemical changes that result in blindness [8]

The magnet is an important aid in the diagnosis of a magnetic intraocular foreign body [3 4 9] The location of the foreign body should be known, if possible, before this test is made It is best to approach the eye with a dead magnet and when ready turn on just sufficient current to produce a slight pull and its resultant pain When the foreign body is in the anterior chamber, the effect is also objective

The x-ray is another valuable asset in diagnosis[3] and should be used in all questionable cases—those of long-standing, those in which response to the magnet has failed, and if desired, in any case to confirm the diagnosis A single negative x-ray does not prove the absence of a foreign body, for it may be either radiolucent or small enough to escape detection In suspicious cases the negative findings should always be checked from several angles and distances, to lessen the possibility of an error, which even then may occur [3 4] The x-ray may be

used routinely.[1] The sideroscope has been recommended as a diagnostic help of great value.[8]

The examiner should note every evidence of former pathology in either eye, record the visual acuity of each eye,[2] and note the presence of a tropia or field defect.

The magnet should be sufficiently powerful to pull a small magnetic particle through the vitreous and zonula ciliaris. The surgeon has a precedent for any strength of magnet, from the powerful giant,[10] and weaker hand,[4 6 11] to the small permanent magnet.[4] I prefer to use the hand magnet with a rheostat attachment, since both the direction and strength of its pull are readily controlled. It can be improved by inserting a foot switch that can be operated by the surgeon. The blunt cone-shaped tip is best.[6 11]

In every suspicious case of intraocular foreign body, an early diagnosis should be made, if at all possible. Then the operator should determine the time and type of procedure. The surgeon again has a precedent for any form of treatment he may wish to follow, from watchful waiting[2 12 14] to immediate extraction.[3 4] The shorter the interval following the injury, the easier the extraction.[3] This can be done either by the anterior or posterior route, through the original wound or a section.[3 4 9 15-17] The entrance wound, nature of the trauma, and the size, shape and location of the foreign body should determine the route of operation.[1 2 11 18 19]

The anterior route with a limbal section permits the immediate delivery of the traumatic cataract. This is often advisable for it may prevent undue reaction, secondary glaucoma due to swollen cortex, and shorten the period of convalescence.

When the foreign body is in the lens, the operator should try to pull it through the capsule wound into the anterior chamber. If this is unsuccessful, allow it to remain until the lens becomes opaque or siderosis develops, then both the lens and its contained foreign particle should be extracted. This latter procedure is quite safe since the albuminous lens matter is very tolerant of a foreign particle.[8] A small hypopyon with little or no reaction is not a contraindication to operation,[4] for it may be chemical rather than a pyogenic reaction.[8]

When he has decided on the method of operation, the surgeon should have everything in readiness for any eventuality before proceeding. The type of anesthesia is determined by the case.

He should never approach the eye with a live magnet.[6] It is safer to get it placed, turn on the current very gradually, and hold it as soon as a response is noted. If the foreign body is not readily moved, it may be dislodged by turning the current on and off.

The surgeon should plan to suture the wound when necessary, and always cover it with a conjunctival flap.[4]

In the cases presented, the anterior route was used in all anterior cases and attempted in all that showed trauma of the anterior segment, in many the extraction was made through the entrance wound. When this failed, for the posterior cases a conjunctival flap was prepared and the posterior route attempted as close to the foreign body as possible, but usually between the external and inferior recti muscles. The section was posterior and at a right angle to the ciliary process and just long enough to emit the foreign body. The crucial section was not made, although on several occasions it was necessary to enlarge the scleral wound to permit the removal of a large particle. The scleral wound was touched with iodine following the delivery.

The operator should never plunge a knife into the vitreous body,[6] but should make a careful scleral section—e.g., for a cyclodialysis, but in this case either at a right angle or parallel[4] to the orra serrata. There are several useful knives adapted to the purpose.[4 6]

If the foreign body has not been removed, it is well to again x-ray for a possible movement, and repeat the procedure within safe limits, to avoid overexposure to radiation. When this has failed, the operator may as a last resort insert a small magnet tip into the scleral wound.

After the removal of the foreign body by the posterior route, some method for the sealing of the retinal hole should be attempted. Iodine and phenol[6] cauterization have been used successfully.

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The diathermy point or galvanocautery may be as effective

The scleral wound should be sutured, if necessary, and always protected by a conjunctival flap The patient should be kept quiet in bed until the danger of secondary hemorrhage and early detachment have passed The patient should, after proper precautions, receive an immunizing dose of tetanus antitoxin [2 6] In the case of children it can be given during anesthesia If the operator wishes a foreign protein,[6] he should await the early effect of the antitoxin, which may act in this capacity

The surgeon has a precedent for any position of the patient during the operation [4 6] The rigid mounting of the large magnet makes it imperative to adapt the patient to it, while the hand magnet can be adjusted to the position of the patient and direction of pull desired The exceptional case needs the added strength of the giant magnet, which must always be used with great care.[15] It would be well to mount the giant magnet on a wall bracket similar to that formerly used for the dental motor, thus making it applicable to any position With the patient flat on his back, the vitreous is most dependent, the patient more at ease, and the operative field most convenient

The patient should not be moved about immediately following the operation, hence the advisability of the supine position and the use of the ophthalmic bed, as in other major eye surgery When the patient is in a sitting position the direction of the magnet pull cannot be as accurately controlled and the danger of vitreous prolapse and detachment are greater It is debatable whether the detachment of the retina is due to new formed tissue strands or the retinal hole

The surgeon should use as little trauma as possible, for although the extraction of the foreign body is dramatically satisfying, he must remember that the accident may have caused such damage that an added insult will cause a slow degenerative process that leads to destruction of the eye Although sympathetic ophthalmia is rare[2] and does not occur in the absence of infection,[7] and possibly not often following the early administration of tetanus antitoxin,[2] the operator should explain to the patient and his family its possibility and acquaint them with the prodromal symptoms

The patient should be seen at regular intervals over a period of years, for his own protection, and to correctly determine the end results, for many intraocular foreign bodies are followed by late detachment of the retina, phthisis bulbi, and blindness

The failure in extraction is usually due to the foreign body being non- or too-weakly magnetic, too firmly fixed with exudate, hemorrhage or scar tissue, or the result of a "double perforation"

The examiner should keep an exact detailed record of his findings, and augment this throughout the progress of the case with accurate notes to make the case history complete

The accompanying tables present an analysis of seventy-five of the cases of intraocular foreign bodies treated in my practice

Case Reports

CASE 4 Master D B lacerated the cornea from limbus to limbus while playing with a button strung on a loop of string, and used as a "buzz-saw" His oculist advised, but was refused, enucleation

Five months later the boy presented at the clinic with a soft, blind, irritated eye, at which time enucleation was again advised The father then returned the boy to his oculist, watched the operation, and when inspecting the eye found that a large piece of the button occupied the shrunken vitreous chamber

A malpractice suit, instituted because an x-ray had not been taken at the time of injury, was "non-suited."

CASE 7 C G had an "explosion" or "back-fire" from a toy pistol while shooting .22 blank cartridges

The examination showed a laceration of the right cornea, and the anterior chamber filled with blood-stained vitreous and cortex Vision was nil X-ray showed the blank cartridge shell in the vitreous chamber The eye was enucleated

CASE 9 The foreign body in the vitreous was removed, the eye remained irritated three weeks, then became quiet and had remained so when seen by me three months later

Five years later the patient presented to a fellow oculist with a uveitis of the second eye

The patient was then referred to me because of the question of sympathetic oph-

TABLE I

Case	Eye	Accident: Hammer	Accident: Machine	Accident: Flying part	Accident: Package	Accident: Explosion	Wound: Cornea	Wound: Limbus	Wound: Sclera	Wound: Cornea	Location: 4 C	Location: Lens	Location: Vitreous	Location: Optic nerve	Trauma: Thru eye	Trauma: Iris	Trauma: Lens	Trauma: Ciliary body	Trauma: X-ray	Operation Route: Ant. Wound	Operation Route: Ant. Section	Operation Route: Post. Wound	Operation Route: Post. Section	Complication: Cataract	Complication: Hemorrhage	Complication: Detachment	Complication: Endophthalmitis	Complication: Enucleation	Result: Visual	Remarks
1	L	1					c					1				1		+					1						20/25	Aphakia +12 sphere
2	R	1					c				1									H									20/20	
3	R			1			c						1			1	1							1	1	1	1	1	°	
4	R			1			c						1			1	1	1						1	1	1	1	1	°	
5	R	1					p						1			1	1		+					1		1			°	Enucleation advised
6	L			1					1						1				+						1				L.P	Proj faulty, Magnet Negative
7	R			1			c						1				1							1	1	1		1	°	
8	L	1					p					1					1		+	H				1					20/25	Aphakia +13 sphere
9	R	1					c						1				1		+	G				1					L P	Proj good cataract
10	R	1					o							1		1	1	1	+					1	1	1		1	°	
11	R				1				1				1			1	1	1	+	H				1			1	1	°	chip from soil pipe
12	L		1				p						1				1		+						1		1	1	°	
13	L	1					p				1									H									20/20	
14	R	1					p								1		1		+					1					L P	Mag Neg Proj good cataract
15	L	1							1				1				1		+					1			1	1	°	Seen 6 mos. after injury
16	L	1							1				1						+	G					1	1			°	Enucleation advised
17	L	1							1				1						+				G	1					5/200	Cataract
18	L	1					p						1				1		+					1					20/20	Aphakia. +11 +1.50x90 old case
19	L	1					c						1						+	H				1					20/200	Cataract
																				G										
20	R	1						1				1				1			+				H				1	1	°	
21	L	1						1				1				1	1		+		G								20/20	
22	R	1					p					1				1	1		+	H				1	1	1		1	°	
23	R	1						1				1				1			+	G				1	1			1	°	
24	R					1	p					1				1	1	1	+			H		1	1				L.P	Proj good cataract
25	L	1					p					1				1	1		+				H						20/20	Small opacity lens
26	L	1					p				1						1			G									20/20	Small opacity lens
27	R	1					p					1					1		+				H						L.P	Proj good cataract
28	L		1						1			1				1	1		+		G								20/20	Small opacity lens
29	R	1							1			1				1			+		H			1					20/50	Vit. opacities
30	R		1						1						1	1	1							1	1				L P	Enucleation advised
31	R	1					p					1				1			+					1		1	1		°	
32	L				1				1			x							+						1				20/20	Magnet negative
33	R	1					p					1					1		+				H	1					L P	Proj good cataract
34	L	L					p					1					1		+					1		1	1	1	°	Siderosis, glaucoma
35	R	1					p					1					1		+				H	1					20/30	Aphakia
36	L	1					p					1				1	1		+				G	1					2/200	Cataract
37	L	1					p								1				+										20/50	Wound thru pterygium
38	L	1					p					1					1		+	H				1			1	1	°	Evisceration perophthal
39	L	1					p					1					1		+				H	1					3/200	Cataract
40	R	1					c					1					1		+				H	1					20/40	Small opacity lens
41	R	1					p			1									−										20/20	Non magnetic lyr old
42	R	1					p			1	1	1				1	1		+	Per			H						20/20	Two foreign bodies
43	R	1							1			1							+		G								20/25	Vit. opac. Scar retina choroid
44	L	1					o					x							−									1	°	Siderosis attempted 15 mos later neg
45	L	1						1				1				1			+					1					20/20	Later by anterior route
46	R	1					p					1							+								1	1	°	Eyelitis at 1st visit
47	L	1					o				1									H									20/20	
48	L	1					p				1									H									20/20	
49	R		1				c						1				1		+				G						20/30	Antiluetic B mecessary
50	L	1					p				1						1		+	H				1					L.P	Proj good cataract
51	L		1						1				1				1		+		H								20/70	Old chorioretinitis
52	L	1					o				1					1	1		+	H									20/20	Small opacity lens capsule
	R																													Proj faulty right eye
53	L			1			p		1				1			1	1		−					1		1			L.P	Proj good left eye
54	L		1				p						1			1	1		+				H						20/20	Small opacity lens
55	L	1					p						1				1		+		G			1					L.P	Cataract Proj good
56	R	1					p						1						+								1	1	°	Siderosis, glaucoma
57	L	1					c				1					1			+	H				1					L P	Cataract, Proj good
58	R	1					p						1			1	1		+				H	1					20/70	Cat. progressing Corneal opacity central
59	R	1					p				1					1	1		+					1					20/70	Several pieces stone
60	R	1							1				1				1		+	H				1			1	1	°	
61	L		1				p						1						+		G								20/20	Antiluetic B mecessary
62	R		1						1				1						+				G						20/30	Antiluetic B mecessary
63	L	1						1					1			1	1	1	+	G					1				20/40	Developed psychosis
64	R	1					o				1						1		+										20/70	Small opacity lens
65	R				1			1					1						+					1	1		1	1	°	
66	L	1					p				1								+	H									20/30	Ant. Synechia sectioned
67	L		1						1				1						+				G						20/40	Vit. opacities
68	R	1							1				1						+				G		1	1	1		°	Enucleation advised
69	R	1					p						1			1			+				G	1					L P	Proj good cataract
70	L		1						1				1						+										20/20	Non magnetic. lead
71	R	1					p				1								+	H									20/20	Contracted F.B C. Forceps
72	L			1			o					1							+										20/30	13 yrs. later Small opacity lens No siderosis
73	L	1					p						1			1	1		+	G				1	1				L.P	Proj faulty cataract
74	R				1				1				x						−					1					20/20	Chalcosis Vit. opac.
75	R	1					p				1									H									20/20	

R — OD
L — OS

C — Central
P — Peripheral
H — Hand Magnet

G — Giant Magnet
Per — Permanent Magnet

CASE 25 Six months prior to consulting me this patient had been treated for an ulcer of the cornea and secondary iritis following an injury received while "setting" a nail

The slit lamp revealed the scar of a puncture wound of the cornea, iris, and lens, with a tract of vitreous opacities

The x-ray was positive for foreign body in the vitreous

The foreign body was removed through the sclera, following an unsuccessful attempt by the anterior route

The eye reacted very little, and the vision has remained 20/25

CASE 28 N C had a wound of the left cornea, extending from five to seven o'clock of the limbus The prolapsed iris was covered with a fibrous exudate A broad iridectomy was performed, and the foreign body removed by the anterior route The wound healed without incident. Vision with correction is 20/20

CASE 35 D M injured the right eye while striking two pieces of iron together

The entrance wound was just above the pupil, through the iris and lens, resulting in a traumatic cataract.

Although a small hypopyon was present, extraction was performed by the posterior route. The wound healed—the anterior chamber cleared—and a descission was performed later

The eye has remained quiet since.

CASE 37 L. N had a penetrating wound of the cornea and lens, a path in the vitreous, and a retinal hemorrhage nasally and below

The radiologist reported a foreign body located well back in the globe

Magnet was unsuccessful Later x-rays with movement of the globe showed foreign body to be located behind the eyeball Injury was a double perforation of the globe. This is apparent after absorption of the blood and healing of the wounds

CASE 42 P M presented to me, in the absence of his oculist, soon after being struck by a spicule of steel, which had penetrated the cornea 1½ mm central to the limbus at eight o'clock, and reached from the posterior one-third of the corneal wound, through the iris into the anterior lens

The foreign body was removed through the wound with a small permanent magnet, the wound protected with a conjunctival flap, and the patient referred to his oculist the following morning

The eye did not become quiet although there was no evidence of infection or complications directly attributal to the evident trauma.

An x-ray showed a second smaller foreign body in the vitreous There was only the one visible puncture wound of the globe. Following the removal of the second foreign body the eye became white, vision returned to normal and has remained so since

CASE 44 G O got a foreign body "on the cornea," while hammering on metal This he claims was immediately removed by a fellow workman Twenty-four hours later the eye became red and irritated. Forty-eight hours after the injury he presented with a superficial corneal ulcer and iritis

The x-ray, magnet, and objective examinations were negative for an intraocular foreign body or its path The ulcer healed, eye became quiet, and patient was discharged in three weeks with clear mediae and vision of 20/20 Siderosis developed after fifteen months and patient lost the eye.

I believe there was a second injury, known or unknown, to the patient.

CASE 66 A small foreign body that had become imbedded in the iris was removed through the entrance wound A small thread-like anterior synechia remained attached to the posterior lip The eye remained irritated until this was sectioned at the cornea The eye quickly became quiet and has remained so for past eighteen years Vision 20/30

CASE 74 C H suffered a scleral puncture wound of the right eye in an "explosion in a radio set" Ophthalmoscopic examination was suspicious for foreign body in vitreous

The x-ray and magnet were negative. The patient later had the other eye so lacerated by a "lion" that it had to be enucleated The primarily injured eye now shows beginning chalcosis, especially evidenced on the cortical surface of the posterior lens capsule. Vision 20/20 Vitreous opacities

Conclusions

1 Most intraocular foreign bodies result from hammering

2 Most of these foreign bodies pierce through the outer zone of the cornea

3 The magnet and x-ray are invaluable aids to diagnosis, and should aid in choice of the route

4 A good hand magnet with rheostat is usually sufficient, as it is readily controlled

5 The route of operation depends on

TABLE II

Eye	No	%
Right	37	49 1/3
Left	37	49 1/3
Both	1	1 1/3

Accident		
Type	*No*	*%*
Hammering	54	72
Machines, lathe, etc	9	12
Flying particles	7	9 1/3
Pickaxe, etc.	3	4
Explosion, gun	2	2 2/3

Wound		
Site	*No*	*%*
Cornea Central	17	22 2/3
Peripheral	35	46 2/3
Limbus	10	13 1/3
Selera	14	18 2/3

Location		
Site	*No*	*%*
Cornea	2	2 2/3
A C	12	16
Lens	5	6 2/3
Vitreous	50	66 2/3
Optic nerve	1	1 1/3
Thru globe	4	5 1/3
Unknown	3	4

Trauma		
Tissue	*No*	*%*
Iris	24	32
Lens	45	60
Ciliary body	5	6 2/3

Operation		
Route	*No*	*%*
Anterior Wound	22	29 1/3
Section	3	4
Posterior Wound	6	8
Section	17	22 2/3
Unsuccessful	8	10 2/3
Not attempted	19	25 1/3

Magnet		
Type	*No*	*%*
Hand	28	37 1/3
Giant	18	24
Both	1	1 1/3
Permanent	1	1 1/3

Complications		
Type	*No*	*%*
Cataract	37	49 1/3
Hemorrhage	18	24
Detachment	12	16
Endophtholmitis	14	18 2/3

Results		
Classification	*No*	*%*
20/20	16	21 1/3
20/20—20/30	11	14 2/3
20/30—20/50	6	8
20/50—20/70	4	5 1/3
20/70—20/200	1	1 1/3
2/200—20/200	3	4
L P Proj good	9	12
L P Proj poor	4	5 1/3
Blind	21	1 1/3
Evisceration	1	1 1/3
Enucleation	17	22 2/3

Results—Route—Magnet

Route	*No*	*Class*	*Mag*	*No*	*%*
Anterior	25	good	H.	13	52
			G	5	20
		poor	H	4	16
			G	3	12
Posterior	23	good	H.	11	47
			G	10	43
		poor	H	1	4
			G	1	4

Results—Wound Site

Site	*No*	*Class*	*No*	*%*
Cornea	52	good	37	71+
		poor	15	28+
Limbus	10	good	5	50
		poor	5	50
Selera	14	good	8	57+
		poor	6	42+

Results—Location of F B

Location	*No*	*Class*	*No*	*%*
Cornea	2	good	2	100
		poor	0	0
A C	12	good	11	91+
		poor	1	8+
Lens	5	good	4	80
		poor	1	20
Vitreous	50	good	29	58
		poor	21	42

Vitreous

Route	*No*	*Class*	*No*	*%*
Anterior	13	good	6	46+
		poor	7	53+
Posterior	23	good	21	91+
		poor	2	8+
Not removed	14	good	2	14+
		poor	12	85+

thalmia There was a mild uveitis, the pupil was active, the blind spot normal, and the injured eye had given no trouble. My diagnosis was a uveitis, not sympathetic ophthalmia

His oculist reported that the uveitis subsided within four weeks

CASE 10 J G gave a history of immediate permanent blindness following a painful injury to the eye while pounding a "bar of steel" He also noted some bleeding from the eye Extensive intraocular hemorrhage occurred with a prolapse of iris, lens, and vitreous through the corneal wound. Patient refused immediate enucleation

The x-ray showed a foreign body, but so far posterior that it was questionable if in the eye. An attempted extraction with the hand magnet was unsuccessful

At enucleation two days later, the foreign body was found to have penetrated well into the optic nerve, at the center of the disc

An analysis of the steel showed it to be other than that used in regular employment The patient subsequently admitted that the injury was received while repairing his car

three days he was fairly quiet although was of course under a great emotional strain. On April 16, he visited his wife's bier although he did not attend the funeral A week later he was discharged from the hospital. He returned to work in thirty-four days His vision corrected to normal with lenses and now over two years following operation the eye is quiet and vision normal with correction.

This is by way of illustration to show how differently patients are influenced by their environment in a small community

DR ARTHUR J BEDELL, *Albany*—Dr Gillette's paper is appropriate for it again opens the subject of the proper handling of patients who have magnetic intraocular foreign bodies He has clearly stated his methods, and the other discussers have recorded their experiences

It seems to me that the whole problem is divided into three distinct parts, each of which is important, for the end result depends upon the accurate correlation of all three

1 The exact localization and record of the size and shape of the foreign body
2 The use of the correct magnetic force.
3 The proper understanding of the mechanical principles underlying the removal of the foreign body

The localization must be done by a competent radiologist, who will not only tell the position of the body, but also its size and shape I believe that the Sweet method of localization is best.

The magnet must have sufficient pulling power to attract the foreign body within the globe, even if it is enclosed in exudate Except in extremely rare cases, the posterior route should be avoided I have come to this conclusion after many years of observation of my cases and those of others

The first foreign ophthalmologist I ever met was the renowned Haab of Zurich, when he visited Philadelphia in 1902 Four years later it was my good fortune to spend some time with him and to be shown his extensive collection of foreign bodies and the objects from which they came. His method was excellent in his hands but for many reasons—I now believe, mainly because my magnets were too weak—I failed to draw the foreign body into the anterior chamber and I had to open the globe Unfortunately some detachments followed rather brilliant operations

To succeed by the anterior route the magnet must have reserve power I do not believe that any of the ordinary magnets on the market have sufficient strength to withdraw small embedded intraocular foreign bodies I have a special magnet which is most powerful and so delicately balanced that it can be easily controlled

The magnet must be so manipulated that serious damage to the eyeball is avoided and this cannot be done without a very complete and thorough understanding of magnetic forces I further believe that unless one has an extremely powerful magnet he is not fair to the patient when he attempts removal and causes excessive damage before the case is sent elsewhere.

To summarize, I believe that a foreign body should be exactly localized, the magnet should be of the most powerful type and manipulated with the greatest skill

Nonmagnetic foreign bodies call for the closest association of radiologist and ophthalmologist The Cross method is to be preferred

DR HAROLD H. JOY, *Syracuse*—As Dr Gillette has stated there is, as a rule, little danger of sympathetic ophthalmia occurring as the result of an intraocular foreign body Of nearly 1500 cases of intraocular foreign bodies which have been reported in the literature in the past few years sympathetic involvement occurred in only four The hazard is probably no greater than that following other types of accidental perforating wounds This incidence has been estimated all the way from 08 to as high as five per cent

While every effort should be made to remove promptly an intraocular foreign body, its presence does not necessarily add to the danger of sympathetic ophthalmia Of the cases reported by Duggan and others, foreign bodies had been retained for as long as twenty years without involvement of the fellow eye

A foreign body is only an agent of infection as is any other penetrating object. If it is septic the infection has already been introduced regardless of its extraction, while if it is aseptic it may remain quietly in the globe for years Even if siderosis occurs, it does not add to the danger of sympathetic ophthalmia While there may be the theoretical consideration that a retained foreign body may sometimes act as a secondary focus of infection, such a condition if it ever occurs, must be exceedingly rare

On the other hand the removal of a retained foreign body is not without danger, for the operation is occasionally followed by sympathetic inflammation. There was one such case in the series which I reported to this Society two years ago

If a foreign body has been present for a long time and if the eye remains quiet, the danger of removing the foreign body may overbalance the danger of leaving well enough alone.

the entrance wound—the trauma and the size, shape, and location of the foreign body

6 Exact history, careful examination and complete records are essential

STATE TOWER BLDG.

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Discussion

DR M H NEWTON, *Little Falls*—After reviewing the paper written by Dr Gillette, there appears little that I can add other than my appreciation for such exacting data and the opportunity in appearing on the program with such capable teachers

The management of an intraocular foreign body case presents very little difference in the small community in which I live than in a larger medical center There is, however, this exception We take our own x-rays and are dependent on our own interpretation of pictures All suspicious cases are rayed and if a foreign body is found a stereo is made with a double exposure plate with rotation of the eyeball in the long axis of the body to determine whether the foreign body is in or outside the globe If, after this procedure, the foreign body is proven to be intraocular, the patient is referred to the nearest localization x-ray—twenty-two miles distant

Another difference in a smaller community presents itself in the fact that nearly everyone knows or knows of everyone else and this social relationship must not interfere with professional and scientific judgment In other words, the sense of triumph for the individual patient and the doctor at a successful delivery of an intraocular foreign body, as though that dramatic event signalized the end instead of the beginning of a long drawn-out struggle against slow degenerative processes, should not overshadow the conservative and detailed preliminary examination and aftercare which Dr Gillette stresses In this same community, where the public at large is cognizant of all details, the surgeon who allows an eye to degenerate without attempting the removal of the offending foreign body subjects himself to severe criticism With all these factors in mind, I am the more impressed with Dr Gillette's admonition that in attempting a removal a prompt, dexterous, and efficient technic must be followed, with the minimum of added trauma so that the damage already done by the entrance of a foreign body is not increased by its emergence.

Dr Gillette's reference to the aftercare and my own reference to our community life reminded me of the following case incident which I shall, with your permission, very briefly mention

On April 9, 1935, W H.F, aged thirty-five, came to my office with the history that ten minutes previously while striking steel with a hammer a foreign body flew in the left eye. The vision, when I first saw this man was 20/30 O U uncorrected. The foreign body could be seen with the ophthalmoscope to the nasal side of the nerve head This patient was referred immediately to the Hospital where ice packs were to be employed but the patient insisted on first going home to see his wife who was that day threatened with pneumonia That same night a vain attempt was made with the hand magnet to remove the foreign body through a scleral incision well back between the internal and inferior recti The following day, the patient was referred twenty-two miles distant for a localization Again the patient insisted on visiting his wife before returning to the Hospital That night an unsuccessful attempt was made to remove the offending body with a giant magnet. At each operative procedure the eye was a little traumatized and no effort was made to introduce the magnet tip into the wound The following day (April 11) at the insistence of patient's employers, patient was taken to Schenectady, a distance of sixty miles where they (the employers) knew the foreign body could be removed, but at the General Electric Hospital further interference was denied Patient again visited his wife on his return to Little Falls Two days later patient's wife was brought into the Hospital moribund and died a few hours after admittance Patient at any cost insisted on seeing his wife this day During the next

daily dosages of androgens Reddening of the circumgenital skin and development of the genitalia of both males and females[4] was observed, but the onset was not necessarily concomitant with the earliest appearance of nasal phenomena Increased vaginal secretion was seen in the females but smears revealed no definite changes in vaginal cell types

In monkeys receiving injections three X weekly, no nasal changes were observed for a longer period They appeared first after doses of four mgm, later in one animal receiving one mgm It failed to appear in three weeks in animals receiving $\frac{1}{16}$ mgm or less It is well to remember in any quantitive measurement of response that the condition of the animal is a significant factor The monkey quarters used in the experiments are small, so that several shipments of animals were used at different times, hence, the monkeys may well have varied in their capacity to

TABLE I

Group	Animals	Hormone
1 (a)	3 Males 2 Females	3–15 mg testosteroneacetate or propionate daily for 21 days
(b)	5 Males 1 Female	Doses graded from 1/64 mg to 4 mg given 1–3 X weekly
2	1 Female	15 mgm testosterotone propionate and ketohydroxyoestrin* 10 000 international units
3	6 Males 4 Females	Control

* Theelin supplied through the courtesy of Parke Davis & Co

respond to the hormones Nevertheless, it appeared definite that there was a longer latent period in the appearance of nasal changes when smaller dosages or infrequent administration were employed

Histologically, congestion and, in particular, perivascular edema were the most striking changes Although considerable moisture was encountered during nasal inspection of the injected monkeys when they were alive, definite growth changes in the mucous glands were not ascertained It may be possible that the increased liquid material observed in the living state was in part associated with the congestion and edema of this region

Humans· As in monkeys, swelling and congestion of the turbinates were obvious in the humans Perhaps the redness was an even deeper color

Histological studies of the humans were not done

Discussion

Medical workers have long been interested in the specialized areas of nasal passages where vicarious menstruation and changes in pregnancy have been observed A definite relationship between the function of these regions and the presence of the *female* sex hormone has been conclusively shown by Mortimer and coworkers. The present data demonstrate that *male* hormone substances *also* influences the state of this region, both in the female as well as in the male monkey and in the human male Possibly clinical treatment of underdevelopment or hypofunction of this nasal region with hormonal substances may be of use The twenty-seven-year old hypopituitary case exhibited pronounced nasal response At present androgenic substances are being employed in the study of atrophic rhinitis Caution should be observed, however, in the use of androgenic substances in females, for they exert a direct masculinizing action, particularly upon homologues of those organs which in the male respond to male substances This is especially marked in the development of Skene's ducts into prostatic type of organ[5] and the clitoris into a penile-like structure[6]

The narrowing, congestion, and mucous secretion of the nasal passageway is significant in regard to warming of inspired air and in infectious processes It is well-known that there is normally a sheet of mucous material which is continually passed back by ciliary action to the pharynx and emphasis is laid upon the importance of this in preventing continued lodging of material on nasal areas It would seem worthwhile to study the effect of gonadal hormones upon the formation and movement of this nasal sheet.

It is worthy of note that Hartman[7] has been unable to produce nasal changes in rodents with estrogens, although such phenomena can be obtained in primates There seems to be species difference and the question might be raised as to additional presence of menstrual endometrial tissue in animals which have nasal changes

MALE HORMONE

Effect Upon the Nasal Mucosa of Man and Monkey

HARRY K TEBBUTT, M D, *Albany*

Until a comparatively recent period the field of endocrinology was far from adequately understood However, within the past few years a great deal of valuable scientific work has been accomplished The volume, however, is far too great to be referred to in this paper

There is one reference, however, which should be mentioned, that is the work done by Mortimer and his coworkers of Montreal They showed that the injection of a female hormone into a group of monkeys caused reddening and sometimes swelling of the superior and inferior turbinates

Several years ago, Dr James B Hamilton of Yale University, came to the Albany Medical College, Union University, to continue his studies in endocrinology Among the various problems he has been working on was the action of male hormones in the treatment of cryptorchidism This work was carried on with funds from various sources and with male hormone supplied by the Ciba Company of Basel, Switzerland This substance is unique in that it is the first time that it has been produced synthetically in quantities sufficient to conduct extensive experiments

Being familiar with the work of Mortimer, the question arose as to whether this male hormone would produce similar changes in the nasal mucosa The material in this paper will be confined to this phase of the problem

Materials and Methods

Animals Twenty-two immature rhesus monkeys, weighing from 1 2 to 2 2 kilograms, were selected and divided into three groups (Table I)

All injections were given in one c c. of peanut oil, since the amount and the type of oil are known to influence the effect of the hormone [5]

For nasal inspection an assistant entered the animal cages, selected each monkey in turn and held the animal against the mesh wire of the cage in such a manner that the face fitted snugly in an opening in the mesh Thus, with only moderate excitement of the monkeys, three observers who remained outside the cage, were enabled to examine the animals, without knowledge aforehand of the monkey's identity

With a small otoscope, study was made of the nasal cavity with reference to the amount of congestion, swelling, and secretion After examination of the nasal cavity, inspection was made of the sex skin and genital organs for comparison with nasal changes Injection was given at completion of the observations Drawings in color were made by an unprejudiced artist unacquainted with the problem

To understand the nasal regions exhibiting changes it is necessary to appreciate the anatomy of the nasal chamber of the monkey, especially with regard to the manner in which it differs from that of the human

Humans Nasal inspection was done on a group of boys and men who were receiving testosterone propionate for various conditions, e g, cryptorchidism, impotence (absence of penile erection), hypogonadism, and acne In this group are five boys ranging from eighteen months to fifteen years, a twenty-seven and a forty-three year old man Drawings in color were made as in the monkeys

Results

After a week or more, marked increase in the congestion, swelling, and secretion was seen in the animals receiving massive

I wish to acknowledge the valuable assistance given us by Dr Arnold F Judge, of Albany, who has recently been bearing an equal share of this burden

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 26, 1937

EXTRAOTITIC MENINGEAL SYNDROMES

Differential Diagnosis

E D FRIEDMAN, M D, *New York City*

Professor of Neurology, New York University College of Medicine, Visiting Neurologist, Bellevue Hospital, and Senior Attending Physician, Neuropsychiatric Service, Beth Israel Hospital

Extraotitic meningitis may be encountered during the course of any severe infection and may occur in many forms of intoxication (meningismus) It may be purulent or nonpurulent

Among the nonpurulent forms, tuberculosis meningitis is the most important It usually occurs in children but may also be met with in adults For weeks before the acute syndrome becomes manifest, there is noted a change in the mood and attitude of the patients Children cease to play, complain of pain in the legs, sit quietly by themselves, and occasionally complain of headache, they show impairment of appetite, nausea with occasional vomiting, and drowsiness In such cases a diagnosis of gastric disturbance is frequently made After a short prodromal period there is a sudden outburst of meningeal signs and symptoms, some exhibit the hydrocephalic cry which wakes the child from sleep

Children with vague digestive disturbances and alterations of mood should not be considered cases of primary acidosis but this grouping of symptoms should arouse the suspicion of tuberculous meningitis There is usually an irregular fever, and the march of events continues rapidly, with death in about three weeks

The meningitic lesion is most pronounced at the base, hence the frequency of ocular palsies The exudate follows the fissures and pial vessels The pathological changes may be part of a general miliary process (hence the importance of x-ray examination of the chest) or may occur as an apparently primary process following an old tuberculoma of the brain There may be tuberculous foci in the glands, in the bones, kidneys or lungs, at times, one observes tuberculides in the skin

Cases of tuberculous meningitis have been described in children who have been exposed to a tuberculous servant in the home I recall such an instance in my own practice.

In the early stages, we find a slow, irregular pulse, and other evidences of vagus irritation The white cell count usually shows a leukopenia with a tendency to polynucleosis At times there may be a moderate leukocytosis Occasionally, the exudate in tuberculous meningitis is purulent (in the rapidly fatal cases), but in most instances the spinal fluid is clear and under increased pressure, the protein content is increased, there is a pleocytosis, consisting chiefly of lymphocytes A coagulum forms in the form of a fine filament in which the tubercle bacilli can frequently be demonstrated The sugar content falls and the figure for chlorides is below 600 There may be a positive tryptophan reaction

The deep reflexes are usually diminished, this is especially true of the knee jerks Frequently there is retention of urine In very young infants we may find a tense fontanelle Tubercles may occasionally be seen in the choroid

The most common pyogenic form of extraotitic meningitis is the epidemic form This usually comes on acutely, with chills, fever, and vomiting The spinal fluid is characteristic (cloudy, purulent, and containing gram-negative organisms) In the septic cases the blood culture may be positive. These may run their course without meningeal signs In some cases the spinal fluid does not show the bacteria early in the disease It is important to remember that cultures may be sterile if the fluid is cooled in transportation

In most cases of meningococcus meningitis there is first an upper respiratory catarrh Later, there follows a blood stream infection and finally, meningitis supervenes

The clinical picture of epidemic meningitis is differentiated from the tuberculous

Read in abstract at the meeting of the Section of Oto-laryngology, New York Academy of Medicine, April 21, 1937

Summary

1 In twelve monkeys and seven humans, testosterone acetate and propionate effected changes on specialized nasal areas

2 These changes produced by androgens occurred in both male and female monkeys Grossly congested swelling and fluid formation were observed Histologically, perivascular edema was pronounced

3 The nasal areas affected are similar to those which exhibit vicarious menstruation Discussion is given as to possible physiological significance in warming of inspired air and in prevention of infection, and therapeutic use in conditions of undervelopment and hyposecretion

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Discussion

DR. D'ARCY MCGREGOR, *Buffalo*—I feel highly honored but somewhat bewildered at the responsibility of attempting to discuss such a technical paper as the one which Dr Tebbutt has just presented Since this paper offers a virtually new avenue of therapy in our specialty, I believe it deserves careful consideration

A survey of the literature available to me would indicate that the physiologic relationship between the nose and sexual apparatus has been recognized for a long time The periodic engorgement of the nasal mucosa coincident to menstruation first attracted attention It was noted that these changes were most consistently seen in certain definitely localized areas and the term "genital spots" was employed to describe them

Stimulation of these genital points caused reflex changes in the sexual organs although no definite nervous pathway could be traced which might explain the course of the reflex action

At the same time, it was noted that reflex phenomena—sneezing or coryza—were frequently associated with coitus and menstruation

Thus it was apparent that since intranasal disturbances resulted from stimuli originating in the reproductive system it was quite possible that the reciprocal relationship might establish a logical basis for assuming that certain derangements of the sexual function might be treated intranasally

The most practical application of these early theories was in the study and treatment of dysmenorrhea Rhinologists at the insistence of gynecologists cauterized the genital spots with trichloracetic acid and the actual cautery or applied anesthetics such as cocaine, apparently in an effort to disrupt the reflex pathway

Opinions as to the efficacy of this treatment varied widely, some observers were convinced that their results were consistently satisfactory, others could see no virtue in it, while a third group reported that in selected cases some relief might be expected

Under these circumstances it was not to be wondered at that interest in the subject waned from lack of enthusiasm

In a recent paper Mortimer, Wright, and Collip sum up the situation in the following paragraph "Since 1912 the literature on Naso-Genital relationship has been slight, and for the most part consists of case reports of nasal dysmenorrhoea, vicarious bleeding from the nose, etc. It would appear that the nasal treatment of dysmenorrhea is much less in vogue today and that the nature of the physiological relationship between the sex organs and the nose has become a problem of diminished interest"

Recently there has appeared to be a revival of interest in this subject and approaching the problem from the point of view that the activities might be due to the influence of hormones the literature again begins to contain many references. The Journals of Endocrinology carry articles on the intranasal administration of pituitrin particularly for diabetes insipidus and for the induction of labor, describing the method as efficient, easy, and safe

Dr Tebbutt reports that after administering hormones for varying periods the nasal mucous membranes showed very definite changes characterized generally by thickening and increased vascularity

It may well be that this is the type of research that will provide the answer to many of the perplexing problems of our particular field and Dr Tebbutt is to be congratulated upon the energy and initiative he has shown in undertaking this study

brain which were accompanied by a low grade purulent meningitis

Occasionally we encounter instances of so-called cerebral poliomyelitis without frank evidence of spinal involvement. These cases constitute the so-called meningitic forms of infantile paralysis

Meningitis may at times be simulated by encephalitis, either primary or secondary to the exanthemata In these cases the meningeal signs are usually less pronounced The protein content of the spinal fluid is very little above the normal, the pleocytosis is not very marked, and the sugar content usually remains at or near the normal figure (at times it may be elevated above the normal) There are also the evidences of a far-flung infection in the central nervous system with phenomena referable to the midbrain, the basal ganglia, and the nerve roots

Subarachnoid hemorrhage may occur during the course of arteriosclerosis and hypertension, subacute endocarditis (with the incidence of a mycotic aneurysm in the brain) or on the basis of a congenital anomaly in the vessels of the circle of Willis Occasionally, it is encountered in neoplasm of the brain or in some of the blood dyscrasias, but most of the cases are the result of rupture of an intracranial aneurysm arising from one of the branches of the circle of Willis The onset is usually sudden, with pain in the head, vomiting, and rapid development of either stupor or coma, depending on the extent of the bleeding If the patient does not succumb within the first twenty-four hours, there usually develops a secondary meningeal syndrome, with a positive Kernig sign, nuchal rigidity, fever, leukocytosis, bradycardia, and other evidences of increased intracranial pressure The spinal fluid is characteristic. It is uniformly bloody After sedimentation, the supernatant fluid is xanthochromic The picture slowly subsides and the patient recovers There may be a history of a number of such episodes before the fatal termination

Luetic meningitis may occur in the secondary stage of lues or in the later stages of the disease The process usually manifests itself by multiple cranial nerve palsies due to lesions at the base, the incidence of diabetes insipidus from involvement of the tuber cinereum, and other signs of central nervous disease The spinal fluid shows the characteristic pleocytosis, increased protein content, positive Wassermann reaction, and alterations in the colloidal gold curve In the exudative stage, the symptoms yield readily to active antiluetic therapy

Sympathetic meningitis (first described in 1913 by Plaut, Rehm, and Schottmuller) occurs as a neighborhood phenomenon secondary to local suppuration in the upper respiratory tract (in the ears or the sinuses) It is abacterial and is usually promptly relieved by the elimination of the foci of suppuration It is very similar in nature to the forms of pleurisy which develop in the course of subphrenic suppuration The cellular reaction in the spinal fluid may be either lymphocytic or polynuclear

Influenzal meningitis is a fairly frequent occurrence. The reaction in the spinal fluid is usually that of any other form of suppurative meningitis It is almost invariably fatal, but I have encountered one case with recovery following repeated lumbar punctures

Torula meningitis is due to the invasion of the subarachnoid space by the yeast fungus I had an opportunity (many years ago) to observe such a case which presented a meningeal syndrome with multiple cranial nerve palsies, simulating tuberculous meningitis The organisms were finally identified as Torula and the patient succumbed after a number of months

Actinomycosis is a rare infection of the central nervous system usually secondary to a similar process in the skull or as a metastatic lesion from a focus in the lung It appears in the guise of a purulent meningitis with cranial nerve palsies, shows a tendency to remissions and exacerbations, but ultimately ends fatally We have recently had an opportunity to observe such a case at Beth Israel Hospital

Meningitis may also follow in the wake of trauma to the skull, either soon after the incidence of the fracture or some time later The line of fracture may be only microscopic We encountered such a case which followed fracture in the occipital region and which terminated in an abscess in the occipital lobe with secondary meningitis

variety by the presence of severe constitutional disturbances and more pronounced meningeal signs In the severe cases of epidemic meningitis (especially the septic form) we find excessive perspiration, swelling of the joints, herpes, and purpuric spots, hence, the name spotted fever * We can distinguish this disease from typhus by demonstrating the organism in meningitis and by the presence of a positive Felix Weil reaction in typhus

Pathologically, epidemic meningitis resembles the pneumococcic form In both of them the convexity of the brain is chiefly involved Therefore the focal signs in epidemic meningitis are usually not basilar in type I have, however, occasionally observed cases of this type of meningitis that presented ocular palsies suggestive of a basilar process

Choked disk may occasionally be encountered owing to the presence of hydrocephalus Difficulties in hearing (even complete deafness) and amblyopia or total blindness may occur as sequelae of the disease The process may also eventuate in dementia

If, in a case of purulent meningitis, the source of infection cannot be determined, it is safe to assume that the meningococcus is the infecting agent, hence we should give serum immediately and continue to do so until the organism is identified

The organism is gram-negative It secretes chiefly an endotoxin There are several types and strains of this organism, hence the varying effects of the administration of serum

If the meningeal picture is prolonged beyond seven days, treatment is inefficient The prolongation of symptoms may also be due to loculation of fluid in the subarachnoid spaces In the early stages, the spinal fluid may be normal In the actively treated cases, as the process heals, the fluid becomes clearer, the organisms disappear, the albumin content falls, and the sugar figure rises

There are occasional atypical cases of meningococcemia with prolonged low grade fever, arthritis, endocarditis, and otitis which are quite baffling to the clinician until the blood culture unmasks the disease

The diagnosis is easy in epidemic times But when it occurs sporadically, this form of meningitis must be differentiated from various other meningeal syndromes

Meningismus, which accompanies acute infections, is accompanied by a clear meningeal effusion with fewer cells and without organisms This form of meningitis may be due to hypersecretion or defective absorption

Serous meningitis (term suggested by Quincke) shows fluid under increased intrathecal pressure and containing an increased amount of albumin The distinction between meningismus and serous meningitis is still not clear This condition has sometimes been called a nontuberculous hydrocephalus It may be due to trauma, toxic factors (e g alcoholic wet brain), angioneurotic edema, or venous stasis

Symonds has recently called attention to a syndrome which he terms otitic hydrocephalus because it is most frequently encountered in the course of otitic disease It manifests itself clinically by the presence of a marked papilledema, an incidence of bilateral external rectus paralysis, and evidences of high intrathecal tension The spinal fluid is usually clear, free from organisms, or any striking increase in the protein content The pressure readings are frequently 400 mm of water and over In contrast, however, to these findings, the patients present very little constitutional disturbance and a striking sense of well-being These cases, as a rule, recover after repeated lumbar punctures, but occasionally subtemporal decompression may become necessary in order to save vision I have carried out encephalography in some of these cases and have found suggestive evidence of internal hydrocephalus, apparently not due to obstruction at the foramina of exit from the ventricles but rather due to changes in the absorptive mechanism and blocking of the pathways in the arachnoid villi (hydrocephalus aresorptorius of Foerster, or communicating hydrocephalus of Dandy)

I recall a case of viridans sepsis with evidence of multiple embolic lesions in the

*I recall the case of a child which was admitted to the hospital in stupor She presented signs of a fulminating sepsis, a diffuse petechial rash, and a positive blood culture, with the organisms crowding the leukocytes in the blood smear

PROTAMINE AND INSULIN THERAPY

One Year's Experience

HERBERT POLLACK, M D and HERMAN LANDE, M D , *New York City*
From the Medical Service of Dr George Baehr and the Diabetic Clinic, Mount Sinai Hospital

It can be said that the more closely one approximates the normal physiological changes, the more ideal the therapy Rational therapy in diabetes means the avoidance of the intense fluctuations in blood sugar concentration and the control of the glycosuria It is logical to think of the insulin secretion in the normal individual as being present continuously throughout the day It is difficult to conceive of insulin secretion stopping at any time in the normal This continuous secretion is unquestionably a basal requirement of the body It is true that conditions vary from day to night, but compensatory provisions have been made by the body

The regular commercial insulin exerts its maximum activity after a latent period of from fifteen minutes to one hour Its activity is comparatively evanescent and is complete within four to six hours The variability of the latent period of the insulin and the intensity and comparatively short duration of its activity make it difficult to achieve perfect control It is customary to measure the capacity of a diabetic to dispose of glucose in terms of the total number of grams of glucose metabolized in the twenty-four hour period This concept does not take into account the rate at which the glucose enters the blood stream The maximum tolerance of the diabetic patient for glucose is dependent upon four factors

1 Amount of glucose liberated into the blood stream
2. Time over which this absorption takes place
3 Intensity of the insulin activity
4 Time during which the insulin exerts its action

The time factor, then, becomes of importance both from the point of view of the glucose as well as from the insulin It is common clinical experience that the intravenous administration of glucose can be tolerated by normal individuals without the production of a glycosuria providing the time factor is considered Woodyatt, Wilder, Sansom, Jordan, Pollack, and others have shown that the tolerance must be regarded and measured in terms of velocity as well as of total weight of injected glucose It is not surprising that diabetic patients may tolerate a definite amount of carbohydrate in a twenty-four hour period when it is administered in frequent small feedings, which would produce glycosuria if given in the three customary meals

The clinical difficulties encountered in the control of the glycosuria of the diabetic patients were at times almost insurmountable with the commercial insulin available The effort was made to have the time of maximum absorption of the carbohydrate coincide with the time of the maximum activity of the injected insulin This was not always possible These difficulties led to the use of such devices as multiple insulin injections or multiple feeding schedules As these procedures were not compatible with the usual social activities, the attempt was made to find a method whereby the action of the insulin could be prolonged Various mixtures as insulin and adrenalin, insulin and oil, insulin and metallic salts, and insulin and tannic acid were tried For numerous reasons these proved to be impractical

In 1936 Hagedorn, Jensen, and Krarup[1] published their work on a slow-acting insulin preparation They had found that when crystalline insulin is allowed to react with a protamine, a compound is formed which is insoluble at the pH of mammalian serum Such an insulin compound could be suspended in an aqueous medium and injected in the subcutaneous tissues where a deposit was formed The tissue fluids acted on this compound to release the insulin over a period of twenty-four to thirty-six hours By this means the insulin activity could be extended over the whole day Since their original announcement a great deal of work has been done on the use of this preparation in the treatment of clinical diabetes Their original method involved the use of protamine and insulin as well as regular in-

In our early work on encephalography, we met with a number of instances in which, following the introduction of air, the patient developed a meningeal syndrome with a polynucleosis varying from 5,000 to 20,000 and fever As a rule, this syndrome subsided in forty-eight hours, and was abacterial The same type of purulent meningitis may follow the introduction of serum I have observed a number of instances of aseptic meningitis following spinal anesthesia

Suppurative epimeningitis is a condition usually due to the staphylococcus It follows in the wake of a low grade staphylococcus sepsis with the formation of a metastatic focus either in the bodies of the vertebrae or in the epidural tissues The meningeal signs are usually limited to the lower part of the body There are sensitive pressure spots over the vertebrae In the early stages the spinal fluid may be clear Later on, it becomes purulent In one instance which came under my observation, the spinal fluid was clear and yet, a staphylococcus was recovered from a culture of the cerebrospinal fluid It was probably introduced as the needle passed through the infected epidural zone If these cases are recognized early and drained promptly, many of them recover This is true especially of the cases in which the meningitic process has not become too active

Occasionally, subdural hematoma may simulate a meningitic syndrome These hemorrhages into the subdural space are apt to occur following relatively slight trauma, and in cases which show no evidence of fracture or concussion There is slow oozing into the subdural space with the gradual accumulation of a considerable layer of clot, usually over the convexity of the brain The patients gradually develop headache, slowing of the pulse, suggestive focal signs, phenomena of meningeal irritation, and at times, low grade fundus changes They are apt to pass alternately into a low grade stupor and then emerge into a state of relative well-being Aerographic studies are very helpful in doubtful cases and a trephine exploration gives prompt relief in most instances

In recent years, the syndrome of acute benign lymphocytic meningitis has come up for consideration in the diagnosis of meningeal syndromes But the march of events in these cases is usually towards recovery

Finally, we must bear in mind that occasionally a primary sarcomatosis of the meninges or a secondary carcinomatosis of the coverings of the brain may give rise to a meningeal syndrome In these cases the spinal fluid is usually xanthochromic, rich in protein and cell elements, and occasionally the tumor cells can be identified in smears of the spinal fluid In these cases we meet with multiple cranial nerve palsies or polyneuritic manifestations, or both We recently reported a case of a primary pinealoma with diffuse seeding metastases throughout the subarachnoid space This patient presented oculomotor palsies with polyradicular signs and symptoms and the characteristic spinal fluid already described

1192 Park Ave.

CONFERENCE ON DIGESTIVE DISEASES

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The program to be held in the Bellevue-Stratford Hotel, Philadelphia, has been designed to meet the needs of all members of the profession, but particularly those in general practice

Physicians from fourteen States having attended last year's institute, an invitation to attend the 1938 session has been extended to the members of all County Societies

Lecturers, seventy-three in number, have been selected from among the foremost teachers in this great medical center While approaching the subject from specialized viewpoints, the presentations will be of a strictly practical nature and of real value to the general practitioner, who finds digestive conditions occupy a considerable portion of his time.

The only charge is a $5 00 registration fee to cover the Institute's expenses

Additional information may be secured from your County Society or from The Philadelphia County Medical Society, 21st and Spruce Streets, Philadelphia, Pa.

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PROTAMINE AND INSULIN THERAPY

One Year's Experience

HERBERT POLLACK, M D and HERMAN LANDE, M D, *New York City*
From the Medical Service of Dr George Baehr and the Diabetic Clinic, Mount Sinai Hospital

It can be said that the more closely one approximates the normal physiological changes, the more ideal the therapy Rational therapy in diabetes means the avoidance of the intense fluctuations in blood sugar concentration and the control of the glycosuria It is logical to think of the insulin secretion in the normal individual as being present continuously throughout the day It is difficult to conceive of insulin secretion stopping at any time in the normal This continuous secretion is unquestionably a basal requirement of the body It is true that conditions vary from day to night, but compensatory provisions have been made by the body

The regular commercial insulin exerts its maximum activity after a latent period of from fifteen minutes to one hour Its activity is comparatively evanescent and is complete within four to six hours The variability of the latent period of the insulin and the intensity and comparatively short duration of its activity make it difficult to achieve perfect control It is customary to measure the capacity of a diabetic to dispose of glucose in terms of the total number of grams of glucose metabolized in the twenty-four hour period This concept does not take into account the rate at which the glucose enters the blood stream The maximum tolerance of the diabetic patient for glucose is dependent upon four factors

1 Amount of glucose liberated into the blood stream
2 Time over which this absorption takes place
3 Intensity of the insulin activity
4 Time during which the insulin exerts its action

The time factor, then, becomes of importance both from the point of view of the glucose as well as from the insulin It is common clinical experience that the intravenous administration of glucose can be tolerated by normal individuals without the production of a glycosuria providing the time factor is considered Woodyatt, Wilder, Sansom, Jordan, Pollack, and others have shown that the tolerance must be regarded and measured in terms of velocity as well as of total weight of injected glucose It is not surprising that diabetic patients may tolerate a definite amount of carbohydrate in a twenty-four hour period when it is administered in frequent small feedings, which would produce glycosuria if given in the three customary meals

The clinical difficulties encountered in the control of the glycosuria of the diabetic patients were at times almost insurmountable with the commercial insulin available The effort was made to have the time of maximum absorption of the carbohydrate coincide with the time of the maximum activity of the injected insulin This was not always possible These difficulties led to the use of such devices as multiple insulin injections or multiple feeding schedules As these procedures were not compatible with the usual social activities, the attempt was made to find a method whereby the action of the insulin could be prolonged Various mixtures as insulin and adrenalin, insulin and oil, insulin and metallic salts, and insulin and tannic acid were tried For numerous reasons these proved to be impractical

In 1936 Hagedorn, Jensen, and Krarup[1] published their work on a slow-acting insulin preparation They had found that when crystalline insulin is allowed to react with a protamine, a compound is formed which is insoluble at the pH of mammalian serum Such an insulin compound could be suspended in an aqueous medium and injected in the subcutaneous tissues where a deposit was formed The tissue fluids acted on this compound to release the insulin over a period of twenty-four to thirty-six hours By this means the insulin activity could be extended over the whole day Since their original announcement a great deal of work has been done on the use of this preparation in the treatment of clinical diabetes Their original method involved the use of protamine and insulin as well as regular in-

In our early work on encephalography, we met with a number of instances in which, following the introduction of air, the patient developed a meningeal syndrome with a polynucleosis varying from 5,000 to 20,000 and fever As a rule, this syndrome subsided in forty-eight hours, and was abacterial The same type of purulent meningitis may follow the introduction of serum I have observed a number of instances of aseptic meningitis following spinal anesthesia

Suppurative epimeningitis is a condition usually due to the staphylococcus It follows in the wake of a low grade staphylococcus sepsis with the formation of a metastatic focus either in the bodies of the vertebrae or in the epidural tissues The meningeal signs are usually limited to the lower part of the body There are sensitive pressure spots over the vertebrae In the early stages the spinal fluid may be clear Later on, it becomes purulent In one instance which came under my observation, the spinal fluid was clear and yet, a staphylococcus was recovered from a culture of the cerebrospinal fluid It was probably introduced as the needle passed through the infected epidural zone If these cases are recognized early and drained promptly, many of them recover This is true especially of the cases in which the meningitic process has not become too active

Occasionally, subdural hematoma may simulate a meningitic syndrome These hemorrhages into the subdural space are apt to occur following relatively slight trauma, and in cases which show no evidence of fracture or concussion There is slow oozing into the subdural space with the gradual accumulation of a considerable layer of clot, usually over the convexity of the brain The patients gradually develop headache, slowing of the pulse, suggestive focal signs, phenomena of meningeal irritation, and at times, low grade fundus changes They are apt to pass alternately into a low grade stupor and then emerge into a state of relative well-being Aerographic studies are very helpful in doubtful cases and a trephine exploration gives prompt relief in most instances

In recent years, the syndrome of acute benign lymphocytic meningitis has come up for consideration in the diagnosis of meningeal syndromes But the march of events in these cases is usually towards recovery

Finally, we must bear in mind that occasionally a primary sarcomatosis of the meninges or a secondary carcinomatosis of the coverings of the brain may give rise to a meningeal syndrome In these cases the spinal fluid is usually xanthochromic, rich in protein and cell elements, and occasionally the tumor cells can be identified in smears of the spinal fluid In these cases we meet with multiple cranial nerve palsies or polyneuritic manifestations, or both We recently reported a case of a primary pinealoma with diffuse seeding metastases throughout the subarachnoid space This patient presented oculomotor palsies with polyradicular signs and symptoms and the characteristic spinal fluid already described

1192 Park Ave.

CONFERENCE ON DIGESTIVE DISEASES

The Third Annual Postgraduate Institute, offering an intensive and interesting study of the Diseases of the Digestive Tract, will be conducted by The Philadelphia County Medical Society from March 28 to April 1 inclusive

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the disturbance of control during the transition from the regular to the protamine insulin lasting up to ten days He treated twenty-five patients including age groups to seventy years with satisfactory results Waring et al[15] reported experiences with fourteen patients ranging in age from 13 to 51 years He reported better control of fasting blood sugars and decreased blood sugar fluctuations The hypoglycemic reactions were generally fewer and milder He observed no difference in action between the protamine and insulin compound with or without zinc. Boyd[16] published her results on the treatment of twenty-five diabetic children She states that there is a wider margin of safety in errors in the dose of insulin as well as in the food taken She concludes that with protamine there is better control of the disease and that fewer injections per day are necessary Black[17] reports six cases, his best results being in the so-called insulin sensitive group Bowcock[18] accomplished perfect control in most of his sixteen cases using the single dose method of administration Sprague, Blum, Osterberg, Kepler, and Wilder[19] presented an excellent summary of their early experiments with the insulin protamine compounds They demonstrated conclusively the complete absence of a prompt response to this preparation as well as the prolongation of its activity for at least thirty-six hours Many hypoglycemic reactions were observed with their early cases which were characteristically less violent than those following the use of regular insulin They were among the first to point out the necessity of supplementary doses of regular insulin during the first few days of the transition to the protamine therapy They used protamine preparations as an adjunct in the treatment of diabetic infection and ketonic coma

Krarup's original statement said

> It is very uncertain how much can be gained for the treatment of diabetes mellitus by a uniform prolonged absorption of insulin during the day, even though it is probable that a considerable improvement can be obtained in certain cases, whereas there seems that much can be said for the idea that slow and uniform absorption during the night will always be a great advantage

Krarup originally treated his diabetic patients with protamine insulin in the evening and the old insulin in the morning He found this method of treatment much more satisfactory than the exclusive use of the old insulin It has been found that his theoretical arguments do not hold true In this country, as suggested by Wilder, there is conclusive evidence that the single dose of insulin with protamine in the morning can effectively control diabetes One reason for Krarup's early success with his protamine preparation is in part due to the diets which he used While the total carbohydrate, fat, and protein content of his diets do not differ from those in this country, the source of the carbohydrates are completely different The Danish diet contains a minimum of fruits and other sources of soluble sugars The American diets contain liberal quantities of readily absorbed sugar It is good practice in prescribing diets for patients using protamine and insulin to determine their optimum carbohydrate distribution with the conventional three meal habit Many patients will show periodic glycosurias when the carbohydrate distribution follows the usual ⅓, ⅓, ⅓ division Glycosuria may occur shortly after breakfast and, as is usually the case in these patients, there is a late night hypoglycemia The distribution of ⅕, ⅖, ⅖ or ⅕, ⅕, ⅗ is better tolerated without altering the insulin dosage. It is also better to avoid the use of the immediately available sugars such as orange or other fruit juice which produce greater fluctuations in the glycemic levels Cereals, breads, and vegetables are a better source, as the glucose is liberated more slowly, uniformly, and over a longer period of time The latter type of carbohydrate is much more suitable for use with the new slow-acting insulin Occasionally the simple expedient of substituting cereal for fruit at breakfast will eliminate the temporary postprandial glycosuria and also the necessity for a supplementary dose of the old rapidly-acting insulin The successful use of protamine and insulin will require the individualization of the diets to a greater extent than previously However the advantages of the new therapy are so great as to make this factor negligible

The procedure in this series was to admit the patients to the hospital for a preliminary period of study Diabetic

sulin They demonstrated that the sharp peak in blood sugar changes usually seen three or four hours after the injection of ordinary insulin was largely avoided by the use of the protamine and insulin mixtures They observed no local ill-effects and no allergic reactions They obtained their best results by giving the patients ordinary insulin in the morning and protamine insulin in the evening, or by giving the protamine and insulin at twelve hour intervals Root and his coworkers[2] in Boston corroborated these results in all respects They emphasized that because of its slow action this preparation might not be satisfactory in diabetic emergencies during infections or acidosis Scott and Fisher[3 4] working on the American continent found that the protamine obtained from the Pacific salmon worked as well as the original trout protamine suggested by the Danish investigators They also showed that the addition of zinc facilitated the formation of the protamine insulin complex They explained the slow activity of the protamine compounds on the basis of insolubility alone Several months later Joslin and Root and their associates[5] published the results summarizing the therapy of ninety-one patients with protamine and insulin mixtures In the light of this increased experience, they were able to elaborate their earlier results They found a greater liberality in carbohydrate distribution possible than they had originally suspected Their indications for the use of the protamine and insulin were (1) high fasting sugars, (2) avoidance of multiplicity of insulin injections, (3) sensitivity to insulin as indicated by frequency of reactions, (4) hepatomegalia, (5) lipodystrophy They also suggested its possible value in mild diabetics with hyperlipemia and in cardiac cases in whom hypoglycemic reactions must be avoided Gray[6] compared the value of insulin tannate with insulin and protamine He found that insulin tannate produced numerous local reactions because of bacterial contaminations In the same patients he was able to compare the two preparations and found both equally effective. Gray observed the subcutaneous lumps and skin reactions with protamine insulin as well as with the tannate He preferred the tannate for general usage because of its availability and cheapness Rabinowitch[7 8] lists the contraindications for the use of protamine as coma, infection, and emergency pre- and postoperative treatment of surgical diabetics He was quite impressed with Scott's statement that zinc is a normal constituent of insulin regardless of the method of preparation He found clinically that the addition of zinc to the extent of one milligram per 500 units of insulin definitely prolonged the activity up to thirty-six hours in some patients He observed a latent period of approximately ten days before complete efficiency of the protamine and insulin preparations could be attained He found this type preparation most efficacious in cases which had required multiple injections He was particularly impressed with the large amounts of insulin which could be tolerated without hypoglycemic reactions Campbell, Fletcher, and Kerr[9] observed that diets very high in carbohydrate and low in fat were apparently less suitable for this type of treatment They observed the postprandial glycosuria after breakfast which they overcame by timing the injections one to three hours before this meal and by the use of a supplementary dose of regular insulin Richardson and Bowie[10] summarized the literature with the following conclusions

1 Protamine compounds act more slowly than regular insulin

2 They act over a much longer period of time

3 These mixtures are accompanied by fewer hypoglycemic reactions

4 They steady the blood sugar levels

5 The full effect is shown about five days after the time of the first injection

6 Patients report a definite subjective improvement.

There have been numerous reports from various clinics dealing with their individual results under different conditions Winnett[11] reported fairly satisfactory results in four cases He apparently experienced considerable difficulty with hypoglycemic reactions Conklin[12] published the results of the treatment of three cases Palmer and Capaccio[13] summarized the results of their treatment of sixteen patients They were fairly successful with the single dose method of administration Smith[14] used two doses daily at twelve hour intervals He also noted

tically all shocks could be traced to improper handling of the insulin by both patients and nurses

At first it was said that the protamine insulin lost its activity in three to five days of standing It has been found that standing up to fourteen days does not impair its activity when kept cold If the mixture is allowed to stand for any length of time in a warm room, the precipitate will adhere to the glass and consequently lose part of its available activity It has been necessary for the patients to bring in their empty protamine vials to check this The syringes should be cool, dry, and sterile at the time of use A 24 to 25 gauge needle is preferable

These difficulties described have been obviated in part by the introduction of certain stabilizing agents, namely zinc salts The preparation which we have used has been supplied through the courtesy of the manufacturers, Eli Lilly & Company, Indianapolis, Ind, and is now available in single vial packages The vial contains the mixture of Insulin, Protamine and Zinc It is quite stable within the limits of the time stamped on the package The ease of management by the patient and its definite, uniform activity make it practical for general distribution The amount of zinc present is said to be one mgm in each 500 units of insulin This is well within the tolerance of the normal human being It must be clearly understood that certain of our early prejudices against this preparation have been eliminated since the introduction of zinc stabilized mixture Reactions with the protamine and insulin preparation may be as violent as those with the regular insulin Fortunately, after the first few cases we did not observe them very often Subjectively, the patients feel better with the new insulin Psychically, of course, there is a tremendous relief especially in the wage earners and school children who are forced to take midday doses

The daily dose of regular insulin required is determined for the patient Protamine insulin to the extent of approximately three-quarters of the amount of the regular insulin is then ordered to be given daily about thirty minutes before breakfast Regular insulin in five unit doses is given immediately before each of the three meals on the first day Rarely if ever will one observe hypoglycemic reactions with this regime The patient is instructed to collect the fractional urine specimens during the succeedings days These specimens are collected immediately before each meal and at bedtime From the amount of glycosuria present the supplementary dose of regular insulin is varied In the event of a complete absence of sugar in the urine before any one meal, regular insulin is omitted At the end of four to six days the regular insulin is omitted in all patients and the urines followed closely to determine the peak incidence of glycosuria during the day Usually one finds this is within an hour after breakfast The diet is then rearranged so that the carbohydrate distribution is shifted to $\frac{1}{5}$, $\frac{3}{5}$, $\frac{3}{5}$ If the glycosuria occurs at bedtime or immediately after supper, the shift is to $\frac{2}{5}$, $\frac{2}{5}$, $\frac{1}{5}$ This regime is followed for at least forty-eight hours and another series of urines are analyzed If the postprandial glycosuria is not eliminated by this simple procedure, then the fruits are eliminated from the offending meal and carbohydrates are substituted in the form of the complex starches This method has been found to be satisfactory in the majority of the cases If the patient complains of headache or mild hypoglycemic reactions on awakening in the morning or if the fasting blood sugars are excessively low, then fruit juices are ordered to be taken immediately upon arising even before the protamine injection for the day This amount of carbohydrate is of course deducted from the regular breakfast We have found it preferable to avoid the use of fruits at supper time as a matter of routine This means that all the carbohydrate given at this particular meal is of the type that is slowly digested and slowly absorbed so that its activity is prolonged throughout the long interval until the next meal

As can be seen by reading the protocols, certain of these patients could not be brought under perfect control by means of the single injection of protamine insulin compound daily These were the patients who showed rapidly elevated blood sugar concentrations immediately after breakfast, lasting at the

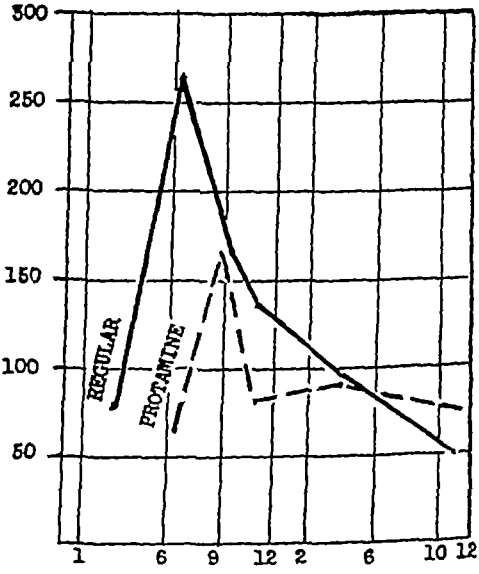
patients who had been under observation in our clinic for at least three years were chosen as the subjects for the first studies Those patients who were difficult to control and who presented a real problem in management were first given the protamine and insulin This was done in order to subject the new agent to as severe a test as possible After a period of stabilization with regular insulin and a weighed diet, the twenty-four hour blood sugar cycle was determined Bloods were drawn by capillary puncture at 6 30, 9, 11 A M , 4 and 11 P M The meals were served at 7 30 and 11 30 A M , and 4 30 P M The blood sugar concentrations were determined by the micro method of Schaffer and Hartman Protamine insulin was then administered In the first few cases the procedure as advocated by Hagedorn and followed by Root was used, namely, a morning dose of regular insulin and a mid-afternoon dose of protamine insulin In subsequent cases, following a personal communication by Wilder, the single morning dose method was used When the glycosuria had been controlled, another twenty-four hour blood sugar cycle was determined

In all respects our results confirmed those of the Danish, Boston, and Mayo Clinic investigators The maximum activity of the drug was noted on the third to the fifth day after the onset of its administration The most striking effect was the leveling of the fluctuations in the blood sugar concentration variations J Z (Chart I) had blood sugar variation from 40 to 350 mgs daily After protamine therapy had been stabilized, the blood sugar varied from 80 to 135, well within the normal limits

The technic of administration and the gauging of the dosage is different from that employed in the use of the regular insulin These patients have been observed in the outpatient department now for several months Many facts were learned concerning the common errors made in its administration Patients must be instructed carefully in the technic of the withdrawal of the insulin from the bottle Since this admixture contains a slight excess of the protamine which exerts its protein-like action on the surface tension, frothing of the liquid occurs very easily Hence when the usual technic of forcing air into the vial is followed and the air forced up through the protamine suspension, considerable frothing occurs This has two disadvantages *first,* an uneven redistribution of the suspension, and *second,* a waste owing to the inability of utilizing almost ½ c c in each bottle It becomes quite important to instruct the patients to put the air in first, with the vial in the upright position, and then turn the bottle over and withdraw the required amount

The time and technic of withdrawal is also important Many patients slowly withdraw the plunger to the mark This allows at times for a visible settling of the

CHART I



suspension Consequently, the first few times a bottle is used more insulin than is calculated is withdrawn This can easily be checked by asking the patient to bring in their partially used vials at their regular visits When a group of several vials are examined side by side, the difference in density of the turbidity can easily be seen The instructions must be explicit on the resuspension of the precipitate each time immediately before the vial is used Many patients will agitate the bottle carefully and get a uniform suspension Then they set it aside and prepare the syringe, and without further shaking, withdraw the insulin This is not proper technic and leads at times to severe insulin reactions After the initial stabilization period, prac-

tically all shocks could be traced to improper handling of the insulin by both patients and nurses

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most for about one hour The delayed action of the protamine insulin does not allow for the control of this short period Up to the time of the writing of this report, this type of reaction has been handled by the supplementary injection of the old insulin at the same time, but in doses no larger than five to ten units The supplementary dose has been given with a separate syringe in a different part of the body These patients therefore required two injections daily The advantage remains, however, that the injections are both given early in the morning, while the patient is still at home and has all required facilities This frees him for the rest of the day from any bother Patients express their opinion that they prefer the new insulin because of their freedom during working hours

One patient was found to be allergic to protamine and insulin However this patient was also sensitive to crystalline insulin as well as all brands of commercial insulin available No fat atrophy has been observed The regular insulin syringe has to be discarded in many cases because the single dose technic may require up to 100 units at a time

One of the aims of this new therapy is simplification in administration, the required preliminary hospitalization period defeated its own purpose Consequently, we attempted to change from the standard insulin to the protamine in ambulatory patients This is quite feasible in a limited group In the markedly brittle cases the transition is too dangerous to be carried out unless the patient will submit to a short period of hospitalization T F (Case 8) illustrates this point She required four injections a day of the standard insulin (40–20–20–15, the latter being a midnight dosage) Protamine insulin therapy was introduced starting with a preliminary dosage of one-half the amount of the required standard insulin This was gradually increased to seventy-five units, thirty minutes before breakfast daily At present the patient's urine shows no glycosuria and she is having no periods of hypoglycemia During the transition period, however, the patient had a severe reaction while riding in the subway, lost complete consciousness, and awoke to find herself in a strange hospital in another borough Fortunately, no serious damage was done, but potentially this presents a menace

The ambulatory introduction to the therapy is now limited to the milder cases where it is a question of convenience to take only one injection daily

There is no doubt that protamine and insulin therapy, properly stabilized, represents a distinct advance in the treatment of the diabetic patient The juvenile and adolescent diabetics until recently presented a pathetic problem These unfortunate children were practically social outcasts because of the fact that they were known to take injections many times daily, and because of their dietary restrictions The psychological relief at not having to carry syringes, needles, alcohol, cotton, and insulin to school for their midday and afternoon injections is tremendous. The patient who worked and who had no facilities for his midday injections frequently neglected it with detrimental effects upon the control of his diabetes With protamine and the single dose administration, these daily handicaps have vanished Hypoglycemic reactions have not been entirely eliminated by the use of protamine and insulin, especially during the transition period The most common time of the day for the occurrence of these reactions is during the early morning hours while the patient is sleeping The reason for this is quite obvious as this is the time of the day the furthest removed from the previous meal and, as pointed out previously, the protamine and insulin activity is practically uniform throughout the twenty-four hour period During the transition period the patient and the patient's relatives or nurses must be thoroughly instructed in the care of the patient and in the signs and symptoms to be watched for at these hours Happily, once the readjustment has been completed, these reactions are rare and never very severe In the adolescent and adult patient the introduction of a small meal at bedtime frequently prevents this reaction This fourth meal is no hardship, as generally the social conventions make it more of a hardship to refrain from a late evening supper, and the ultimate aim of any therapy in a disease such as diabetes mellitus is to allow the patient to live as

normal a life as is consistent with his condition An effort is made to keep the insulin administration as constant as possible, and to vary the type and total amount of the daily distribution of the carbohydrates for each individual patient according to his reactions

Another caution which must be given to those patients using protamine and insulin is the danger of hypoglycemic reactions following unusual exercise This is illustrated by a patient whose habits ordinarily were sedentary, but who ran two blocks for a street car one morning and precipitated an acute hypoglycemic reaction

It is important, therefore, that the patient carry with him some form of carbohydrate to be taken immediately before or after exercise periods One of the adolescent diabetics who engaged in the sport of basketball has learned to drink one-half glass of orange juice before the game in which she plays Regularity in the hours of meals does not have to be as rigidly adhered to with protamine as with standard insulin It is preferable to space the time between the meals as far as possible The ordinary hospital routine calls for breakfast at 7 30 A M , with luncheon four hours later, and the evening meal five hours after that, leaving a free interval of approximately fourteen hours without food This is not conducive to the best insulin therapy especially with protamine If there is any tendency towards early morning hypoglycemia, the evening meal should be taken as late as possible

The incidence of ketosis has been markedly decreased in the group of patients receiving protamine and insulin therapy With the use of the old, rapidly acting insulin it was not uncommon to see the patient undergo periods of intense glycosuria associated with mild to severe ketosis The causes for these periods of glycosuria are still unknown They do occur at times with protamine therapy, the difference being that the return to the normal control with protamine insulin takes place spontaneously without alteration of the insulin dosage One also does not see the rapid changes in the tolerance which followed the hyperglycemia, and, as stated above, the urines rarely show evidences of the ketone bodies even, as has been observed, when the glycosuria is present to ten per cent

The advantages of the protamine and insulin therapy then become quite apparent. The chief one is in the reduction of the total number of injections required daily It can be seen on the protocols, even though the control of the glycosuria is not always perfect, with this new insulin it is always equal to and generally better than that obtained with the multiple dose method of the old insulin There is in addition the advantage of avoiding the preparation of syringes and needles more than once a day In several of the cases cited the control of the blood sugar as well as the glycosuria has been perfect with the protamine therapy With these patients, such control was never achieved with the standard insulin Another advantage is the decrease in the number of hypoglycemic reactions Rarely does one experience severe reactions after the initial transitional stage There is no adequate explanation to be offered for the sense of well-being which these patients experience

During the past year a number of the patients who have been using the protamine and insulin compound as well as the protamine, insulin and zinc compound have had intercurrent infections The effects on the carbohydrate tolerance of these diabetic patients is very much the same as those observed in the past when the standard insulin was used It was found that protamine insulin therapy should be continued throughout the acute episode with the addition of small doses of regular insulin according to the degree of glycosuria and hypoglycemia This means that those patients who normally received a single dose of protamine and insulin before breakfast were given supplementary doses of from five to ten units of regular insulin before each of their meals during the time that the tolerance was depressed It is important to note that ketosis was conspicuously absent in the acute episodes even at its onset in those patients using the slow-acting insulin This is in decided contrast with our past experience with ketosis which was almost always present at least during the

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One of the aims of this new therapy is simplification in administration, the required preliminary hospitalization period defeated its own purpose Consequently, we attempted to change from the standard insulin to the protamine in ambulatory patients This is quite feasible in a limited group In the markedly brittle cases the transition is too dangerous to be carried out unless the patient will submit to a short period of hospitalization T F (Case 8) illustrates this point She required four injections a day of the standard insulin (40–20–20–15, the latter being a midnight dosage) Protamine insulin therapy was introduced starting with a preliminary dosage of one-half the amount of the required standard insulin This was gradually increased to seventy-five units, thirty minutes before breakfast daily At present the patient's urine shows no glycosuria and she is having no periods of hypoglycemia During the transition period, however, the patient had a severe reaction while riding in the subway, lost complete consciousness, and awoke to find herself in a strange hospital in another borough Fortunately, no serious damage was done, but potentially this presents a menace

The ambulatory introduction to the therapy is now limited to the milder cases where it is a question of convenience to take only one injection daily

There is no doubt that protamine and insulin therapy, properly stabilized, represents a distinct advance in the treatment of the diabetic patient The juvenile and adolescent diabetics until recently presented a pathetic problem These unfortunate children were practically social outcasts because of the fact that they were known to take injections many times daily, and because of their dietary restrictions The psychological relief at not having to carry syringes, needles, alcohol, cotton, and insulin to school for their midday and afternoon injections is tremendous. The patient who worked and who had no facilities for his midday injections frequently neglected it with detrimental effects upon the control of his diabetes With protamine and the single dose administration, these daily handicaps have vanished Hypoglycemic reactions have not been entirely eliminated by the use of protamine and insulin, especially during the transition period The most common time of the day for the occurrence of these reactions is during the early morning hours while the patient is sleeping The reason for this is quite obvious as this is the time of the day the furthest removed from the previous meal and, as pointed out previously, the protamine and insulin activity is practically uniform throughout the twenty-four hour period During the transition period the patient and the patient's relatives or nurses must be thoroughly instructed in the care of the patient and in the signs and symptoms to be watched for at these hours Happily, once the readjustment has been completed, these reactions are rare and never very severe In the adolescent and adult patient the introduction of a small meal at bedtime frequently prevents this reaction This fourth meal is no hardship, as generally the social conventions make it more of a hardship to refrain from a late evening supper, and the ultimate aim of any therapy in a disease such as diabetes mellitus is to allow the patient to live as

Now taking sixty-five units of protamine once daily Glycosuria well-controlled No reactions Diet 125–60–60 divided ⅓,⅓,⅓ *Note* During transition period from regular insulin to protamine insulin the patient suffered severe hypoglycemic reaction in subway when she was late getting home for lunch However, has had none since

CASE 9 M T, male, age fourteen Diabetes about five years duration Very difficult to control Frequent episodes of hypoglycemia and transient ketosis Glycosuria at times intense. Previous insulin sixty units daily divided in three doses Now taking protamine fifty-five units once daily before breakfast with ten units of regular insulin Control of glycosuria while somewhat better than with regular insulin is still not good Diet of 175–90–100 divided ⅜,⅜,⅜

CASE 10 A M, male, age thirty-three. Diabetes of eleven years duration. Diabetes has become progressively more severe over a period of time. Whereas patient was controlled easily with no insulin at first, for the past several years he has been requiring increasing dosages of insulin without adequate control of the glycosuria. Previous to protamine therapy required seventy units of regular insulin daily divided into two doses Now controlled on fifty units of protamine, once daily before breakfast with ten units of regular insulin

CASE 11 G S, male, age fifteen Diabetes of five years duration Control never adequate with regular insulin given in three doses daily totaling from fifty to sixty units Now taking twenty-five units of protamine once daily before breakfast with excellent control of glycosuria Diet of 150–80–60 Normal division of the diet

CASE 12 S K, female, age thirty-three Diabetes one year's duration Admitted to hospital with carbuncle and general sepsis, at which time she required approximately 100 units of regular insulin daily given in hourly and two hourly doses Protamine insulin was introduced at the height of the septic period, and it was found that the protamine insulin supplemented with one dose of water soluble insulin would replace effectively the multiple dose system in effect up to the time. The control of glycosuria with the protamine was excellent whereas the frequent small doses of water soluble insulin gave only fair control Patient now taking thirty-five units of protamine once daily with excellent control of glycosuria Diet of 150–70–60 with normal division No hypoglycemic episodes No ketosis

CASE 13 P L, female, age fifty-three Diabetes of seven years duration Always very difficult to control on regular insulin, requiring from two to four injections daily totaling sixty units Now receiving forty units of protamine daily Control of glycosuria is only fair Patient maintaining fractional percents of sugar in the urine in contrast to the glycosurias of one and two percent on the regular dose of insulin Diet 120–60–80

CASE 14 K. S, female, age thirty-seven Diabetes eleven years duration Always very difficult to control requiring three and four injections of regular insulin daily totaling from seventy-five to one hundred units Control of glycosuria was very poor Frequent episodes of mild ketosis and severe nocturnal hypoglycemia Patient now receiving eighty units of protamine once daily Control of glycosuria excellent most of the time, with occasional exceptions when patient goes on a dietetic spree There have been no hypoglycemic episodes for several months on protamine therapy Diet of 120–60–80, ⅜,⅜,⅜

CASE 15 A J, female, age thirty-seven Duration of diabetes twelve years Control of diabetes has been exceedingly difficult because of frequent hypoglycemic episodes as well as intense glycosuria, even in hospital on weighed diet regime Previous insulin therapy of three and four injections totaling ninety-five units Now taking seventy units of protamine and ten of regular insulin once daily before breakfast Has frequent hypoglycemic reactions in the early morning hours Control of glycosuria has been difficult, but with division of diet to ⅓,⅜,⅜ fractional urine specimens show only nocturnal glycosurias with the complete disappearance of the nocturnal hypoglycemia Diet of 120–60–100

CASE 16 J S, male, age twenty-six Duration of diabetes five years Difficult to control on regular insulin with three injections daily totaling eighty units Now taking eighty units of protamine before breakfast Control of glycosuria is excellent Hypoglycemic episodes have disappeared completely Diet of 140–60–100, divided ⅓,⅓,⅓

CASE 17 J Z, female, age twenty-one. Duration of diabetes ten years Control very difficult with three injections daily totaling 120 units Now taking sixty units of protamine once daily with perfect control of glycosuria Diet of 150–60–60 No episodes of hypoglycemia nor ketosis with protamine insulin therapy in contrast to that with the regular insulin

CASE 18 B B, female, age twenty-three Duration of diabetes twelve years Control of diabetes difficult with ninety units

very early stage of the intercurrent infection

The use of protamine insulin zinc compound in the management of the postoperative and surgical diabetic patients represents a distinct advance In the past it has been the custom on this service to use the multiple insulin injection method coupled with multiple feeding schedules in those postoperative patients whose diabetes was difficult to control In a few cases which we have observed, a single dose of protamine and insulin compound in the morning has served to control glycosuria when the multiple feeding schedule was maintained This is of particular value in those postoperative cases where the oral ingestion is limited to small amounts of fluids taken at frequent intervals The protocols given herein represent the series of patients who have been under observation for a period of six months or more We have in addition an equal number of patients who have been under observation for shorter periods of time It was thought that this report should be limited to those patients who have been subjected to observation long enough to evaluate the therapy

Protocols

Case 1 E M, female, age twenty-three Diabetes of seven years duration Required insulin *25–5–20* Frequent episodes of mild ketosis Glycosuria fairly well-controlled Acute middle ear infection August *1936* following which protamine therapy was started Seven months later taking thirty-five units protamine injected single dose before breakfast. Sugar free in all specimens No reactions No additional insulin Diet of 120–60–100, divided ⅓,⅓,⅓ *Comment* Patient doing well on protamine

Case 2 I L, male, aged twenty-nine Diabetes ten years duration Always difficult to control Frequent episodes of nocturnal hypoglycemia Glycosuria never adequately controlled Received regular insulin in divided doses from two to four injections daily, totaling up to ninety units daily Now receiving fifty units of protamine and ten regular before breakfast. Diet 150–80–120, divided ⅜,⅜,⅜ Complete disappearance of hypoglycemic episodes Glycosuria adequately controlled except when patient goes on a spree It is to be noted that even with the diet indiscretions that the severe fluctuations in the glycosuria do not occur

Case 3 G G, female, age twenty-two First patient to receive insulin at Mt. Sinai Hospital Diabetes of fourteen years duration Previous insulin dosage of sixty units daily, divided in two and at times, three injections Now receiving sixty units of protamine once daily before breakfast. Excellent control of glycosuria No hypoglycemic episodes Slow but constant gain in weight since the introduction of protamine Diet 125–70–60, divided ⅓,⅓,⅓

Case 4 K R, female, age thirty-five. This patient particularly difficult diabetic to control at all times Duration of diabetes, ten years Frequent episodes of hypoglycemia Almost constant glycosuria which necessitated several hospital admissions for control Previous insulin was 20–10–10, but glycosuria was never controlled Now receiving one injection daily thirty-five units of protamine Inconstant fractional glycosuria No hypoglycemic episodes No ketosis Diet 120–60–100 ⅜,⅛,⅜

Case 5 J B, female, age nineteen Duration of diabetes five years Previous insulin eighty units daily divided into three doses Frequent episodes of hypoglycemia and intense glycosuria Now receiving fifty-five units of protamine once daily before breakfast Entirely sugar free No reactions No ketosis Diet 150–80–80 divided ⅓,⅓,⅓

Case 6 G K, female, age sixteen Previous insulin thirty units daily divided in two doses Admitted to the hospital in ketosis at which time she required over 100 units daily Shifted to protamine Now takes sixty-five units once daily before breakfast Control of glycosuria is excellent Diet of 145–65–110, divided ⅓,⅓,⅓ Occasional very mild late evening hypoglycemia

Case 7 P G, female, age eighteen. Diabetes eight years duration Always difficult to control Has never been sugar free since onset of diabetes Required four doses daily of regular insulin totaling fifty-five units Repeated episodes of mild and severe ketosis Now taking sixty units protamine once daily before breakfast. Glycosuria adequately controlled Diet of 130–60–50, ⅓,⅓,⅓ One severe reaction when patient refused to eat supper and breakfast consecutively

Case 8 T F, female, age forty-four Diabetes three years duration Previous insulin four injections daily totaling ninety units Glycosuria never controlled Frequent episodes of hypoglycemic reactions

ASTHMA AND TUBERCULOSIS

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Our interest in the relationship between asthma and tuberculosis was stimulated by observation of the following case

C R., aged forty-five, was admitted to the Syracuse Memorial Hospital April 7, 1936 He had two children both of whom had asthma, and a wife who was well His mother and two maternal uncles also had had asthma. At the age of nine months, following an attack of bronchopneumonia, he began to have asthma and has been partially incapacitated ever since He never could attend school regularly or hold a steady job He has changed occupations often and has worked as a farmer, taxi driver, and automobile factory hand. Asthma came at any time of the year but was aggravated by cold and dampness or by changes in weather Epinephrin injections caused severe reactions, and ephedrine also produced symptoms There were frequent attacks of bronchitis with fever associated with or following asthmatic attacks In 1928 he was skin tested and given injections of an autogenous vaccine which seemed to make him worse. In 1930 he visited the outpatient department of the Onondaga Tuberculosis Sanitarium Coarse rales were heard in the chest. Two sputums were negative for tubercle bacilli X-ray of the chest showed general increase of lung markings—no evidence of tuberculosis In November and December 1933 he made four visits to the Allergy Clinic of the Syracuse Free Dispensary Intradermal skin tests gave positive reactions to house dust, feathers, cow dander, flaxseed, sheep dander, wheat, chicken, and rye Of late he has gone downhill fairly rapidly, lost weight, and his cheeks have become sunken The asthmatic paroxysms are best relieved by morphine, but the dose has had to be increased to gr 2/3 The effect would not be dramatic but he would get gradual relief from his terrific efforts to breathe and would become relaxed.

Admission examination Temperature 103°, pulse 120, respiration twenty-eight Tall man with hollow cheeks and anxious expression, slight cyanosis and marked asthmatic breathing, looks older than stated age (45) Teeth in poor condition Blood pressure 150/90, heart tones are distant Emphysematous type of chest with depression of lower lateral walls Wheezing rales throughout with occasional moist rales Radial arteries firm Abdomen negative.

April 8 Reds 5,400,000, Hb 100 per cent, whites 6,700, polys eighty per cent, monos twenty per cent, reds appear normal

April 11 Whites 11,300, polys eighty-eight per cent, monos eleven per cent, basophiles one per cent. Fifty per cent of the polys are nonfilamented Urine negative

Chest x-ray Diffuse coarse mottling extending practically from apices to bases, tending to blot out normal lung markings Root shadows heavy on both sides, extending along the larger bronchial trees The reaction has the appearance of nodulation. Pneumoconiosis should be considered. Doubtful if reaction is tuberculous There is unquestionably chronic bronchitis and possibly bronchiectasis Diagnosis deferred.

The patient ran an irregular fever with rapid pulse, labored respirations, and dyspnea He required frequent injections of morphine gr 1/4 for relief He became irrational and would not tolerate an oxygen tent or mask Ether and oil per rectum were unavailing Because of a history of epinepehrin sensitivity a small dose (1 c.c) was administered Succeeding doses were gradually increased by 1 c.c. until a maximum of 9 c.c. was reached No unfavorable effects appeared, but he experienced little relief Marked sweating supervened, the cyanosis increased and he died April 12 (five days after hospital admission)

AUTOPSY BY DR. T C WYATT

External examination Body is that of a fairly well-developed, rather poorly nourished adult male There is a rather marked deformity of the chest with increase in the anteroposterior diameter and a definite fullness of the left side which also shows a Harrison's groove.

Pleural cavities Scattered over the pleural surfaces, particularly of the upper lobes, are several pinhead-sized grayish nodules which in places show definite grouping These are also present over the lower portions of the lungs but in fewer numbers and tending to be single.

Mediastinum Without evident lesion.

Pericardial cavity Without evident lesion

Heart Weight 435 grams Without evident lesion

Lungs Weight of left lung 757 grams, right, 825 grams Scattered throughout the lungs are

daily divided in three doses At present taking sixty-five of protamine once daily before breakfast with absolute control of glycosuria Diet of 130–70–80 No hypoglycemia No ketosis

CASE 19 D S, female, age seventeen Diabetes three years duration Poorly controlled with 104 units daily divided in three doses Perfect control on seventy-five units of protamine once daily before breakfast. Diet of 120–60–100 No reactions No glycosuria

20 E. 76 St
125 E. 72 St

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PRIZE AWARD

The rules governing the award of "The Foundation Prize" of the American Association of Obstetricians, Gynecologists and Abdominal Surgeons are as follows

(1) The award which shall be known as "The Foundation Prize" shall consist of $500

(2) Eligible contestants shall include only (a) interns residents, or graduate students in Obstetrics, Gynecology or Abdominal Surgery, and (b) physicians (with an M D degree) who are actively practicing or teaching Obstetrics, Gynecology or Abdominal Surgery"

(3) Manuscripts must be presented under a nom-de-plume, which shall in no way indicate the author's identity, to the Secretary of the Association together with a sealed envelope bearing the nom-de-plume and containing a card showing the name and address of the contestant.

(4) Manuscripts must be limited to 5000 words, and must be typewritten in double-spacing on one side of the sheet. Ample margins should be provided Illustrations should be limited to such as are required for a clear exposition of the thesis

(5) The successful thesis shall become the property of the Association, but this provision shall in no way interfere with publication of the communication in the Journal of the Author's choice Unsuccessful contributions will be returned promptly to their authors

(6) All manuscripts entered in a given year must be in the hands of the Secretary before June 1

(7) The award will be made at the Annual Meetings of the Association, at which time the successful contestant must appear in person to present his contribution as a part of the regular scientific program, in conformity with the rules of the Association The successful contestant must meet all expenses incident to this presentation.

(8) The President of the Association shall annually appoint a Committee on Award, which under its own regulations shall determine the successful contestant and shall inform the Secretary of his name and address at least two weeks before the annual meeting

—JAS R. BLOSS, M D *Secretary*
418 Eleventh Street, Huntington, W Va

ELEVEN AGES OF MAN

First—Milk
Second—Milk and Bread
Third—Milk, bread and spinach
Fourth—Oatmeal, bread and butter
Fifth—Ice cream soda and hot dogs
Sixth—Minute steak, fried potatoes, coffee and apple pie
Seventh—Bouillion, roast duck, escalloped potatoes, creamed broccoli, fruit salad, divinity fudge, demi-tasse
Eighth—Pate-de-foie-gras, weiner-schnitzel, potatoes, Parisian egg plant, a-Yopers, demi-tasse and Roquefort cheese
Ninth—Two soft poached eggs, toast and milk
Tenth—Crackers and milk
Eleventh—Milk

—*Journal of the Michigan State Med Soc*

1000 patients with tuberculosis [illegible] had asthma. In discussing the [illegible] suggested that tuberculosis [illegible] effects in asthma that tuberculosis [illegible] an allergic role in the production [illegible] asthma.

[illegible] emphasizes the [illegible] developing tuberculosis in the lungs [illegible] tuberculosis and emphysema and chronic [illegible] He stresses the slow [illegible] tuberculosis rate in uncomplicated asthma [illegible] and recommends sputum examinations [illegible] every [illegible] asthma patients showing an [illegible] increased sedimentation time.

[illegible] and Heald examined the [illegible] records of 1,000 cases of asthma and [illegible] found in which there was evidence [illegible] pulmonary tuberculosis. Eighteen of [illegible] these cases attended the Clinic with [illegible] a disease said to be careful studied [illegible] All of these were positive skin reactors [illegible] and presented one of their asthma to [illegible] sensitization to the offending protein. The [illegible] remaining cases who were skin negative, [illegible] showed chronic respiratory infections, [illegible] but no signs and could be classified [illegible] as tuberculous asthma. There was no [illegible] evidence to show that tuberculosis played a [illegible] role in the development of asthma.

[illegible] the main subjects and comparing in- [illegible] terpretations of the study of asthma and [illegible] [illegible] with an extensive review of [illegible] [illegible] is presented by Brayton [illegible] [illegible] [illegible] the existing facts on the [illegible] [illegible] [illegible] findings and tu- [illegible] [illegible] reactions. He comments on the [illegible] [illegible] of dealing with asthma the [illegible] [illegible] [illegible] of the chronic phase [illegible]

[illegible] studies gathered from various [illegible] [illegible] show that the presence of [illegible] [illegible] and asthma in the same [illegible] [illegible] less than one in a [illegible] [illegible] [illegible] the incidence of allergic [illegible] [illegible] [illegible] the figures [illegible] [illegible] [illegible] case in [illegible] [illegible] asthma. When [illegible] [illegible] [illegible] cases of [illegible] [illegible] [illegible]

fairly numerous pinhead-sized grayish nodules which in the upper lobes and to a lesser extent in the lower lobes tend to be somewhat grouped to form sizable areas of grayish solidity These areas tend to measure one to two cm in diameter There is no cavity formation and no apparent caseation or calcification The dependent and lower portions of the lungs between the above described areas tend to be uniformly rather firm and dark red in color A rather large amount of grayish frothy fluid and reddish fluid can be expressed from the cut surfaces

Liver Weight 2075 grams Scattered over the surface of the liver are a few rather indistinct pin-point grayish lesions Liver on section is not remarkable

Anatomical diagnosis Areas of tuberculous pneumonia in lungs acute hypostatic pneumonia, a few possible miliary tubercles in liver and kidneys, congestion of brain, deformity of chest, and left inguinal hernia.

MICROSCOPIC DESCRIPTION

Lungs In some of the sections there are rather large areas in which the normal lung structure is replaced almost entirely by conglomerate tubercles in connection with which there is more or less central necrosis and hyalinization, as well as peripheral fibrosis Here and there a surviving air space is found, these tend to be lined with cuboidal epithelium of uniform size and shape and arranged in a single layer In certain sections of lung only an occasional miliary tubercle is seen

Sections of the *large bronchi* show no striking variation from the normal except for a few scattered lymphoid and plasma cells in the submucous layer There are no definite changes in the epithelium and no evidence of an unusual number of eosinophiles

The *smaller bronchi* which are imbedded among alveoli tend to show a definite acute inflammatory process Lumina are filled with an exudate which consists almost entirely of polymorphonuclear leukocytes The epithelium and subepithelial connective tissue show varying degrees of necrosis In places the epithelium is entirely missing In some areas the muscle of the bronchial wall has undergone partial necrosis

Bronchial lymph nodes show a few miliary tubercles

Spleen, liver, kidneys, brain, and meninges show no tubercles

This case, therefore, presents acute tuberculosis in a patient who had suffered with asthma for nearly his entire life of forty-five years In spite of this long history a careful study of the microscopic sections fails to reveal the usual changes noted in bronchial asthma

A wide divergence of opinion exists as to the relationship of asthma and tuberculosis On one hand the conception has been held, particularly abroad, that the two conditions are mutually exclusive and that an asthmatic patient rarely if ever becomes tuberculous Contrariwise, a larger number of Continental writers, particularly in France and Germany, are confident that tuberculosis is a common or even the usual cause of asthma Here in America a median view appears to hold sway, asthma and tuberculosis are believed to be occasionally associated by fortuitous occurrence, not by etiological relationship

Trasoff[1] quotes Duke[2] to the effect that "patients with allergy have a relative immunity to chronic infections as syphilis and tuberculosis, and that in them the disease runs a remarkably favorable course"

Amsler,[3] however, is greatly opposed to the idea that asthma protects against tuberculosis He cites case histories which demonstrate the development of pulmonary tuberculosis in patients who had suffered for years with bronchial asthma Asthmatic patients become so accustomed to coughing and raising that pulmonary tuberculosis may get well under way before it gains recognition Amsler further believes that asthma is usually the sequel of an unrecognized pulmonary tuberculosis

Jacquelin, Turiaf, and Badouin[4] report statistics of 200 cases of asthma, of which twenty-three per cent showed evidence of tuberculosis They refer to what they call the classical conception of Bezancon and de Jong[5] that tuberculosis of the lungs has a local irritant action on the respiratory passages which, in individuals with a suitable hereditary diathesis, causes the development of bronchial asthma For therapy they advise the intravenous administration of gold and sodium chloride dissolved in ten per cent calcium gluconate solution They believe that in certain tuberculous patients the intensity of the asthma depends upon faulty hygiene brought about by suralimentation (abuse of eggs and fats, especially cod-liver oil), forced inactivity, and lack of exercise

Girbal[6] separates asthma caused by a tuberculous infection from asthma developing in the course of pulmonary tuberculosis In the former case asthma is produced by a latent tuberculosis The patients are asthenic, thin and pale, with slender chests, dilated subclavicular veins, slight tachycardia, hypotension, and slight elevations of temperature He presents

DISTRIBUTION OF TYPES OF PNEUMOCOCCI

In Specimens from Normal Individuals and from Patients Having Pneumonia

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The purpose of this study was to obtain information concerning the distribution of types of pneumococci in the throats of normal individuals and in the sputum of patients having pneumonia, in order to evaluate the significance of types other than I, II, and III

It has been known for many years that pneumococci are present in the throats of a large percentage of normal individuals This fact was given added significance by the work of Dochez and Gillespie[1] on the classification of pneumococci, published in 1913 Epidemiological studies of lobar pneumonia by Stillman,[2 3] Rosenau, Felton, and Atwater,[4] and Powell, Atwater, and Felton[5] have demonstrated that almost every individual is a carrier of pneumococci at some time during the course of a year The carrier rate has been shown to be from forty to nearly one hundred per cent, depending upon seasonal variations and the frequency with which the examinations were made Type I and II pneumococci are rarely found in the throats of normal persons who have not been in contact with pneumonia patients, while type III is frequently demonstrated Unclassified strains designated as group IV are present in about fifty per cent of all individuals

After Cooper and her colleagues[6 7] demonstrated that group IV could be divided into a large number of types, the need for information in regard to the incidence and distribution of these types became apparent.[8 18] Most authors, while differing as to the relative frequency with which types IV to XXXII occur in cases of pneumonia, agree, in general, that many of them are present in sufficient numbers to be of significance

In our investigation, specimens were collected from members of the laboratory staff who were not ill A brief history with particular reference to colds, pneumonia, sinusitis, and tonsillitis was obtained Inquiry was also made concerning contact with known cases of pneumonia Physical examination was limited to the nasopharynx, special attention being given to the condition of the mucosa and tonsils Swabbings were obtained from the nasopharynx and from both tonsils

Blood-agar plates were inoculated from the material collected on the swabs The swabs were then placed in Avery's broth and incubated for from four to seven hours at 35-37°C After the red blood corpuscles were removed, the cultures were centrifugalized Mice were inoculated with some of the sediment and the remainder was examined by the Neufeld method Peritoneal exudates from the mice dying spontaneously, as well as from those chloroformed after forty-eight hours, were also examined for types of pneumococci Cultures were prepared from the peritoneal exudates and from the heart's blood of all the mice The cultures were studied for colonial characteristics and bile solubility and were typed by the Neufeld technic. Strains which proved to be atypical or were nonvirulent for mice are still under investigation

Of 100 individuals studied, seventy-three were found to harbor pneumococci in their throats—thirty-two a single type and forty-one two or more One hundred and thirty-two strains were present, but only eighty-four could be classified and of the latter, fifty-two were isolated In fifteen instances, a *Quellungsreaktion* was obtained in pooled sera, but the pneumococci were present in such small numbers that identification was not attempted Thirty-three cultures which were bile soluble could not be classified Five of them were mucoid strains, apparently belonging to a single type, which could not be identified with the sera available The types that predominated were III, VIII, and XXI The pathogenicity for mice of strains of the two former types may have a bearing on the frequency with which

Read at the meeting of the New York State Association of Public Health Laboratories, Binghamton, May 10, 1937

case of asthma occurring during the course of pulmonary tuberculosis, the latter plays a nonspecific role, similar to influenza, pneumonia, etc which produces the necessary tissue damage for sensitization and asthma to appear Since asthmatic symptoms occur in less than one per cent of tuberculous cases he considers the tubercle bacillus *per se* a poor sensitizing agent He quotes the suggestion of Malone[14 15] that secondary bacterial invaders may be the source of the sensitizing proteins Usually, however, Bray has found the common inhalants to be the offenders When these were eliminated and desensitization instituted, the asthma was usually relieved

An examination of the records of the Allergy Clinic, which was opened at the Syracuse Free Dispensary four years ago, showed eighty-six patients with asthma who had an x-ray examination of the chest By careful examination and reexamination of the films it was found that thirteen patients or 15 1 per cent presented evidence of past or present tuberculosis Most of them would have been missed without an x-ray study At the Onondaga (Tuberculosis) Sanitarium, just outside of Syracuse, among the last 3,712 patients discharged from the hospital, twenty-two cases of asthma were recorded

Discussion

The recognition of pulmonary tuberculosis occurring in the course of bronchial asthma is often difficult, many cases are missed Chest roentgenograms and sputum examinations are usually essential An estimation of the sedimentation rate may be helpful

No convincing evidence has been brought forward to prove that tuberculosis is an important or frequent cause of asthma Although tuberculous changes, usually inactive, are not infrequently found in the lungs of asthmatic patients we have little reason to believe that an etiological relationship exists Infectious asthma caused by bacterial allergy resulting from chronic respiratory infections—usually with pyogenic organisms—is admitted by most allergists It might therefore be reasoned that the great chronic respiratory infection—tuberculosis—could likewise produce the type of tissue sensitization which can result in bronchial asthma This may still be shown to be true, for the final word on this subject has not been spoken, but the evidence assembled to date makes us feel that we cannot consider tuberculosis an important factor in bronchial asthma

608 E. Genesee St
615 W Onondaga St

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DOCTORS REVOLT AT 'GIN MARRIAGES'

The Medical Society of Lake County, Indiana, has unanimously voted a resolution calling on the state authorities for legislation to halt the "gin marriages" that are making the county notorious Lake County, it seems, adjoins Cook County, Illinois, where Chicago is located, and where a medical examination is required for a marriage license.

To dodge this, there is a huge hegira of careless couples across the border into Lake County to assume the so-called holy bonds of matrimony, many of them so befuddled with drink that they do not know what they are about, as they testify later in the divorce court. The *Journal* of the Indiana State Medical Society says that the various clerks and factotums who "solemnize" the marriages have turned the business into a racket, charging and pocketing all kinds of extra and irregular fees

DISTRIBUTION OF TYPES OF PNEUMOCOCCI

In Specimens from Normal Individuals and from Patients Having Pneumonia

JOSEPH SCHLEIFSTEIN, M D, *Albany*
From the Division of Laboratories and Research, New York State Department of Health

The purpose of this study was to obtain information concerning the distribution of types of pneumococci in the throats of normal individuals and in the sputum of patients having pneumonia, in order to evaluate the significance of types other than I, II, and III

It has been known for many years that pneumococci are present in the throats of a large percentage of normal individuals This fact was given added significance by the work of Dochez and Gillespie[1] on the classification of pneumococci, published in 1913 Epidemiological studies of lobar pneumonia by Stillman,[2 3] Rosenau, Felton, and Atwater,[4] and Powell, Atwater, and Felton[5] have demonstrated that almost every individual is a carrier of pneumococci at some time during the course of a year The carrier rate has been shown to be from forty to nearly one hundred per cent, depending upon seasonal variations and the frequency with which the examinations were made Type I and II pneumococci are rarely found in the throats of normal persons who have not been in contact with pneumonia patients, while type III is frequently demonstrated Unclassified strains designated as group IV are present in about fifty per cent of all individuals

After Cooper and her colleagues[6 7] demonstrated that group IV could be divided into a large number of types, the need for information in regard to the incidence and distribution of these types became apparent.[8 18] Most authors, while differing as to the relative frequency with which types IV to XXXII occur in cases of pneumonia, agree, in general, that many of them are present in sufficient numbers to be of significance

In our investigation, specimens were collected from members of the laboratory staff who were not ill A brief history with particular reference to colds, pneumonia, sinusitis, and tonsillitis was obtained Inquiry was also made concerning contact with known cases of pneumonia Physical examination was limited to the nasopharynx, special attention being given to the condition of the mucosa and tonsils Swabbings were obtained from the nasopharynx and from both tonsils

Blood-agar plates were inoculated from the material collected on the swabs The swabs were then placed in Avery's broth and incubated for from four to seven hours at 35-37°C After the red blood corpuscles were removed, the cultures were centrifugalized Mice were inoculated with some of the sediment and the remainder was examined by the Neufeld method Peritoneal exudates from the mice dying spontaneously, as well as from those chloroformed after forty-eight hours, were also examined for types of pneumococci Cultures were prepared from the peritoneal exudates and from the heart's blood of all the mice The cultures were studied for colonial characteristics and bile solubility and were typed by the Neufeld technic Strains which proved to be atypical or were nonvirulent for mice are still under investigation

Of 100 individuals studied, seventy-three were found to harbor pneumococci in their throats—thirty-two a single type and forty-one two or more One hundred and thirty-two strains were present, but only eighty-four could be classified and of the latter, fifty-two were isolated In fifteen instances, a *Quellungsreaktion* was obtained in pooled sera, but the pneumococci were present in such small numbers that identification was not attempted Thirty-three cultures which were bile soluble could not be classified Five of them were mucoid strains, apparently belonging to a single type, which could not be identified with the sera available The types that predominated were III, VIII, and XXI The pathogenicity for mice of strains of the two former types may have a bearing on the frequency with which

Read at the meeting of the New York State Association of Public Health Laboratories, Binghamton, May 10, 1937

TABLE I—CLASSIFICATION OF STRAINS OF PNEUMOCOCCI IN SPECIMENS FROM NORMAL INDIVIDUALS AND FROM PATIENTS WITH PNEUMONIA (TYPES LISTED IN ORDER OF FREQUENCY)

Type	188 strains from 100 normal individuals		Type	277 strains from 250 patients with pneumonia	
	No	Per Cent		No	Per Cent
III	12	9 1	I	42	15 2
XXI	10	7 6	III	42	15 2
VIII	7	5 3	VIII	26	9 4
XVII	6	4 5	V	24	8 7
XXII	6	4 5	IV	17	6 1
II	4	3 0	II	14	5 1
IV	4	3 0	VII	14	5 1
VI	4	3 0	VI	10	3 6
XI	4	3 0	XV	9	3 2
VII	3	2 3	XXXI	9	3 2
XV	3	2 3	XIV	8	2 8
XVI	3	2 3	XII	7	2 4
XVIII	3	2 3	XVII	6	2 2
XXXI	3	2 3	XIX	6	2 2
XXXII	3	2 3	XXIII	5	1 8
XIII	2	1 5	XVIII	4	1 5
XX	2	1 5	XX	4	1 5
X	1	0 8	XXIX	4	1 5
XII	1	0 8	IX	3	1 1
XIX	1	0 8	X	3	1 1
XXIII	1	0 8	XXII	3	1 1
XXIX	1	0 8	XI	2	0 7
I	0	0	XXI	2	0 7
V	0	0	XXV	2	0 7
IX	0	0	XXVIII	2	0 7
XIV	0	0	XIII	1	0 4
XXIV	0	0	XVI	1	0 4
XXV	0	0	XXIV	1	0 4
XXVI	0	0	XXVI	0	0
XXVII	0	0	XXVII	0	0
XXVIII	0	0	XXX	0	0
XXX	0	0	XXXII	0	0
Unclassified	48	36 3	Unclassified	6	2 2

they were isolated While type XXI was found in ten specimens by the Neufeld method, none of the strains were isolated Four strains of type II were identified but only one was isolated Apparently the pneumococci were present in such small numbers that they were overgrown by other bacteria The only types not encountered in specimens from normal individuals were I, V, IX, XIV, XXIV, XXV, XXVII, and XXVIII It is of interest that Harris and Ingraham,[17] while studying carriers of type II pneumococci, also did not find types I, V, and XIV among the 142 individuals examined

A study was made of swabbings from both nostrils of forty of the 100 individuals and pneumococci were found in only one instance This seemed an interesting observation in view of the frequency with which these micro-organisms were present in the throat

It might be mentioned, incidentally, that during the course of the investigation, type I pneumococci were isolated from a person with a severe cold She did not have pneumonia and was able to attend to her duties Pneumococci were not found in a specimen collected after recovery from the "cold"

From September 1, 1936 to April 1, 1937, in the examination of 250 specimens of sputum submitted for pneumococcus-type differentiation, 277 strains of pneumococci were found, all but six (two per cent) of which could be classified This low percentage of unclassified strains was in marked contrast to thirty-six per cent which could not be classified in the series of strains harbored by normal persons In 231 specimens, one type was found, in nineteen, two, and in two, three Eighty per cent of the strains belonged to types I, III, VIII, V, IV, II, VII, VI, XV, XXXI, and XIV The frequency of occurrence was in the sequence shown The incidence of types I to XXII, with the exception of types VII and XIV, corresponds very closely with the findings of Bullowa and Wilcox[18] (Table I)

Summary and Conclusions

Of 100 normal individuals who had not been in contact with pneumonia patients, seventy-three per cent were found to be carriers of pneumococci and over fifty per cent harbored micro-organisms of two or more types

The incidence of the strains of the various types is compared with those found in specimens of sputum from patients with pneumonia Type I, which heads the list of incitants of pneumonia, was not found in specimens from normal persons Types V and XIV, not infrequently present in specimens from patients with pneumonia, also were not encountered in those from persons who were not ill Types III and VIII, which were present in considerable numbers in both groups, are markedly pathogenic for mice This factor may have a bearing on the number isolated

The series of specimens included in this study is small, but the findings suggest that continuation of the investigation is warranted

References

1 Dochez, A R and Gillespie, L J *J.A.M.A.*, 61 727, 1913
2 Stillman, E G *Jour Exp Med*, 24 651, 1916
3 Idem *Ibid* 26 513 1917
4 Rosenau M J Felton, L. D., and Atwater, R. M *Amer Jour Hyg* 6 463, 1926

5 Powell, J P, Atwater, R. M., and Felton, L D *Ibid* 6 570 1926
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18 Bullowa, J G M and Wilcox, Clare *Arch Int Med* 59 394, 1937

AMERICAN COLLEGE OF SURGEONS MEETING

The Great Lakes Sectional Meeting of the American College of Surgeons, including Ontario, Quebec, and the states of New York, Ohio, Michigan and Pennsylvania, will be held in Toronto, Ontario, on March 22, 23, and 24 The headquarters will be at the Royal York Hotel A most active Committee on Local Arrangements, headed by Dr W Edward Gallie, is making excellent plans for this meeting There will be an exceptionally interesting program consisting of clinics, scientific sessions, hospital conferences, medical motion pictures, and other features during the meeting A visiting group of ten or twelve outstanding surgeons will be present to participate in this program

A general outline of the program is as follows

March 22

8 00–9 00 Registration and general information for Fellows of the College, hospital representatives, and guests
9 00–12 00 Operative and non-operative clinics, surgery and the surgical specialties, local hospitals
10 00–12 30 Hospital conference.
2 00–4 30 Hospital conference
2 30–4 30 Medical motion pictures 1 General surgery 2. Eye, ear, nose and throat surgery
4 30–5 00 Annual meeting, Fellows of the College
6 30–8 00 Medical motion pictures, general surgery
8 00–10 00 Scientific meeting, general surgery
8 00–10 00 Medical motion pictures, eye, ear, nose and throat surgery
8 00–10 00 Hospital conference

March 23

8 00–9 00 Registration and general information for Fellows of the College, hospital representatives, and guests
9 00–12 00 Operative and non-operative clinics, surgery and the surgical specialties, local hospitals
10 00–12 30 Hospital conference.
1 00–2 00 Medical motion pictures, general surgery
2 00–5 00 Scientific meeting, general surgery
2 00–5 00 Scientific meeting, eye surgery
2 00–5 00 Scientific meeting, ear, nose and throat surgery
2 00–5 00 Hospital conference
6 30–8 00 Medical motion pictures, general surgery
8 00–10 00 Scientific meeting, general surgery
8 00–10 00 Scientific meeting, eye surgery
8 00–10 00 Scientific meeting, ear, nose and throat surgery
8 00–10 00 Motion pictures for hospital representatives

March 24

8 00–9 00 Registration and general information for Fellows of the College, hospital representatives, and guests
9 00–12 00 Fracture clinic
9 00–12 00 Operative clinics, eye, ear, nose and throat surgery
10 00–12 30 Hospital conference
2 00–5 00 Scientific meeting (panel round table conference, eye surgery)
2 00–5 00 Scientific meeting (panel round table conference), ear, nose and throat surgery
2 00–5 00 Cancer clinic
2 00–5 00 Hospital conference
8 00–10 00 Medical motion pictures, general surgery
8 00–10 00 Community health meeting

This meeting will be of interest not only to Fellows of the College but to the medical profession at large, as well as to hospital trustees, superintendents, nurses and hospital personnel Members of the State Medical Association are most cordially invited to attend There will be no registration fee

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Surgeons were greatly surprised to find a bolt, nut and washer in the brain of a Michigan man It must have been their first experience in opening up a politician's head

—*Neb State Med Jour*

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Type	138 strains from 100 normal individuals		Type	277 strains from 250 patients with pneumonia	
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IX	0	0	XXVIII	2	0 7
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point to become embedded The position of the pin will thereafter remain unchanged In the tracheobronchial tree, the shortening and lengthening which accompanies respiration will produce the same result As a rule, however, a pin which is wide open will be arrested in the larynx if it should be carried into it, and a pin which is only slightly open will fall into one of the branch bronchi before it is brought to rest To summarize pins in the esophagus lie in the lateral plane, pins in the tracheobronchial tree lie in or near the sagittal plane In both instances, the keeper extremity is applied to one wall of the lumen and the pointed extremity crosses the lumen and is embedded in the opposite side With these facts in mind, the endoscopist is enabled to visualize in advance the position of the foreign body and to deduce at once the location of all other parts of the pin as soon as any portion of it presents through the instrument

One other contingency must always be kept in mind, especially in children They are very unlikely to remove a pin manually from their own mouths It is, moreover, not uncommon, that more than one pin may enter the mouth at the same time and violent movements of the tongue may force the pin, or one of the pins, into the posterior nares, where it would be hidden



Fig 1 X-ray of lower abdomen of child who stated she had 'sewing machine needle stuck in her throat." X-ray was negative. This figure shows shadow of sewing machine needle in upper pelvic basin, and also common pin at intervertebral disk between third and fourth vertebrae

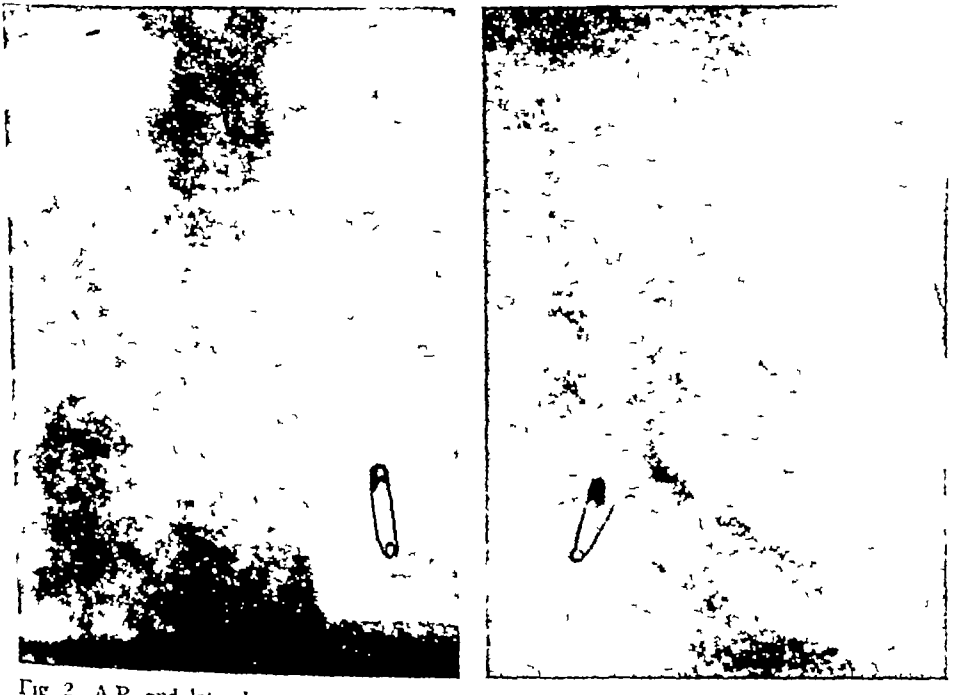


Fig 2 A P and lateral projections showing open safety pin in lower part of right lung, the point directed anteromedially (Case 1)

THE OPEN SAFETY PIN

MILTON SILLS LLOYD, M D, *New York City*

A number of years have passed since Jackson[1] described his sixteen methods for the removal of a safety pin from the air and food passages The warning which he issued at that time, that every safety pin must be treated as an individual problem, applies, however, with equal force today Medical failures are, unfortunately, too infrequently reported, but deaths, as a result of attempted removals of the open safety pin, are known to occur with sufficient frequency to keep us alert to the dangers of this problem

Although every safety pin presents individual difficulties which must be worked out with strict regard to the case at hand, there are, at the same time, a number of pertinent and valuable facts which may be observed with sufficient regularity to establish their usefulness as a basis for general considerations When a safety pin enters the mouth, it is placed between two surfaces one of which is fixed and the other mobile In adults, the individual may remove the pin from his own mouth by means of the fingers when it can be reached in this way In such instances, the fixed surface may be said to begin with the posterior pharyngeal wall and the mobile surface, at a point on the dorsum of the tongue correspondingly opposite As far as the further progress of the pin into the body is concerned, these two surfaces may be said to continue downward until the constrictor pharyngeus inferior muscle is passed In infants and very young children, on the other hand, these two surfaces act in the same mechanical way, beginning with the palate and proceeding backward and downward to the same level If the pin enters the mouth, as it usually does, due to its triangular shape, with the point directed outward, attempts to eject it by movements of the tongue will serve generally to carry it further downward When the tongue is drawn inward, with the purpose of placing it behind the pin, the point is caught on its rough surface and the pin is carried backward In this way, the "keeper" extremity of the pin is thrown outward and applied to the wall of the mouth or throat When the tongue is moved forward in preparation for the next similar attempt, it slides over the pointed extremity and catches it again on the next backward movement Since the keeper extremity is smooth throughout, it slides easily along the mucosal surface In this way, the pin is quickly forced into the position in relation to the surrounding structures which it is eventually to assume This position is, with minor variations, as follows the keeper extremity, from the ring outward, is applied to the posterior fixed surface, while the pointed extremity crosses the lumen of the passageway and is embedded in the anterior mobile surface

After the pin has passed the soft palate, the immediate succession of events will decide whether it is to enter the trachea or the esophagus The trachea is the ultimate destination in children when the pin is dropped far back into the mouth and produces an immediate and violent cough reflex, and in adults when a pin held in the mouth is suddenly thrown backward by gasping or a quick movement resulting from surprise or fright In such instances, the mouth is opened and a sudden forced inspiratory movement is made and the pin is drawn into the trachea with the rush of air In entering the trachea, it is forced into the sagittal plane by the vocal cords, and continues to occupy this relative position

On the other hand, a pin that works its way gradually backward as a result of the forces described above, will enter the esophagus The walls of the esophagus will force it into the lateral plane and it will continue thereafter to occupy this relative position Most pins will fail to negotiate the anterior curvature of the upper esophageal lumen, corresponding to the direction of the lower cervical and upper thoracic segments of the vertebral column, which present the greatest anterior prominence at the same level as the narrowing produced by the constrictor pharyngeus inferior muscle In the esophagus, the peristaltic movements of the muscle will either carry the pin downward by pressure on the point or cause the

point to become embedded The position of the pin will thereafter remain unchanged In the tracheobronchial tree, the shortening and lengthening which accompanies respiration will produce the same result As a rule, however, a pin which is wide open will be arrested in the larynx if it should be carried into it, and a pin which is only slightly open will fall into one of the branch bronchi before it is brought to rest. To summarize pins in the esophagus lie in the lateral plane, pins in the tracheobronchial tree lie in or near the sagittal plane In both instances, the keeper extremity is applied to one wall of the lumen and the pointed extremity crosses the lumen and is embedded in the opposite side With these facts in mind, the endoscopist is enabled to visualize in advance the position of the foreign body and to deduce at once the location of all other parts of the pin as soon as any portion of it presents through the instrument

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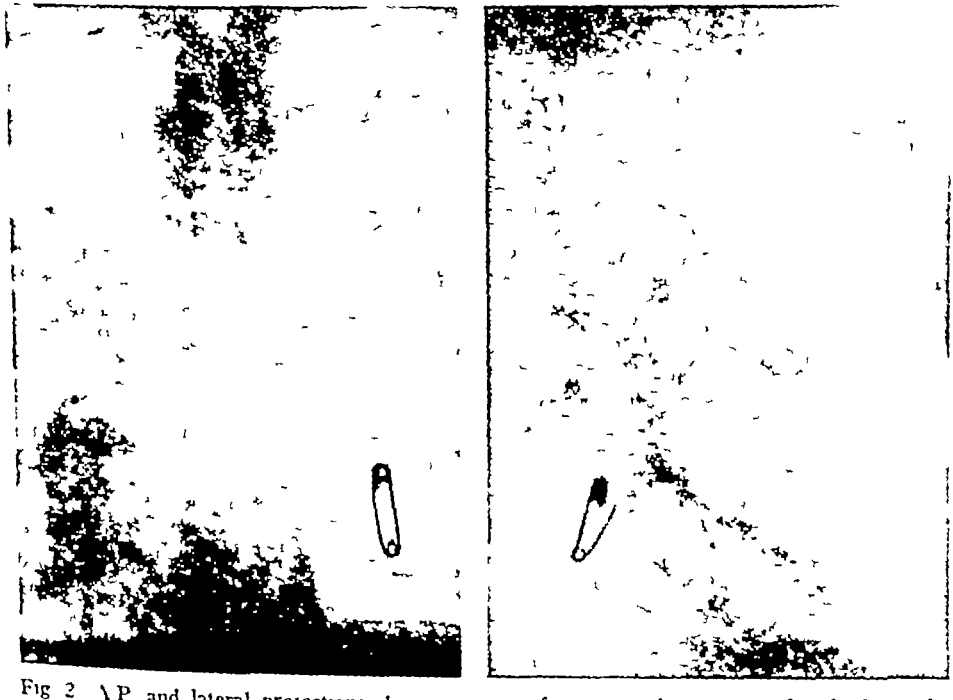


Fig 2 A P and lateral projections showing open safety pin in lower part of right lung, the point directed anteromedially (Case 1)

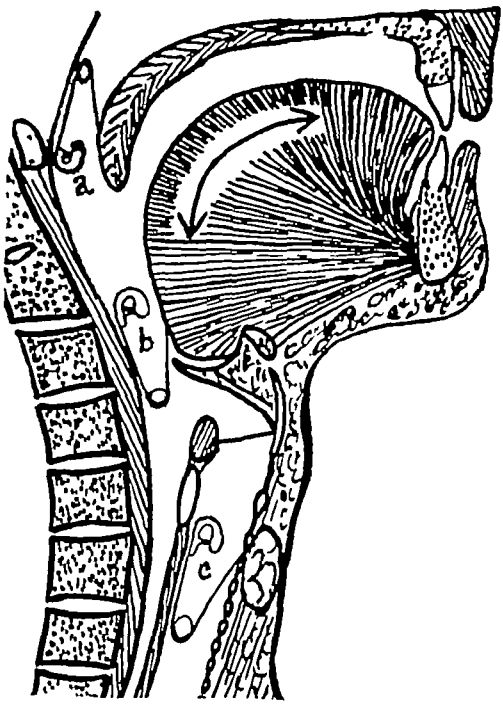


Fig 3 Position of safety pin in (a) posterior nares, (b) entrance to esophagus, (c) upper end of trachea

from view by the soft palate It may also happen in children that one pin may enter the trachea and another pass down the esophagus as far as the stomach Consequently, it is advisable, in making the diagnostic x-ray, to adhere to the rule which is now followed in every bronchoscopic clinic and expose the entire respiratory and digestive tracts from the nose to the pubic arch (Fig 1)

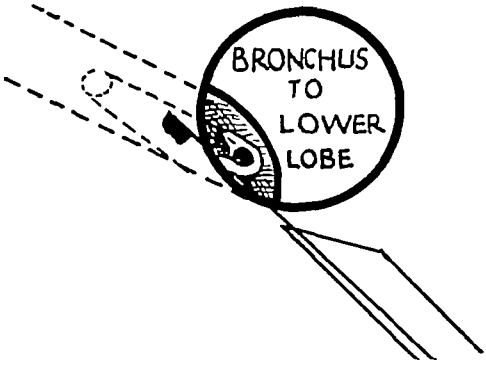


Fig 4 Diagrammatic drawing of safety pin in mediastinal branch of right lower lobe. Keeper only is visible. Forceps passed below keeper (Case 2)

In the further preparation of the case, careful attention to detailed diagnosis will be rewarded Oblique x-rays will demonstrate the exact direction of the point and also the distance separating the point from the keeper, due allowance having been made for distortion by the rays A knowledge of this factor alone may decide between success and failure when the extraction of the foreign body is actually undertaken (Fig 2)

The problem presented by the open safety pin depends upon its location—airways or esophagus, stomach or intestine In the first two locations, its removal is indicated, and can generally be accomplished under direct vision by an electrically lighted endoscopic tube By the time the pin has reached the stomach, this

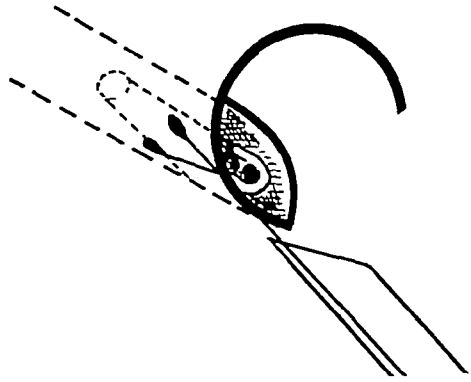


Fig 5 Same as Fig 4 showing forceps' blades after rotation (see text) ready to grasp pointed end of safety pin

procedure is no longer possible In institutions with the proper equipment, the best recourse is then to the Tucker flexible gastroscopic forceps, manipulated under the guidance of the biplane fluoroscope

The removal of an open safety pin in any part of the stomach is generally possible by this method, with proper equipment in trained hands Where, however, equipment is lacking, and the necessity or advisability of open operation presents itself, the surgeon should proceed with the full consciousness that the greatest risk is involved by opening the gastric wall This need not be done, and lives will be saved if it is not done The necessity may be circumvented by two methods (1) When the abdominal wall has been opened, the pin may be located in the

stomach and closed by manipulation through the gastric wall Unless the pin is large, it will pass on in the natural course of events without injury If the pin is large, in comparison to the patient's age and the acuity of the curvature of the duodenum, it is safer and comparatively simpler to follow the second course (2) While the patient is under anesthesia, the pin is maneuvered through the gastric wall until it is brought into such a position that it is visible to the gastroscopist It may then be seized under direct vision and removed with a gastroscope The abdominal incision, in either case, may then be closed without the risk of peritonitis or adhesions

In case the pin has passed beyond the pylorus, it should be observed at twenty-four hour intervals with the fluoroscope, and its position marked with ink on the body wall Failure to show evidence of movement over a period of forty-eight hours is an indication for open operation In practically all of these cases, the simple closure of the pin *in situ* is sufficient to insure its delivery with the intestinal contents It is not necessary to manually propel the foreign body from the small to the large intestine, or from the large intestine to the sigmoid colon Such a manipulation tends to paralyze the intestinal musculature It leads to meteorism, reverse peristalsis and postoperative vomiting—all of which delay the ejection of the foreign body, rather than advance it

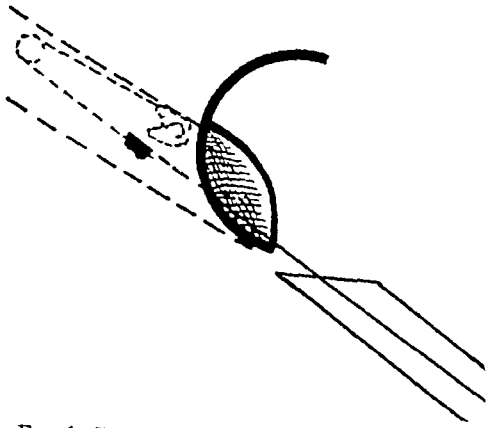


Fig 6 Point of safety pin grasped in forceps, disembedded by displacement downward and brought into line with shank of forceps by Tucker blades

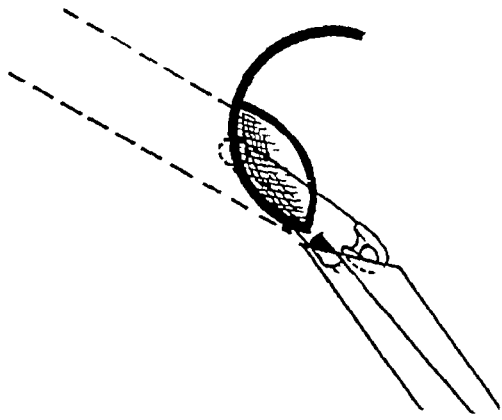


Fig 7 Extraction of safety pin begun with pointed extremity inside mouth of bronchoscope

In the following case reports, the technic employed for a successful removal illustrates the value of being prepared with an accurate study of the case, on one hand, and also of being prepared for the individual or unexpected difficulty on the other

Case Reports

Open Safety Pin in the Right Lung for 32 Months

CASE 1 N M, white female, seventeen years of age, was suffering from cough, afternoon fever, loss of weight, and wheezing sounds in the chest. She consulted her physician (Dr H A Cochrane), who ordered an x-ray, under suspicion of tuberculosis The x-ray revealed the presence of an open safety pin in the right bronchus, point upward

The patient recalled having "swallowed" it nearly three years previously

She was admitted to St. Vincent's Hospital, Staten Island, on May 15, 1936 Except for a temperature of 99.2°F, and limitation of movement on the right side, the physical examination revealed nothing of importance

On May 16, under local anesthesia, a seven mm bronchoscope was passed The pin was located between the upper and middle lobe branch bronchi It was completely buried in granulation and fibrous tissue, and the bronchus was almost occluded in the remainder of its lumen by heavy mucous secretion After careful removal of the secretion, the margin of the keeper became visible on the lateral side An attempt to expose the point resulted in slight extravasation of blood It was then attempted to bring the point into view by exerting pressure on the keeper with the tip of the bronchoscope.

This, however, dislocated the pin from the encapsulating fibers and forced it downward into the lower portion of the bronchus The field was again cleared up, but the pin was not visible, and the patient was returned to the ward for further x-ray study

Anteroposterior and lateral views showed the pin to be then in the mediastinal branch of the right lower lobe, the point directed anteromedially Thirty-six hours after the first bronchoscopy, a second examination was made After considerable difficulty, a small portion of the keeper was brought into view The point was invisible A Tucker pin forceps was introduced to avoid the keeper (Fig 4) When the blades had passed beyond the keeper, they were opened, the shank was rotated one-half turn in a clockwise direction (Fig 5) in order to separate the pin point from the bronchial wall, and the blades were closed Forceps and pin were forced downward about one-quarter inch, in order to disembed the point (Fig 6) When traction was begun, the keeper was seen to move upward The bronchoscope was held in such a position as to maintain the bronchial orifice in the center of its lumen Further traction completed its removal through the bronchoscope (Fig 7) When the nurse removed it from the blades of the forceps, it broke into two portions at the ring The pin measured twenty-eight mm from keeper to ring

The patient's further recovery was without incident, and she was discharged on May 18

The bronchoscopic maneuver reported in the above case was carried out without fluoroscopic control because the advisability of biplane fluoroscopy was not anticipated Under such circumstances, there is no reason why a difficult manipulation should not be attempted so long as the operator bears in mind the Jackson aphorism "If you can't do any good, at least do no harm"

Open Safety Pin Removed from Stomach

CASE 2 J R, white male, six months, admitted to Staten Island Hospital, January 7, 1935 and discharged the following day The mother stated that while dressing the infant, it swallowed an open safety pin The x-ray showed the pin open, point upward, about the middle of the esophagus A seven mm esophagoscope was passed without anesthesia As the pin was approached, and the esophageal lumen was widened, it began to descend toward the stomach The esophagoscope was inserted as rapidly as the pin descended, so as to keep it constantly in view, hoping that at the diaphragmatic pinchcock it would come temporarily to rest In spite of the fact that the pin was large, this did not occur It proceeded at the same pace into the stomach The esophagoscope was then passed between the shafts of the pin and, as soon as it entered the stomach, it was carried forward on the end of the tube until the gastric wall on the cardiac portion of the greater curvature was reached Momentarily, the foreign body was lost to view in the folds of the gastric mucosa It could still be felt, however, in contact with the end of the tube By careful manipulation, the pointed shank was again brought into view It was followed backward until the ring could be seen This portion of the pin was then grasped by rotation forceps, the pin was inverted and withdrawn ring upward through the esophagoscope

The patient suffered a slight reaction, and on the following day the temperature rose to 100 6°F The mother, however, insisted on removing the infant against advice A few weeks later, he was seen in the hospital dispensary in a perfectly healthy state

667 MADISON AVE.

Reference

1 Jackson Chevalier *Arch of Otolaryn* 3 423 1926

MOST VALUABLE ASSET LOST

Having witnessed socialized medicine during his stay in Vienna, Dr Aaron Kramer of Brooklyn, arriving on the *Conte de Savoia* recently, said he hoped he would never be a party to it in this country

In an interview he told of the disintegration of private practice in Austria through socialized medicine He said it was appalling to see the biggest professors and specialists waiting in their offices day after day for patients who never came

"Why should they come when they can get the doctor's service in the clinic free?" he queried To supplement the small wages paid them by the government Viennese professors are only too glad to tutor American doctors seeking postgraduate studies

According to Dr Kramer, the profession in Austria has lost the most valuable asset in the cure of human ills—the personal relationship between doctor and patient

"When hundreds of people come to clinics to be treated for colds treatment becomes mechanical The doctor loses interest and there is no incentive for further self-development and improvement," he said

GYNECOLOGICAL MORBIDITY AND MORTALITY

Analysis at Harlem Hospital—1936

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Visiting Gynecologist, Harlem Hospital (Dr H C Falk, Director)

The late Dr John O Polak very wisely said, "We all like to report our successes but it is from our failures that we learn our short comings and the lessons which should be indelibly impressed upon our memories" If we are wise every failure should teach us a very valuable lesson from which every future patient will benefit

Fully appreciating and accepting this philosophy it is the practice on the Gynecological Division of Harlem Hospital to carefully and fully record in what we are pleased to call a "Calamity Book," every death, every infection, every complication, and the details of every interesting and unusual case for ready access and periodic study This practice has proved of very great value to us in keeping alive a healthy discontent in our work and is a constant challenge to improve our results

It is unnecessary to state that the generally accepted minimum preoperative requisites for gynecological surgery, are scrupulously observed Conservatism is the ruling principle on our service Our objective is to return our patients to their usual routines of life as near as possible anatomically corrected, clinically relieved or cured, and economically efficient

From January 1 to December 31, 1936, there were 1,255 cases admitted to the Gynecological Division of Harlem Hospital Of these, 440 were submitted to some form of surgical treatment, an operative incidence of 35 08 per cent The total number of deaths for the same period was thirty-five Five of these deaths were non-gyn , giving a corrected total of thirty deaths or 2 39 per cent Autopsies were performed on eighteen cases or 51 4 per cent

In the nonoperative group of 815 cases, there were twenty-two deaths or 2 69 per cent Autopsies performed in this group were sixteen or 72 7 per cent

In the operative group 440 cases there were eight deaths or 1 81 per cent There were two autopsies or 25 per cent

There were 353 laparotomies, with infected wounds in eighteen cases, or 5 09 per cent

There were eighty-seven operations of vaginal or other type

These operations were performed by twenty-two men, all members of the Visiting or House Staff The largest number, 149 laparotomies and forty-seven vaginal operations (total of 196) were performed by the House Gynecologist under proper supervision

The total number of abortions admitted during this period was 287, of which thirty were curetted There were twelve deaths among the abortions, a rate of 4 18 per cent All of the deaths among the abortions were nonoperative

Thirty-two ectopic pregnancies were admitted during this period The diagnosis was made and not found in seven cases The diagnosis was not made and found in two, the diagnosis was made and found in thirty cases There were no deaths among the ectopics

Seven hundred and fifty-five cases returned for follow-up examination The percentage of those requested to return was seventy-two per cent

Analysis of Eight Operative Deaths

These eight patients were operated on by seven different surgeons

CASE 1 A thirty year old colored nullipara was admitted January 27, 1936, complaining of prolonged menorrhagia and abdominal cramps Her menses were irregular occurring for the past four years q two or three weeks and never flowing less than eight days, accompanied by cramps She admitted one induced miscarriage Examination revealed an irregularly enlarged nodular uterus about ten cm in its greatest diameter There were no other pelvic masses Her general condition was fairly good Heart and lungs negative B P 156/110 Urine negative Rbc 3½ million, Hgb sixty per cent Wbc 8,800 Polys eighty-two per cent, lymph eighteen per cent Sedimentation rate ten mm in

sixty minutes On Feb 8 under avertin-ether anesthesia, laparotomy revealed a multinodular fibroid uterus The omentum, broad ligaments, cul-de-sac anterior abdominal wall, as well as the mesoappendix were studded with firm, pearly discrete nodules of fibromatous consistency A supracervical hysterectomy was done with removal of both tubes and ovaries Patient died from a generalized peritonitis on the fourth postoperative day after a simple laparotomy with almost no postoperative shock Autopsy disclosed purulent peritonitis, infection of incisional wound, and pulmonary edema

CASE 2 A thirty-six year old III-gravida, II-para, was admitted January 28, 1936, complaining of severe cramps in lower abdomen She admitted an induced abortion in July 1935, since which time she had lost forty pounds in weight. No menstrual abnormality There was a nonproductive cough for the past week The patient was extremely emaciated Heart negative X-ray of chest showed no abnormality of lungs The abdomen was distended, somewhat soft, with a sensation of cystic mass filling the left side of abdomen and bulging in left flank There was flatness on percussion over this mass with fluid wave through it There was no shifting dullness Urine was negative Blood chemistry was Creatinin 1 4, Urea N 13 0, Sugar 128 Rbc 3,800,000, Hgb seventy per cent, Wbc 23,400, Polys eighty per cent, lymphs sixteen per cent.

Preoperative diagnosis Tuberculous peritonitis, infected ovarian cyst, and tuberculous pyosalpinx Laparotomy on Feb 6 disclosed a large pus sac filling the lower abdomen, with adhesions to omentum and small intestine Aspiration by suction removed about one gallon of yellowish pus with B coli odor This proved to be a large pyosalpinx Because of the difficulty in separating adhesions from intestines, the lower part of this mass was caseous and necrotic, and because of poor condition of patient, portion of the sac was removed and the remainder was marsupialized and sutured to anterior abdominal wall The abdomen was drained and closed Patient left table in poor condition

Postoperative diagnosis Giant tb pyosalpinx Pathological report showed wall of abscess with areas of caseation and giant cells present Her postoperative course was stormy from the beginning, temperature rising to 103° F on the third day On the fourth day she was transfused, but this was of no avail and patient gradually sank, until she died on the fifth day postoperative No autopsy

CASE 3 A twenty year old colored female was admitted June 16, 1936, complaining of pain in the lower abdomen, backache, and fever Attack began six days previously Has had a vaginal discharge for the past year and occasional burning on urination Complains of frequency at present. Has had attacks of lower quadrant pain every year since 1931 Last menstrual period was May 18, menses occasionally come twice a month Pregnancies denied Examination revealed a tender lemon-sized mass in the right fornix, lying in front of the fundus Patient had been operated on three times for mastoid infections in 1932 and 1936 Heart and lungs showed no abnormal findings B P 124/86 Urine 1+ albumin and occasional pus cells Rbc 4,100,000, Hgb sixty per cent, Wbc 11,650, Polys eighty two per cent, lymphs eighteen per cent Kahn test negative Laparotomy performed June 30 revealed right adnexal disease with firm adhesions to posterior surface of broad ligament. The appendix formed a part of the mass In separating the appendix from the mass, a fair-sized fecalith was extruded into the pelvis Simple appendectomy was done with penrose drainage of the abdomen The postoperative course was stormy from the beginning Pulse and temperature increased rapidly, and on July 4 there were signs of generalized peritonitis and 103 temperature One week later she developed a cellulitis of floor of mouth and ulcerating stomatitis Mouth and throat swab showed fusiform Bacilli of Vincents In addition to supportive treatment, infusions, and transfusions, neoarsphenamine locally to mouth lesions Pulse continued above 130, temperature from 100 to 104 Blood culture negative Patient died on July 23, mainly, we believe, from the fulminating mouth infection No autopsy

CASE 4 A twenty-five year old colored woman was admitted June 6, 1936, complaining of pain in lower abdomen, chiefly in right lower quadrant, and fever of one week's duration She had experienced several similar attacks during the past year Three children, the youngest of which was five years

Menses regular, of q twenty-eight day type, three days duration Last period began one week before admission and coincided with beginning of present illness

Examination Heart and lungs essentially negative Abdomen protuberant A large ovoid mass of cystic consistency filling right side of abdomen and extending to within two fingers of the umbilicus Cervix was pushed up under symphysis by this mass which filled posterior and right fornices A smaller mass was present in the left fornix The rectovaginal septum was

thickened and indurated and exquisitely tender Urine examination was negative and blood chemistry within normal limits, but temperature spiked between 100 and 104 Sedimentation time repeatedly rapid A posterior colpotomy was done on June 21 yielding no pus The patient continued to spike and the masses enlarging and filling the abdomen to the umbilicus Six days later a bilateral extraperitoneal drainage was done leaving four penrose drains in either side, about Poupart's ligaments On the ninth postoperative day there was drainage through both extraperitoneal openings and the temperature receded to 99 On the thirteenth day, temperature was flat. On the sixteenth day patient suddenly became drowsy and looked toxic, with temperature rising to 101 6, and a thready pulse Third operation was then done for abscess of rectovaginal septum, the colpotomy yielding about a pint of pus From this point patient gradually grew weaker and died from chronic sepsis on the eleventh day after last colpotomy Autopsy revealed a pelvic abscess, left parametric abscess, right tubo-ovarian abscess, and right hydronephrosis

CASE 5 A forty-five year old colored woman was admitted July 22, 1936, with complaints of menorrhagia and mass in abdomen Two miscarriages preceded birth of only child in 1923 Patient was told two years ago that she probably had a fibroid uterus Menses usually eight days, but beginning March 1936, periods began to be prolonged lasting as long as two weeks, and associated with abdominal cramps

Examination showed patient in good general condition Heart and lungs essentially negative Urine 1 013, no albumin or sugar and few Wbc., creatinin 1 1, Urea N 8.2 sugar seventy-eight Rbc 3,500,000, Hgb sixty per cent, Wbc 9,200, Polys seventy-four, lymphs twenty-two, trans, four, B P 165/115, sedimentation time, seven mm in thirty minutes

Fundus was converted into multinodular mass extending to level of umbilicus On Aug 4 at laparotomy, a routine supracervical hysterectomy was done Two days later patient began to cough Temperature 101 pulse 124, subcrepitant rales, increased fremitus, and whispered voice sounds over L L. lung posteriorly There was moderate abdominal distension and while temperature and pulse remained high, the chest condition under croup tent cleared On Aug 9 the skin clips were removed The wound apparently healed and clean Following supper the same day, patient began to belch with sour eructation and vomiting of ingested food She was cold, bathed in perspiration, and an inspection of wound showed complete separation of incision with evisceration In the operating room the intestines were replaced and wound resutured Patient grew progressively worse, with increasing abdominal distension and rapid pulse and died on the eleventh postoperative day of a generalizing peritonitis No autopsy

CASE 6 A thirty-eight year old colored woman was admitted September 4, 1936, complaining of a feeling of heaviness in the lower abdomen Nine years before patient first noted a movable mass in the abdomen This mass has been getting progressively larger and is not painful or tender Menses regular duration—four to six days

Examination Heart and lungs essentially negative Blood pressure 120/85 Urine negative Creatinin 1 2, Urea N 8 7, sugar ninety-three, Rbc 3,100,000, Hgb sixty per cent, Wbc 6,550, Polys seventy-four, trans six, lymphs seventeen, eosin two, and baso one, Kahn 4+

The abdomen was filled by a large, firm mass extending above the umbilicus to within two fingers of the costal border

This mass sprang from and included the fundus and adnexa, the latter apparently negative On September 19 at laparotomy, giant fibroid uterus, twenty cm or more in diameter, with pedunculated, intramural, and submucous types of growths was removed by supracervical hysterectomy The postoperative course was uneventful until the ninth day when patient began to complain of palpitation and dyspnea The pulse became thready Medical consultation gave opinion that there was pulmonary infarction Patient died within forty-eight hours, probably from multiple emboli with one large occlusion No autopsy

CASE 7 A twenty year old colored female was suddenly seized four days before admission with severe pain in lower abdomen, both sides Her menstrual periods usually last from nine to ten days, accompanied with cramplike pains occur every three weeks, and always irregular Last period began October 22, 1936 She was flowing on admission She was never pregnant On physical examination, patient had a soft blowing systolic murmur over the precordium transmitted to apex and base B P 110/75 Urine negative Rbc 3,950,000, Hgb sixty-five per cent Wbc 10,500, polys seventy-eight and lymphs twenty-two Sedimentation time twelve mm in sixty minutes Vaginal examination showed some tenderness in both lateral fornices with thickening of right tube The uterus was in retroposition At laparotomy November 14, an acutely inflamed left tube, a

closed thickened right tube, and a small ovarian cyst were removed. After closure of the peritoneum the pulse was 108 and of good quality On closing the skin the anesthetist reported that the patient had stopped breathing Despite attempts at resuscitation, stimulation, and artificial respiration, patient expired on table No autopsy

CASE 8 A twenty-two year old colored female, II-gravida, II-para, was admitted December 2, 1936, complaining of pain in R L Q She had experienced this pain off and on for the past five years It had grown worse in the past three weeks Last menstrual period one month prior to admission, and had continued the entire time until admission Her usual periods were four days in duration

Physical examination Heart and lungs essentially negative B P 110/70 Urine negative Rbc 3,600,000, Hgb seventy-five per cent, Wbc 17,500, Polys seventy-six and lymphs twenty-three Sedimentation time was eighteen mm in thirty minutes

The fundus was posterior and pushed over to patients left by a large, globular tender mass filling the right fornix The diagnosis of acute pelvic inflammatory disease with right tubo-ovarian abscess was changed to ectopic pregnancy and tubal abortion, on account of sudden enlargement of the mass in the right fornix with acute pelvic symptoms and fairly slow sedimentation time Laparotomy on Dec 8 disclosed a right tubo-ovarian mass and left pyosalpinx with extensive adhesions of intestines The abscess was ruptured during removal The abdomen was closed without drainage The postoperative course was stormy from the beginning, death coming on the fourth day from generalizing peritonitis No autopsy

Of the seventeen wound infections, fifteen may be classified as mild infections They were all completely healed and patients discharged from the hospital by the sixteenth postoperative day, thirteen of these were healed and discharged by the fourteenth day These infections ranged from simple serous exudate from lower angle of wound or stitch abscess to those cases where a small amount of pus was evacuated usually after applying moist dressings to an induration along the entire suture line

It is our feeling that there are two important contributing factors in this group, (1) Failure to ligate small bleeding vessels in the subcutaneous tissue followed by formation of small hematomata and (2) leaving excessive catgut knots in the subcutaneous tissue especially at the lower angle of the wound

In two cases the infections were severe. A few of the lower clips in the incision were removed and the wounds dakinized These areas completely healed by granulation on the twenty-second and twenty-fourth postoperative days We regard any moisture exuding from the wound as an infection in clean cases, where pus is spilled during operation or where drainage has been instituted the case is not considered a clean one

Major complications were eighteen, including three resulting in postoperative deaths There were seven pulmonary complications—three pulmonary embolus, one atelectasis, one pneumonia, and two bronchitis There were two generalizing peritonitis, one acute dilatation of stomach, one laceration of bladder, one thrombophlebitis, one cervicosigmoid fistula, three partial intestinal obstructions, one complete intestinal obstruction, one paralytic ileus

It is to be remembered that this service is in a busy city hospital where there can be no selection of cases The worst possible types of cases usually declined at other institutions regularly present themselves for admission

Long periods of bed rest and supportive treatment with free use of transfusions, tonics, etc, is the rule Every attempt is made to put these patients, their defensive mechanism, physical and mental already at lowest ebb, into the best possible condition to withstand major surgery

With the abundant material at our disposal we recognize our duty to train younger men in the proper management of gynecologic cases Consequently our organization provides for intimate and personal responsibility on each member of the junior attending staff for a limited number of cases These patients are thus individualized and despite the fact that the major part of the surgery is done by junior attendings and members of the house staff under proper supervision we believe our results compare very favorably with other large clinics where the material is more highly selective and where the type of pathology with which we deal daily is an infrequent occurrence rather than the rule

2588 SEVENTH AVE.

EMBOLISM FOLLOWING HEMORRHOIDAL INJECTION

FRANK A MARSHALL, M D, *New York City*

In a search for the complications following the injection treatment of internal hemorrhoids, which has become quite popular within the past few years, it is surprising to note the paucity of case reports or even opinions on embolism following injection

Extremely optimistic has been Junghaus [1]

Actually serious complications have not occurred during injection treatment of hemorrhoids according to the reports in the literature Bensaude in 10,000 such injections has never observed any serious accompanying manifestations or sequelae *Emboles have never been observed* (Bensaude, Glaser, Meisen and others) Elener observed in one case a thrombosis of a vein of the leg

The rich vascular network surrounding the rectum would seem to indicate a greater frequency of embolism The two chief plexuses of veins surrounding the rectum are the internal hemorrhoidal plexus in the submucous coat of the rectum and the external hemorrhoidal and superior hemorrhoidal veins respectively Thus connections are present between both the portal and systemic vessels creating possibilities of emboli to both the liver and lungs

Newman[2] mentioned one case of embolism following the injection of quinine and urea HCL

The following case resulted from the use of five per cent phenol in vegetable oil

Case Report

W D, male, age twenty-eight, married, following injection of five c c phenol in oil into the anterior left quadrant of the rectum on August 3 1936 developed a sudden chill and fever three hours later In addition there was a slight cough and pains in the right upper quadrant of the abdomen He also felt slightly nauseated

Patient called me to his home two days later at which time he complained of pain in the epigastrium and in both eyes and legs

On physical examination there was tenderness in the epigastrium and right hypochondrium Temperature at the time was 98 4° Patient still complained of occasional coughing spells

On August 9, about a week after the injection, patient was completely recovered.

Previously, patient had been given six quinine and urea HCL injections into the hemorrhoids proper The last injection was the third phenol in oil injection he had received None of the previous treatments affected him in any way

It is probable that this patient experienced emboli in the liver and possibly the lungs as evidenced by pain and tenderness of the right hypochondrium and epigastrium and by his slight cough

123 E 53 St

References

1 Junghaus *Arch Klin Chir* 178 394 1933
2 Newman Samuel C *Trans Clin Proc Society* 32 23 1931

BONE CONDUCTION HEARING AS GOOD AS NORMAL

Hearing by means of bone conduction, resorted to by those suffering from a certain sort of impaired hearing, can reach as high a degree of perfection as normal hearing Dr N A. Watson of the University of California at Los Angeles reports (*Journal Acoustical Society of America* October 1937)

Many handy suggestions for deaf people using this means of keeping in touch with the audible world were contained in Dr Watson's report.

Bone conduction using the bones of the head to conduct sound instead of the air inside the ear as normally occurs, works best if the mouth is closed and the teeth are together, but not clenched, he finds He found that conduction through the bones of one ear gave as good results as simultaneous use of both ears

Dr Watson who used a special sound chamber and test rooms for conducting his experiments, was his own "guinea pig" He conducted the experiments on himself, checking comparative ability to distinguish conversational sounds by ordinary hearing and bone conduction—*Science News Letter*

Preventive Medicine

Umbilical Cord Wassermann and Kahn Tests

The incidence of congenital syphilis seems to be on the decline, but there are still some cases In our experience, it is extremely important that treatment should be begun at the earliest possible moment, for we find that, as in acquired syphilis, any delay in starting treatment makes the case much more difficult to cure Therefore, any help at arriving at a diagnosis should be welcomed

There are many localities or situations where the Darkfield examination of skin lesions on the baby or the umbilical cord, the microscopical examination of the placenta, or the x-ray examination of the long bones are impracticable or impossible, and yet where a test of the umbilical cord blood may be very easily done

There is still some confusion as to the significance of this cord test We have reported on our experience with it, and some further experiences with the Wassermann and Kahn tests are here given in the hope that if our experience is duplicated in other laboratories it may be a help in arriving at an early diagnosis

The Rochester Health Bureau Laboratories report three tests on any blood submitted for a diagnosis of syphilis—each in six different intensities—negative (—), doubtful (±), 1+, 2+, 3+, 4+ Two of these tests are Wassermann tests—the noncholesterinized (Bordet) and the cholesterinized—the third is the Kahn test They are reported in this order In this region, where there is no yaws or leprosy, a strongly positive test like a 4 4 4 is assumed to mean syphilis Very rarely bloods have been reported as 4 4 4 that subsequently show frank negative tests Some of these we have ascribed to errors, either in the collection and labeling of the specimens or at the laboratory Some are unexplained It is pretty generally agreed that an acquired secondary syphilis will always give a 4 4 4

Our thesis is that a baby born with congenital syphilis is in practically the secondary stage of the disease (for it cannot be over nine months) and that, therefore, the cord blood should show a 4 4 4 in a case of congenital syphilis

In October 1933, we published a paper in the *American Journal of Syphilis* indicating that the "reagin" (or the substance in the blood giving the positive Wassermann reaction) in a pregnant woman passes through the placental circulation, and appears in the cord blood showing the same intensity of reaction as the mother's blood does at the time of labor, that is, a 4 4 in the mother shows as a 4 4 in the cord blood, a —3, in the mother as a —3, in the cord, and a frank negative in the mother as a frank negative in the cord There is apt to be a slight hemolysis in the cord blood so that one frequently sees a slightly less intense Bordet in the cord blood than in the mother's—the mother's being a 3 4 and the cord a 2 4

A corollary to our thesis is that the "reagin" giving the positive Kahn test does not as a rule pass through the placental circulation, and that if the mother shows a 4 4 4 at delivery, the cord blood may also show a 4 4 4 meaning syphilis in the baby, and that the fetus has developed the substance giving the 4+ Kahn, or that the cord blood may show a 4 4 — indicating the absence of syphilis in the baby There have been some instances in which the Kahn, although perhaps not a frank negative, will be only a +

We believe that although this observation is not as absolute as our experience would indicate in the case of the Wassermann test duplicating the mother's test, it is significant enough to be of some practical use. In other words there are some cases in which the Kahn "reagin" does pass through, and yet the baby does not have syphilis, and rarely there are some cases in which the Kahn is negative in the cord and yet the baby may have syphilis

I—Examples of peculiar reactions coming through
(Bordet is usually weaker than the cholesterinized)

Reprinted from the *Health Bulletin* of the Rochester Department of Health, December, 1937

1—Treated mother 12/6/34 4.3 4
Cord 12/6/34 4 3 —, subsequent tests on child 2/4/35 — 3, 3/10/35 — — —

2—Mother 2/25/31 3 —.3, 6/11/31 — — —, 7/20/33 — — —
Cord 2/18/31 4 — —

II—Examples of positive Kahn in Mother, negative Kahn in Cord
Baby O K.

1—Treated Mother 4/2/32 4 4 3
Cord 4/26/32 4 4—, subsequent tests on child 10/24/32 — — —, 8/27/33 — — —, 1/6/34 — — —

2—Treated Mother 7/14/31 3 4 3
Cord 8/15/31 3 4—, subsequent tests on child 9/15/31 — — —, 8/12/32 — — —, 1/29/34 — — —

III—Examples of positive Kahn tests in Mother and Cord
Baby syphilitic

1—Mother 8/16/34 4 4 4
Cord 8/15/34 4 4 3, subsequent tests on child 9/1/34 4 4.3, 12/15/34, 4 4 4, 6/14/35 4 4 4

2—Mother 10/27/36 4 4 4
Cord 1/20/37 4 4 4, subsequent tests on child 1/22/37 4 4 4, 3/5/37 4 4.3

IV—Examples of negative Kahn test in Cord Baby syphilitic

1—Mother 6/29/32 4 4 3
Cord 7/10/32 4 4—, subsequent tests on child 7/22/32 2 4, 12/6/32 4 4 4, 4/17/33 4 4 4, 5/18/33 3 4, 11/15/33 2.2.—, 7/12/34 — — —, 9/10/35 — — —

V—Examples of positive Kahn test in Cord Baby not syphilitic

1—Mother (herself congenital) 5/5/36 4 4 3
Cord 8/6/36 4 4 3, subsequent tests on child 9/3/36 4 4—, 10/29/36 ± 3—, 1/7/37 — — —, 8/9/37 — — —

2—Mother 8/14/34 4 4 4
Cord 9/20/34 4 4 3, subsequent tests on child 1/30/35 2 4—, 1/18/37 — — —

Probable explanation of IV Fetus on the way to cure by prenatal treatment of mother, Kahn coming down first, but as the treatment stopped at birth, the disease recurred in the baby to be cured later by treatment

Probable explanation of cases like V-2 That the fetus is actually cured but it takes some time for the test to come to a negative We have seen this in acquired syphilis where a 4 4 4 dropped in five months to a negative with no treatment in the meantime.

Early Syphilis in Rochester Since June 1st, 1935

1935 (7 Months)

Originally reported	39		
Diagnosis changed	7		
	32	Primary, 16 Secondary, 16	
From Neighboring Towns.	2		
	30	Place infected	Rochester 9 (Marital, 2)
			Out of Town, 5
			Unknown, 16
Lost or left City	8		
Being followed	22		Primary, 12 (Potentially cured, 10; not cured 2)
			Secondary 10 (Potentially cured 6 not cured 4)

1936

Originally reported	42		
Diagnosis changed	2		
	40	Primary 17 Secondary, 23	
Transient	1		
	39		
Died	1		
	38	Place infected	Rochester 9 (Marital 3)
			Out of Town, 16
			Unknown, 13
Lost or left City	10		
Being followed	28		Primary 13 (Potentially cured, 12 not cured, 1)
			Secondary 15 (Potentially cured, 9, not cured, 6)

1937

Originally reported	47		
Diagnosis changed	1		
	46	Primary 19 Secondary 27	
Transients	8		
	38	Place infected	Rochester 10 (Marital, 5)
			Out of Town, 19,
			Unknown, 9
Lost or left City	5		
Being followed	33		Primary 12 (Potentially cured, 6, not cured, 6)
			Secondary 21 (Potentially cured, 8 not cured 13)

June 1 1935 to December 31 1937
Total of cases still being followed 83
Primary 37 (cured, 28 not cured 9)
Secondary 46 (cured 23 not cured, 23)

Total cases new to Rochester Health Bureau including early and old cases
1936 559 1937 542

To RECAPITULATE—A positive Wassermann of the Cord Blood indicates syphilis in the mother The baby may or may not have it A strongly positive Kahn test in the Cord Blood indicates, but is not pathognomonic of, congenital syphilis in the baby A positive Wassermann but negative Kahn in the Cord Blood indicates the baby is alright in most cases but it should be followed.

DR JOSEPH ROBY,
Deputy Health Officer

BETWEEN MENTAL HEALTH AND MENTAL DISEASE

B LIBER, M D, DR P H, *New York City*

Editorial Note Under this title will appear short summaries of "transition cases" from the service of this author in the New York Polyclinic Medical School and Hospital The descriptions are not complete clinical studies, but will accentuate situations from the point of view of individual mental hygiene such as crop up in the every day practice of medicine

A Few Words on Feeblemindedness and Signs of Feeblemindedness

Although mental hygiene or preventive mental medicine deals both with light psychosis and with feeblemindedness, we should not confound one with the other

Mental disease does not exclude intelligence The brighter the patient the more material he has at his disposal for his disturbance.

But feeblemindedness signifies lack of intelligence to a higher or lower degree in the same sense that cold is only a smaller amount of heat It is not a disease, but an insufficient development of the mind, which remains lower than the average It is not curable In many cases, under favorable circumstances, an improvement is possible

Intelligence is the capacity to understand and to relate facts and ideas We can have more or less of it Human minds differ in many ways—just as physical qualities differ We can be tall or short, pale or red, weak or strong We show various degrees of muscular strength So our minds may be weaker or stronger, slower or more alert. Some are exquisitely fine and quick, others are dull, and still others are average or between the extremes Low mentality in children or adults, whether we call it *dullness, borderline, moronism, imbecility, or idiocy* or various stages between, is usually congenital, though sometimes it may be acquired through somatic illness, acute or chronic It is probably often due to a real pathological, organic change

In the less pronounced cases it is amenable to treatment, training, and teaching or to an adjustment to well-chosen surroundings and to special work, but almost never to a real cure—that is, to normal or adequate intelligence When not extremely advanced, it may not interfere with ordinary living or with social life, and, if simple and uncomplicated, not even with usefulness

Contrary to the prevailing belief, I am convinced that most people are fairly intelligent, that is mentally fit and not inferior to their expected "mental age," whether educated or not, especially if they are judged from the point of view of their occupation and their station in life One, somewhat superficial, although extensive, investigation found the mentality of the average American young man above twenty-one equal to that of a twelve-year old Another more scientific, inquiry raised the intelligence level of the adult to that of a fourteen year old youngster and discovered at the same time that there is *no important difference between the sexes* in this regard and that intelligence as such fails to develop or to decrease *after twenty* But the defect of this latter work was that it was done on a comparatively very small scale The results of such "studies" lead to much misinterpretation The tests that have been used should be regarded as resting on a false basis and the so-called twelve-year mental age as the normal or average adult mental age

Education and training should not be mixed up with intelligence Nor should they, by the way, be mistaken for character, as it is sometimes erroneously done An illiterate, unpolished peasant may be highly intelligent, gifted and have an independent, strong character, while a savant may be dull and, or, simultaneously characterless, selling his knowledge to the first-comer for mercenary ends

Also, there are people who are great in some fields of activity and stupid in others, as we see in some exceptional and famous persons *Gifted, talented exceptional children,* because of their difficulty to adjust themselves to surroundings and because parents and teachers do not recognize them, may be mistaken for inferior intelligences

Heredity in the Mendelian sense is considered as an etiologic factor in mental deficiency But many cases are also due to poverty, congestion in living quarters, too many children in the families It may be a further increase from a latent and pre-existing dull and borderline, socially scattered, condition But stupidity in human beings is constantly being implanted by all forms of bigotry, misinformation, wrong upbringing, and wrong education Therefore, feeblemindedness would tend to decrease and perhaps to disappear in a society where men would be more masters of themselves and would learn to think as independently as possible We may say that while we cannot control past heredity, we may under ideal conditions, control future heredity

The most evident subnormalities can be easily detected even by the merest tyro

The others are known through "psychometric" examinations or special mental tests or, in the hands of the competent, through an estimation which may amount to exact knowledge.

With the exception of the very evident cases it is difficult and sometimes impossible to recognize real feeblemindedness in the *first two years* of the child's life But the interest of the children in their immediate environment, the smile, the cry, the reaction to stimuli, provided they *see and hear* well, should be of some help in differentiating the normal from the abnormal

In later childhood years some of the plainest methods, such as the following, to be of use to the *general practitioner* and even to the *parents,* should be sufficient to attract attention to mental deficiency

At the age of three Should be able to show mother, father, mouth, hands, feet, to give names of familiar people, to imitate body motions, to repeat a simple sentence. Talking and walking difficulties should have been overcome

At *four* Designate familiar objects and name them, knowledge of boy, girl, imitation of various more complicated motions, reciting a very brief story after it is told, right and left, building with objects or blocks a tower, a wall, stairs, name furniture shown, differences in size, big, little, bigger, smaller, higher, taller, some striking colors, explain some plain pictures, put things where they belong, counting

At *five* Imitation of drawings, drawing from memory, names of well-known animals, answers to questions with "why" and "what for" within the child's range, counting, children's games, counting of several identical or similar objects, dressing, undressing, recognizing more colors

At *six* More intricate building with blocks and more difficult drawing, tying, untying, more refined dressing, working with scissors, the use of a key, modeling, differences of lengths, widths, opinions about acquainted people, repeat or make up a longer story, tell what food on previous day, what significant event on previous day or in the recent past, something about friends and playmates, counting backwards, about things seen, grass, tree, boat, river, mountain, sea

Retardation is not the same as feeblemindedness

Retarded children are slower or temporarily slower in their progress They may be more advanced in some respects and more behind in other respects Their intelligence is improving steadily, but at a less lively pace than in the ordinary child In their case prognosis should be guarded They should be watched

Institutions are unavoidable for the worst forms of mental subnormality But institutionalism is at best a necessary evil Whenever the weak-minded children can be kept at *home* or in somebody's home, they are better off

The higher grade of hypophrenic as well as the delayed children will benefit from the contact with other children and adults and will learn much from the scheme of things to be seen and witnessed around them

The principles of upbringing, education and pedagogy are the same in the normal and the abnormal, as all minds are based on the same psychological foundations But the methods must be different or must be applied in a different way

The system of the so-called "ungraded classes," as it exists in New York City, in spite of the sincere and well-meant efforts of their often splendid special teachers, is nothing more than an inefficient makeshift and a promiscuous dumping ground. Its unfitness to solve the difficult problem of teaching the feebleminded is greater than the unfitness of its little patrons themselves Retarded children should never belong there. They would be worse off in those classes than the incurable defectives

611 W 158 St

PREPARING BRITISH DOCTORS FOR WAR

Britain's preparation for war includes a canvass of all physicians to find and list those available in case of emergency As we are told in the London letter of the *A M A Journal* a classification into the following categories is proposed 1 Those willing to accept whole time service at home or abroad 2 Those willing to accept part time service at home 3 Those willing to offer emergency service for the medical care of civilian casualties after air raids or bombardments (*a*) in any part of the country to meet a local emergency or (*b*) in their own areas The inquiry will be conducted with regard to all physicians whether members of the British Medical Association or not.

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EDITORIALS

Federal Health Management

Although faced with a legislative deadlock growing out of the Anti-Lynching Act, the Administration has on several occasions reiterated its determination to press for reorganization of the executive branch Two bills are, in fact, prominent on the Senate agendum, one having already passed the House of Representatives

If reorganization of the Federal government is really to be effected this year, the time is ripe for enactment of a reform which organized medicine has urged for over sixty years, namely, the establishment of a national Department of Health As Federal functions have expanded, the Cabinet has been correspondingly enlarged to give agriculture, commerce, and labor a voice in important executive, deliberations The nation's health is deserving of equal consideration, particularly since Federal health activities are continually on the increase

Influenced, perhaps, by the social service group which looms large in the present Administration, Mr Roosevelt has declared himself in favor of placing public health under the control of a general Welfare Department This is incompatible with maximum efficiency in planning and accomplishing public health programs

A lay Secretary, however well informed on sociological questions, is unqualified to pass judgment on public health projects or the abilities and capacities of public health officers If medical plans require the mediation of a lay department head to reach Congress and the President, they will be subject to misunderstandings and mistakes, which must inevitably delay the organization of national health work and impair its effectiveness

At present Federal health functions are scattered in a number of agencies without uniform supervision or control Concentration of these various enterprises in a single department would undoubtedly promote greater efficiency and produce better results—provided the department were a medical one

To subordinate public health work to a general welfare program is to repudiate fundamental tenets and ignore the technical demands of this field With their special knowledge of what is involved, the physicians of the country urge the creation of an independent Federal Department of Health to plan and direct national health work

The New Lien Bill

Framed with the aid of the New York Bar Association, the physicians' lien bill sponsored by Assemblyman Fite answers the legal objections raised to previous legislation of this nature With techni-

calities out of the way, there can be no serious opposition to a law which grants medical men a measure of protection such as hospitals and lawyers already enjoy

The new bill is simple and easily understood It provides that a physician rendering service for personal injuries may impress a lien for the amount of his fee against subsequent damages granted the injured person

This is elementary justice When a physician is summoned to attend the victim of an accident, he does not stop to inquire whether he will be paid for his services He takes care of the patient first and worries about his bill later

All too often it happens that he has cause for worry The injured person sues, including medical costs among the losses he has sustained When an award is granted, however, he frequently forgets the item of medical expense and pockets the doctor's share of the grant

The hospital has a lien on the award to protect its bill The lawyer deducts his fee before paying over the monies recovered Only the physician is left out in the cold

The Fite bill does not confer any special or undeserved privileges on the medical profession It merely aids the physician to collect a just bill at a time when the patient receives money for the express purpose of paying it

If the profession makes itself heard, the Fite bill should be enacted this year It is just and practicable With legal technicalities disposed of, there can be no conscientious objection to it Every medical man should get behind this measure and let his representatives in Albany know he is wholeheartedly for it

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Medical Leadership

There has come to us an address delivered by our President in Rochester, on Leadership It was published in our last issue Dr Goodrich stresses the need for expert leadership in welfare and health for our people The combination which medical men possess—knowledge of human ills, ability to comprehend the relationship of cause and effect and an experience which teaches them to discard what trial proves to be fallacious, makes of a thinking doctor an ideal community leader—requires no reiteration here

In the choice of leaders the profession often faces similar difficulties as are inherent in our democracy The clever politician, the man who has the knack of staying on both sides of a given question until the trend in public opinion is clear and then joins with the winning side, is as known to our circles as he is to the observer in the larger field of general politics Organized medicine is but a segment cut from the whole body-politic and contains the same elements

Medical leadership at its best, is seen where given situations are studied against the background of the trends in current affairs, and a course determined upon, after knowing what the best is that organized medicine can deliver With us there is neither a right nor a left wing Every element in our ranks has but one objective, and the goal towards which all are striving is the same—the improvement of the health of the whole community, and bringing the details which are employable to combat disease and lessen its incidence among the people The problems we face embrace economics, engineering, slum-clearance, crime prevention, safeguards to lessen health hazards in mine, factory, store, school and home Into our field there come problems of transportation, not only of people, but of food-stuffs, and sanitary conditions of marketing and food preparation These all present problems concerned with medicine Medical leadership must evolve from among those of us who have vision broad enough to encompass this large horizon

Doctors are traditionally trained to stand alone and thus face and take responsibility In assuming medical leadership, this training is vastly important For the majority of those on whom the responsibility of leadership rests must have

both the intellectual honesty and the courage to face reality, study causative factors, and determine a course of action to be taken

Gentle Reminder

Before the entrance of our nation into the Great War, and before the rapid increase in the number of specialists in our profession, an outstanding pediatrician presented to his class a small male child who had a swollen knee joint, bleeding gums, and hematuria He asked the group of fourth year students to attempt a diagnosis They all demanded blood studies, x-ray examination of the kidney and joints, functional tests of the kidneys and even cystoscopic investigation! All this to make the evident diagnosis of scurvy In his kindly manner he then reproached the class as follows "Gentlemen, please don't become pseudoscientists"

In the mad rush of the years that followed, the keen clinician, whose influence is still stamped deeply in the mind of the practitioner of forty and over, has been relegated to the background of the teaching side of medicine Anyone who has examined applicants for the position of intern, cannot help but be impressed with the disparity between the amount of laboratory data and the paucity of pure clinical knowledge which is evident in the written papers It must not be implied that the value of scientific training is questioned but it is meant to be understood that the bedside training in everyday clinical medicine has been neglected

The above has been inspired by the perusal of a seemingly unimportant contribution by Dr Howard Lilienthal which appeared in a recent publication of the *A.M.A. Journal*[1] One of the physicians responsible for the outstanding progress of the development of surgery in this country writes for us a concise clinical note on "Pruritis Ani, A Simple and Efficient Treatment" The therapy he advises is of less importance than the hidden warning contained in his trite communication It almost seems, after repeated readings, that he had intended his article to be entitled "Pruritis Medicinae." Therefore, with all italics, omissions and additions ours, we quote "The therapy of pruritis ani seems to have come into prominence during the past year More and more the operative treatment has monopolized the literature While I do not doubt that in some instances the formidable procedures which have been described may be advisable, yet the cases most frequent in general practice may easily be relieved or even cured by simpler means" He claims no priority for his simple remedy, but he states that it has been so successful that *"it is my duty to describe it here"*

Fortunately there are still among us many doctors of the "hard-headed" school of medicine, and we ask that they please leave as their legacy such pertinent information as Dr Lilienthal has recently contributed in the *J.A.M.A.*

1 Lilienthal H *J.A.M.A.* 110 509, 1938

Surgery of Essential Hypertension

Experimental investigation to date has failed to reveal the exact cause of essential hypertension There is no conclusive evidence at hand to demonstrate that the organs of internal secretion or the central nervous system are the sole factors resposible for the appearance of an otherwise unexplainable rise in blood pressure It is true that the splanchnic vessels to a large extent control the variations in arterial tension but it seems that the peripheral blood vessels are themselves supplied with a nerve mechanism capable of governing the level of the arterial pressure

In estimating the value of the several surgical procedures advocated for the relief of essential hypertension, Heuer[1] feels that in the main all are effective only to a limited degree Severance of the anterior spinal roots, removal of the celiac

1 Heuer G J *Bull N Y Acad Med* 13 692 1937

ganglion or a splanchnicotomy merely serve for the interruption of those sympathetic fibers which control the pressure in a particular part of the blood stream Nevertheless, certain definite results from surgery are apparent and warrant a continuation of the investigation along clinical lines

In almost every instance, Heuer has found that all the subjective symptoms, and headache in particular, were definitely improved following section of the anterior roots Retinal hemorrhages and papilledema likewise disappeared even though the blood pressure showed no more than a slight reduction following surgery Most encouraging of all was the ability to rehabilitate patients who were completely incapacitated and to return them to their normal fields of activity From the patient's standpoint, the relief obtained in itself would justify the operative measures despite the failure in many instances, to obtain a substantial reduction in the pressure Exactly what type of surgery will finally prove most effective remains to be decided The physician who has treated a case of essential hypertension and has failed to obtain an improvement in the symptomatology should consider surgical therapy as a means which at present affords the hope of a symptomatic cure

CURRENT COMMENT

"THE PHYSICIAN IS AS NECESSARY to the public health as is the health officer or the sanitary engineer The work of the private nurse or the visiting nurse is as necessary as that of the public health nurse The hospital and its out-patient department are as necessary as the health department "—The words of the late Edgar Sydenstricker

"'IN WELFARE PROGRAMS the State and nation are taking steps that will affect not only the pocketbooks but the lives and philosophies of our grandchildren Will those effects be desirable ones? my remarks are chiefly addressed to those of you who will test and be tested by, the present eagerness for State-provided security

"'Every civilized man has sought a stable future for himself and his family As industrial civilization developed, power, through property, centralized in a few hands, those few who had enough property could face the future with relative confidence, but the many who had little were less complacent'" Dr Alan Valentine, president of the University of Rochester, addressed the student body on February 10, and drove home many points regarding "security" We quote further from *The New York Times* report of his talk.

"Dr Valentine continued that 1914 and 1929 brought 'two different kinds of chaos and showed us how uncertain in spite of all efforts, were both our lives and our daily bread A man's ability to protect his future vanished in the smoke of artillery and the flutter of pieces of paper ironically called securities

"'We only know that we wanted more security and that only the State could provide it, since only the state can successfully spend money that it does not have,' he said

"'It is one thing for individuals, or private groups of individuals, to provide for their own future, it is quite another to demand that the State provide individuals with financial guarantees Therein lies the difference between the old way and the new When government offers to us, as individuals, financial security, and we, as individuals, accept it, we have worked a fundamental change in the American concept of government, and also in the American concept of individual independence

"'The new concept changes not only our traditional political thinking but also our traditional idea of the importance and responsibility of the individual

"'We have been brought up to think of the American as a man who stood upon his own feet and blamed only himself for failure

"'Americans of that tradition had their faults, but timidity was not one of them—as pioneers they took chances and usually gained their objectives'"

WE CALL ATTENTION TO the fact that "The so-called national health inventory financed by a $4,000,000 grant from the WPA has been brought nearly to completion It comprises investigation of health conditions and their relation to economic status among 3 000 000 individuals in ninety cities Results of this survey the most extensive of its kind ever made are about ready for distribution"—*Medical Economics* for February

"THE MOST FORMIDABLE WEAPON that we possess against state medicine, irregular

practice, cults and other elements that threaten organized medicine is the conscientious practice of our profession No amount of protective legislation that we may pass can equal the painstaking performance of our daily tasks"—If this is not the *most* formidable weapon at our command, we agree with the *Bulletin* of the Academy of Medicine of Toledo and Lucas County (Illinois) in that it is at least a very valuable one indeed

"H G Wells some years ago made the statement, 'We must have education, or we will have catastrophe' Contrary to the opinion of many who read this statement, Wells referred to the education of adults, and not of the younger generations in our public schools

"In our educational considerations, the campaign for the education of adults as well as the youth of America in health matters, is of utmost importance Medical societies and medically trained individuals must be leaders in all health considerations, and a complete uniformity of ideas and ideals is essential if we hope to be successful in our endeavors"—Dr Harold M Camp, Secretary of the Illinois State Medical Society, in an article on "The Correlation of Secretarial Duties in the State Medical Society" to be found in the *Illinois Medical Journal* of February

In the same journal, Dr J R Neal writes of "Medicine in an Evolving Society," and he states that, " Medicine has not been overlooked by those who would create a new society in a new world The practice of medicine is rightly considered as a fundamental factor in social life Many of the plans put forward with respect to change however, appear to assume that the medical profession is not aware of this fact They presume that the practice of medicine has been and continues to be static The proponents of these plans either refuse to see or are blind to the ever changing progress and adjustments made by medicine to meet new situations They offer the idea of compulsory health insurance as a panacea of medical care

"Social conditions are unsettled Reform is the order of the day Medical practice is a matter of deep public concern *Guiding the trend of changes which are bound to come will require sound thinking and a clear vision* " (Italics ours)

"The science of Semantics deals with certain Mental Monsters that are found abundantly in all media of communication A more academic definition would state that Semantics is the science of communication, embracing matters having to do with significance or meaning To put it still another way, Semantics embraces the study of words, appreciation of what words refer to, and the awareness or disregard of words or phrases that suggest different things to different people, or that mean absolutely nothing to anybody The great injunction from Semantics is to find the referent—or, as the old duchess said with a toss of her head when first she heard the word, technocracy—'and what, precisely, do you mean by that'

"If Rugged Individualism were allowed to flourish in a More Abundant Life that were tempered by Human Values and respect for Social Justice, the Human Budget would soon be balanced for The Law of Supply and Demand would stymie The Law of Diminishing Returns Value would unite with Wealth to inflate Capital, Agriculture would combine with Labor to feed Destitution, the Consumer would take a walk with the Producer, Truth would play pinochle with Justice, and Individualism would sit on the sidelines to view this beautiful spectacle when Government would come around with ice-cream and would get sick and yell for National Health and Adequate Medical Care

"From other sources we learn that the League of Nations is considering the establishment of a Department of Verbal Peace in an effort to discourage peoples of the world from developing and brandishing Terms and slaying one another with words" —A wise bit of nonsense from the February *Westchester Medical Bulletin*

At the February meeting of the New York Polyclinic Clinical Society, the following program was presented

"Spinal Anesthesia" by Thomas F McLaughlin, M D

"Modern Concepts on Addisonian or Macrocytic Anemia" by Lea A Riely, M D of Oklahoma State Univ Discussion was opened by James P Croce, M D

"Clinical Review of Results of 241 Operations for Essential Hypertension" by George W Crile, M D, Cleveland Clinic, Cleveland, O Discussion was opened by S Philip Goodhart, M D

COMMITTEE ON LEGISLATION

Bulletin No 5

New Bills Introduced

February 4, 1938

Senate Int. 591—Schwartzwald, Assembly Int 797—Gugino, extends to April 1, 1938, time for report of commission for study of treatment of cancer cases Referred to the Finance Committee in the Senate and the Ways and Means Committee in the Assembly

Senate Int. 637—Dunkel, prohibits sale of poisonous, deleterious or habit-forming proprietary medicines by manufacturer or wholesaler to other than those registered by education board, with certain exceptions Referred to the Education Committee

Comment This bill has been before the Legislature several times Last year's bill was amended twice and this bill is identical with the last print of last year The chairmen at the conference in 1937 approved it. The bill passed the Senate last year but was defeated in committee in the Assembly

Senate Int 644—McNaboe, provides for commitment to care and custody of lunacy board of persons in confinement for felony or for certain misdemeanors where there is reason to believe such person is insane or mentally defective Referred to the Codes Committee.

Comment This bill has not yet been printed Comment will be made in the next bulletin

Senate Int 647—McNaboe, requires each pupil upon entrance in public schools, and semi-annually thereafter, to be examined by a licensed psychiatrist, and permits proceedings to commit mental defectives to state institutions Referred to the Education Committee

Comment The basis on which a child shall be excluded from school and committed to an institution reads "If it be ascertained upon such examination that any of such pupils are afflicted with a mental disability of such a type as will interfere materially with the instruction of other pupils, the principal or teacher in charge of the school where such pupil is in attendance shall take proceedings to have such pupil committed to a state institution in accordance with the provisions of the Mental Hygiene Law"

Senate Int 651—McNaboe, creates state lunacy authority in executive department and provides for local lunacy boards in each judicial department prescribes salaries and fixes powers and duties Referred to the Judiciary Committee

Comment Creates a state lunacy authority of five members, one of whom shall be a physician with five years' experience in actual practice and a qualified psychiatrist as provided by the law which was enacted in 1936, another shall be an attorney with five years' experience in actual practice, the third a citizen of the State who shall have been a resident of this State for at least five years, the fourth the Commissioner of Mental Hygiene or his deputy, the fifth a member of the local lunacy board from the same zone as the person examined. Zones are coterminus with the judicial departments of the State Members shall serve for two years, appointed by the Governor with the consent of the Senate, at a salary of $7500 00 Powers of the authority are (1) To review the findings of the local board where there has been a dissenting opinion, (2) In all cases where it has been determined by the local board that the person is insane, (3) To examine any person upon his release from a State institution where he has been confined as insane or mentally defective

It also provides for the creation of local lunacy boards, one in each judicial district, to consist of three members, each of whom shall be a citizen and resident of the said judicial department for which he is appointed by the appellate division One member shall be a psychiatrist licensed to practice in this State "and recommended by the Academy of Medicine", one member shall be an attorney practicing in the same judicial department, another a citizen, a resident of the department. The psychiatrist and attorney to serve for two years and the citizen for one year the psychiatrist and attorney to receive $5000 and the citizen $3000 per year

Powers (1) To make a history of the social background of all persons sent to be examined by any judge, justice or magistrate, (2) To make a psychiatric, psychological and psychometrical examination of all such persons, (3) To report their findings to the court in which such person was originally arraigned, (4) To report their findings to such court with one copy to the lunacy authority, of all examinations of persons found to be insane or where the board has a divided opinion

Persons to be examined are all who shall be held in confinement for a felony or for any of the following misdemeanors Illegally using carrying or possessing a pistol or other dangerous weapon, making or possessing burglars' instruments buying or receiving stolen property, unlawful entry

of a building, aiding escape from prison, unlawfully possessing or distributing habit-forming narcotic drugs

The two bills that we reported last week without comment because they were not printed, follow

Assembly Int 705—Flynn, to amend the Civil Practice Act in relation to the inspection of hospital records The amendment reads as follows "Inspection of hospital records by attorney Upon the presentation to the superintendent or person in charge of a hospital, of a written authorization, duly executed and acknowledged by a person who is or has been a patient in such hospital, authorizing the inspection of the records of such hospital by his or her attorney, such attorney shall be given access to and allowed to inspect all the records of such hospital relative to the care and treatment of such person while a patient therein"

Assembly Int. 711—Sullivan, to amend the Education Law in relation to the practice of ophthalmic dispensing Defines ophthalmic dispensing as "A person practices ophthalmic dispensing within the meaning of this article who engages, or who holds himself out as being able so to do, in the filling or dispensing to the ultimate consumer, of ocular prescriptions involving lenses, spectacles, eyeglasses, optical devices or any ophthalmic appliances except drugs and medicines, as prescribed by physicians and by optometrists, and intended to be used for eyewear or for the aid, correction, relief or treatment of visual or ocular anomalies, and in the surveying and measuring of the external features of the face and head of said consumer for the proper designing and fitting as required by such prescriptions, and in the fitting, servicing and adjusting to the ultimate consumer, with respect to such prescriptions, of any of the aforementioned materials or combinations thereof, and in the dispensing, furnishing, selling or supplying to the ultimate consumer, of any of the said commodities or essential parts or accessories thereof"

Provides for the creation of a licensing board in the Department of Education and the qualifications under which persons can secure licenses No person may practice without license after January 1, 1939, must be a graduate of a four-year course of study in a secondary school, and either actually engaged in ophthalmic dispensing for not less than five years or has completed a two-year course of study in a school of ophthalmic dispensing, and in addition thereto, has had practical training in ophthalmic dispensing for not less than three years

Assembly Int. 858—Fite, gives *physicians* right of *lien* for aid, treatment, care or services on account of personal injuries resulting from negligence of another, except where settlement or verdict is less than $300 00 Referred to the Judiciary Committee

Comment Fundamentally, this is the bill that Mr Fite carried for us last year, which reached third reading in the Assembly In the discussion of the bill at that time certain amendments were suggested, and during the Summer a committee of the New York County Society, the New York Bar Association, with Dr Lawrence, carefully studied the bill and incorporated the suggestions that were made in the Legislature. The bill provides that in all cases of personal injury where a physician or surgeon is called to render service, and the injured person is eventually to receive an award or settlement, the physician or surgeon may impress a lien against such award or settlement for the amount of his fee. It is important that you should know exactly what this bill provides in order that you may most forcibly discuss it with your legislators May we suggest, therefore, that *we shall be glad to supply you with a printed copy upon request*

Assembly Int 884—Dailey, prohibits person with communicable disease to work as domestic when allowed to take care of children or to handle food, requires that domestics be examined for presence or absence of any such disease, and permits isolation and treatment, if necessary Referred to the Health Committee

Comment Prohibits person with communicable disease from accepting position as a domestic which involves the care of children or the handling of food All persons so employed now must within sixty days submit to a physical examination, and persons applying for work shall be physically examined within thirty days of the date of employment. The board of health shall provide for the examination and the physician making the examination shall report to the board of health Persons may apply to a magistrate for an order restraining such examination and no examination shall then be made except upon the order of such magistrate

Assembly Int 966—Walsh, prohibits the operating of motor vehicles while under influence of intoxicating liquors or narcotic drugs, instead of "in an intoxicated condition" as at present. Referred to the Motor Vehicles Committee

Action on Bills

At a conference on January 31, the Committee took action on the following bills

Approved

Assembly Int. 397—Burgdorf—Regulations of Public Health Council.

Assembly Int. 398—Burgdorf—Liability for damages, certain State employees

Assembly Int. 435—Flynn—Negotiating settlement for injuries

Assembly Int. 436—Flynn—Negotiating settlement for injuries in hospital or sanitarium

Assembly Int. 496—Burgdorf—Pollution of waters

Assembly Int. 556—Holley—Consumers' bureau in Health Department.

Opposed

Senate Int. 388—Feld—Practice of electrolysis

Assembly Int 439—Garcia-Rivera—Home relief recipients, medical care, etc.

Assembly Int. 492—Suitor—Motor vehicle injuries, care of indigents

Bulletin No 6

February 11, 1938

The annual conference of County Society Legislative Chairmen was held in Albany on February 9 All of the bills that were printed were studied and action taken upon them. There follows a statement of the final disposition of the bills made by the chairmen

Approved

S Int 99—Twomey, A. Int 127—Newell, Serological blood tests of pregnant women

S Int. 100—Desmond, A. Int 363—Breitbart, Serological blood tests of pregnant women

S Int. 101—Desmond, A. Int. 124—Breitbart, Pre-nuptial examinations

S Int. 459—Crawford, A Int 358—Ostertag, Sanitary regulation of trailers and tourist camps

S Int. 481—Schwartzwald, A Int 496—Burgdorf, Pollution of waters

S Int 482—Schwartzwald, A Int 397—Burgdorf, Qualifications of Public Health Council

S Int. 483—Schwartzwald, A Int. 398—Burgdorf, Liability for damages, certain Health Department employees

S Int. 637—Dunkel, Sale at wholesale of poisonous or habit-forming proprietary medicines

S Int 701—Esquirol, A. Int 157—Hawkins, Practice of radiology

A Int 183—Todd, Nurse practice

A Int 236—Schwartz, Labels on food products

A. Int. 272—Fitzpatrick, First-aid kits on railroads, etc.

A Int. 291—Breitbart, Blood-grouping tests of criminals for identification purposes

A Int 292—Breitbart, Blood tests to determine parentage of child in criminal proceedings

Approved

A. Int. 364—Brenner, Creates consumers' bureau in Health Department

A Int 556—Holley, Creates consumers' bureau in Health Department

A Int. 711—Sullivan, Defines ophthalmic dispensing

A Int 858—Fite, Physicians' lien

Opposed

S Int 117—Feld, Defines radiology

S Int 202—Stagg, A Int 287—Shaw, Treatment for infantile paralysis patients

S Int. 243—Livingston, A Int 332—Wagner, Nurse Practice

S Int. 268—Hanley, A Int 344—Canney, Division of food in Health Department

S Int 269—Hanley, A Int. 349—Canney, Division of food in Labor Department

S Int 278—Warner, A Int 443—Marble, Duplicate certificates of birth

S Int. 326—Fischel, A Int 35—Wagner, Health insurance

S Int. 327—Fischel, A Int 34—Wagner, Creates commission to study public health services in State

S Int 388—Feld, Practice of electrolysis

S Int 647—McNaboe, Examination of pupils by psychiatrist

A Int 334—Peterson, Tests for determining intoxicated drivers

A Int 339—Phelps, Future care of released State hospital patients

A Int 380—McCaffrey, Physical examination of employees

A Int. 381—Methfessel, Pre-nuptial examination to determine presence of syphilis, tuberculosis, etc

A Int 439—Garcia-Rivera, Relief recipients, allowance for medical care

Opposed

A. Int 492—Suitor Indigents suffering from motor vehicle injuries

A Int 623—Fogarty Workmen's Compensation arbitration of cases

A Int 648—Fite, Maternity subsidy

A Int 705—Flynn Inspection of hospital records by patient's attorney or former patient.

A Int. 884—Dailey Requiring physical examination of domestics

A Int 976—Sullivan, Requiring school authorities to furnish cod-liver oil for certain pupils

No Action

S Int 644—McNaboe, Commitment of certain persons to care of lunacy board

S Int 651—McNaboe, Creating State lunacy authority

A Int 351—Crews, Hours of labor of all hospital employees

A Int 435—Flynn, Statement of personal injury

A Int 436—Flynn, Statement of personal injury in hospital

A Int 966—Walsh, Prohibits driving motor vehicle while under influence of liquor or drugs

Our *Lien Bill* is now in both houses (Senate Int 869—Kleinfeld, Assembly Int 858—Fite) with the respective Judiciary Committees *Enlist your legislators' interest immediately* Remember this bill is the product of our former experience and careful study by a special committee of lawyers and physicians members of the New York Bar Association and New York County Society Last year's bill was approved by the Assembly Judiciary Committee and would have passed the Assembly except that improvement in phraseology was recommended Those recommendations are embodied in this bill

Bulletin No 7

February 14, 1938

New Bills Introduced

Senate Int 701—Esquirol, practice of radiology same as Assembly Int 157—Hawkins With the Education Committee

Senate Int 753—Feld, Assembly Int. 1073—Miss Todd provides for license and regulation of persons engaged in practice of hairdressing and cosmetology by board of seven members established in Education Department and appropriates $30,000 Referred to the Education Committee in the Senate and the Ways and Means Committee in the Assembly

Comment A similar bill passed the Legislature last year but was vetoed by the Governor That bill amended the General Business Law, this amends the Education Law We were opposed to the bill but we recognize that there is virtue in an attempt to establish a means of inspecting and regulating the various establishments and practitioners engaged in hairdressing The practice of hairdressing and cosmetology is defined as follows "To engage in the practice of hairdressing and cosmetology means and refers to a person who holds himself out, directly or indirectly, as being able, or who offers or undertakes, by any means or method, with the aid of the hands or of mechanical, electrical or other apparatus or appliances, and/or by the use of tonics, lotions, creams, cosmetics, cosmetic preparations or compounds, to wave, dye, color, bleach cut arrange dress, curl, cleanse or stimulate the growth of the hair of the head of a female person or to massage, cleanse, manipulate or exercise the scalp, face, neck or arms of such person, or to do any similar work intended to enhance the appearance of such person"

Senate Int 784—Egbert, pre-nuptial examinations, same as Assembly Int. 381—Methfessel With the Judiciary Committee.

Senate Int 790—Livingston, Assembly Int. 1079—Wadsworth, exempts from definition of dispensary State Departments of Health, Mental Hygiene and Education institutions under their jurisdiction, local health department education board or health officer, and permits them to display dispensary or clinic sign Referred to the Relief and Welfare Committees

Comment In the public schools there are dental clinics, and the Department of Health has venereal disease clinics and tuberculosis clinics Under the law at present all of these must be licensed and inspected by the Department of Social Welfare Supervision by two departments tends to create confusion and destroys efficiency Therefore, the object of this bill is to release the Department of Social Welfare from jurisdiction over clinics conducted by other State Departments leaving them solely responsible for their respective clinics

Senate Int 856—Howard provides for bi-weekly report when requested by employer from physician giving treatment to injured employee entitled to workmen's compensation for final report within forty-eight hours after last treatment and for arbitration committee to determine value of hospital services Referred to the Labor Committee.

Comment Amends the Workmen's Compensation Law by shortening the time within which the preliminary notice must be filed from twenty to ten days and requiring that the physician giving the treatment shall furnish progress reports bi-weekly when requested by either the employer the insurance carrier the industrial board or the industrial commissioner and a final report within forty-eight hours after the last treatment Failure to do any of these things shall be sufficient cause for removal from list and will prevent the physician receiving a fee when in attendance at a hearing The bill further makes new provision for aggrieved owner or operator of a medical bu-

reau or laboratory to appeal to the industrial council to be heard and to present evidence in his behalf The council shall communicate its findings to the commissioner and they shall be final

Section 13-g, subdivision 2—payment of bills for medical care—is amended by adding the following "If the parties fail to agree as to the value of hospital services rendered under this chapter, such value shall be decided by an arbitration committee consisting of two persons designated by the hospital and two persons appointed by the employer or carrier, the majority decision of such committee shall be conclusive upon the parties, and in the event of equal division, the committee shall select a fifth person whose decision shall be conclusive" And a new subdivision 4 is added providing for the payment of medical care expenses in cases where the employer has failed to secure compensation to his employees

Senate Int 869—Kleinfeld, PHYSICIANS' LIEN, same as Assembly Int. 858—Fite With the Judiciary Committee

Senate Int. 876—Miller, gives registered nurses lien on rights of action, suits, claims, counterclaims or demands of person receiving aid, care, treatment or services on account of personal injuries resulting from negligence of another Referred to the Judiciary Committee.

Comment Amends the Lien Law in favor of nurses in identically the same way as our physicians' lien bill is drafted

Senate Int 880—Quinn, inspection of hospital records, same as Assembly Int 705—Flynn With the Codes Committee

Senate Int 889—Williamson Assembly Int 1170—C Lawrence, provides for State aid to extent of forty per cent for hospitalization furnished by municipality under Public Welfare Law, and appropriates $500,000 Referred to the Finance Committee in the Senate and the Ways and Means Committee in the Assembly

Comment Communities were reimbursed under the TERA to the extent of forty per cent of expenses incurred in caring for families in their homes but the State never assumed a financial responsibility for medical services rendered in the hospitals These expenses had to be met by the community alone This bill would extend the State's obligation to medical expenses incurred in hospitalized cases

Senate Int 895—Feld requires Regents' Board to endorse license issued for professional practices by legally constituted board of examiners of foreign state or country and strikes out requirement that candidate so endorsed shall pass examination on subjects of licensing examination specified by statute or Regents' rule Referred to the Education Committee.

Comment The Regents have the authority in their discretion to endorse licenses of physicians from outside the State. They have in accordance with this provision, established reciprocity with certain states where the educational requirements are similar to those of this State This bill would remove their power of discretion and oblige them to endorse the license of any physician who has practiced for five years in another state or country without examination by the board in this State.

Senate Int 899—Rogers, provides for sterilization of glasses and other utensils used in preparation and service of food by drug stores, soda fountains, and other places where food is prepared and sold Referred to the Health Committee.

Assembly Int 976—Sullivan requires school authorities to provide cod-liver oil or a concentrate thereof for kindergarten and primary grade pupils Referred to the Health Committee

Assembly Int 1015—Burgdorf, defines "cannabis" to include compound, manufacture, salt, derivative, mixture or preparation of the plant Cannabis Sativa L from which the resin has not been extracted Referred to the Health Committee

Assembly Int 1016—Burgdorf changes term "habit forming" to narcotic drugs as defined in section 421 Public Health Law, for imposing fines and penalties for violations Referred to the Codes Committee.

Comment These bills were prepared by the Division of Narcotics in the Department of Health and have been approved by its advisory committee

Assembly Int. 1219—Piper, provides that ommibus with capacity of more than seven persons shall be equipped with emergency first-aid kit Referred to the Motor Vehicles Committee

Comment The bill states that the kit shall include Two packages one-inch adhesive compress (16 per package), two packages two-inch bandage compress (2 per package), one package four-inch bandage compress, two packages, sterile gauze (one yard square) two packages triangular bandage (40-inch) one package gauze bandages (3—two in by 6 yards) two packages iodine swabs (10 per package), one package ammonia inhalants (10 per package), one package ammonia ampoules (4 per package) one package burn ointment (6 per package) two packages picric acid gauze (one yard square), one package wire splint (compressed) one package drinking cups (10 per package), one package castor oil (4

tubes per package), and one package tourniquet tweezers and scissors

Assembly Int 1224—Averill, requires the Education Department to admit to examination for license to practice as registered nurse, a graduate of school of nursing accredited in any other state who has completed course of study considered by board equivalent to that required in this State, having met all other requirements, department to issue list of legally registered nurses and trained attendants, provides for disciplinary proceedings, penalties for unlawful practice, and makes other provisions Referred to the Education Committee

Action on Bills

Assembly Int. 183—Miss Todd, nurse practice bill, has been amended by changing title "nursing aide" to "practical nurse" and establishing minimum education requirements for practical nurses as completion of the grade school and one year in hospital of its equivalent.

Senate Int 117—Mr Feld has amended his radiology bill so as to exempt "any person, firm or corporation which shall have continuously and actively engaged in the operation of an x-ray laboratory for at least one year prior to July 1, 1938

Senate Int 526—Feld, nurse practice bill, has been amended to agree with amendments submitted to Assembly Int 183, as reported above

Senate Int. 591—Schwartzwald } extend
Assembly Int 797—Gugino } ing time for the report of the Cancer Commission to April 1, 1938, has passed both houses and is with the Governor for signature

JAMES H BORRELL
B WALLACE HAMILTON
JOHN L BAUER

ONE PATIENT STUDIED THOROUGHLY

Drs A A Bailey and H G Weiskotten, Syracuse, (*Journal A M A*, Dec 25, 1937), describe a procedure which has been in use at Syracuse University since 1930 in the hope that it would give the students a better point of view toward all the problems involved in adequate medical care.

The program has involved the placing of responsibility on each student for a complete study of at least one patient who has been assigned to him as a clinical clerk on the hospital wards At the beginning, the home visits connected with these studies were supervised by the hospital social worker However, such supervision tended to routinize the work of the student and failed to develop initiative and the coordination that was essential to a satisfactory point of view toward the case as a whole.

After several years of experimenting, the program has developed until it is now conducted as follows

Each clinical clerk is assigned a patient for investigation. The patient selected is one whom he has studied in the hospital from the clinical point of view An effort is made to avoid cases in which the diagnosis is doubtful and to select those cases which present individual and environmental problems The instructor may be aided by the social worker in the selection of the cases, but the student does not consult the social worker before making his study of the case

The instructor explains to the clinical clerks the significance of the investigations and outlines to them a general plan of procedure The student then visits the patient's home, interviews the family, the situation in general and drafts a rough report, giving the results of his investigation The instructor reviews this report with the student and then goes with him to the home and familiarizes himself with the situation He then discusses with the student the problems presented and, if necessary, makes suggestions for further investigation

On the completion of his study, the student prepares a report which includes a series of recommendations with regard to the adequate handling of all aspects of the case He presents this report at one of the medical seminars, which are held weekly throughout the year After the student has presented his report, the social workers are asked to comment on the case and to give any additional information they may have Each faculty member then discusses the situation from his own particular point of view and questions the student with regard to various aspects of the case The attending students participate in the discussion

The student is expected to follow his patient throughout the year and to file a supplementary report giving the final status of the patient at the end of the year Usually two reports are presented at each seminar meeting and the schedule is so arranged that each student attends four seminars and thus hears the presentation and discussion of seven cases other than his own

PNEUMONIA CONTROL

That the physicians of the State may have concrete examples of different phases of anti-pneumococcus serum treatment of pneumococcus pneumonia, there will appear here case reports selected from the large number received by the State Department of Health on the use of anti-pneumococcus serum produced and distributed by it

In order that physicians practicing in New York City or those using effective serum from other sources may also be represented, we hope that physicians who may have had particularly significant experiences with serum will submit reports to the Pneumonia Editor, New York State Journal of Medicine, 33 W 42 Street, New York City—Editor

Case 13

Case report from the records of the Rochester Municipal Hospital, Rochester

"E. U., a twenty-six year old white male was perfectly well until February 4 when he had onset of chilly sensations, fever, malaise, and slight pain in the left side of the chest. During the next few days he developed a cough productive of muco-purulent expectoration and his symptoms gradually became worse. On February 7 the expectoration turned rusty in color, and the chest pain at that time was definitely accentuated by breathing and coughing and was referred to the tip of the left shoulder. On February 8 he called his physician who referred him to the Rochester Municipal Hospital.

"On admission, the patient was moderately ill with fever, grunting respirations, and suppressed cough. His temperature was 104.4, pulse of 120, and respirations of twenty-four. Physical examination revealed signs of consolidation at the left base posteriorly. A diagnosis of lobar pneumonia of the left lower lobe was made, and a specimen of sputum and a blood culture were sent to the laboratory immediately. An immediate (Neufeld) typing revealed type VII pneumococci in large numbers. After preliminary precautions against allergy which were negative (including history, skin and eye tests and a preliminary intravenous test of ten c.c. of 1-10 type VII antipneumococcus horse serum), serum administration was begun. Four therapeutic doses of New York State type VII antipneumococcus serum were given in about forty c.c. amounts (two vials) at about four hour intervals. The patient had an immediate crisis with the temperature, pulse and respirations returning to normal within twelve hours after serum therapy was started. Convalescence was uneventful."

Examination of the results of the treatment of type VII pneumonia with a specific type VII antipneumococcus horse serum reveals that this method of therapy is unquestionably effective in a great many cases if the serum is properly used. The case cited above is a typical favorable response of an uncomplicated case treated with adequate amounts of serum.

Since no standard therapeutic units have as yet been adopted by either New York State or the Federal Government, there is no designation of the number of units in the vial on its label.

In general, the principles underlying type VII serum therapy are reasonably similar to those for type I. The limited available evidence indicates that dosage in *number of vials* as supplied by the New York State Department of Health is but slightly greater for type VII than for type I. An uncomplicated early case may be given an average total dose of four vials. Each individual dose should consist of two vials, and these should be given at intervals of from two to four hours. Once serum therapy is started, the administration of serum at regular intervals should be continued until the desired effect is obtained or cause for failure determined. Bacteremic cases as indicated by a blood culture taken just prior to the first intravenous dose of serum require at least double the average total dose. Late cases aged patients, and cases with extensive pulmonary involvement need more serum than uncomplicated cases.

In the event that the patient does not respond after four vials have been administered the blood culture should be repeated, sputum rechecked for error or mixed infections and a careful search made for localized foci of infection such as empyema thrombophlebitis, meningitis, pericarditis, endocarditis, or otitis media.

Rabbit Serum

"Unfortunate" and "premature" publicity giving the impression that the use of rabbit serums in the treatment of pneumonia will soon result in the availability of serums highly effective against all of the thirty different types of the disease, is without scientifically accepted supporting evidence according to Dr. Edward S. Godfrey, Jr., New York State Commissioner of Health.

However, Dr. Godfrey said, it must be

understood that his criticism is directed against "premature use of a new product" and not in any way intended to discredit its ultimate usefulness or the present value of antipneumococcus horse serums, now recognized as of great value and, in fact, provided for physicians by the State

Dr Godfrey also made public a resolution of the State's advisory committee on pneumonia control, "including some of the world's outstanding authorities on pneumonia," urging against jeopardizing the future of antipneumococcus rabbit serum as a practical method of pneumonia treatment by its 'premature generalized use"

Dr Godfrey's statement follows

My attention recently has been called to a number of articles appearing in the press and prominent lay journals and an announcement over the radio, which have dealt with the subject of the use of antipneumococcus rabbit serums in the treatment of pneumonia While for the most part these presentations have been guarded, they have by implication promoted impressions which are highly misleading For example, the impression that the use of this new method of serum production will result shortly in the availability of serums highly effective in the treatment of all of the thirty different types of pneumococcus pneumonias cannot be condoned inasmuch as no convincing evidence in support of this has as yet been presented to the medical profession It is particularly unfortunate that these articles are raising the public hope that a specific serum cure has been found for the prevalent and extremely serious type of pneumonia known at Type III There is, as yet, no conclusive, scientifically accepted evidence that this is so

However, it must be understood that my comments are directed toward the premature use of a new product and not in any way intended to discredit the ultimate usefulness of this product nor the usefulness of the antipneumococcus horse serums now recognized as of great value and widely employed by physicians of this State, and, in fact, provided for their use by the State.

Pertinent to this subject, I can do no better than to quote a resolution recently adopted by a committee of prominent physicians, including some of the world's outstanding authorities on pneumonia, whom I have called together to advise me in our pneumonia control program, to quote

"Be is resolved, That it is the opinion of this committee that the therapeutic possibilities of antipneumococcus rabbit serum are such that its future as a practical method should not be jeopardized by its premature and generalized use. The committee recognizes that under certain circumstances such as bacteremic cases which are severely sensitive to horse serum or for which no horse serum is available, its use might be justified Otherwise, however, it is felt that application of this serum should be limited to clinical trial in a few selected hospitals where careful observations may be made, until such a time as the value, safety, and limitations of the method may be more accurately defined."

The Advisory Committee on Pneumonia Control of the State Department of Health, which adopted the resolution quoted by Dr Godfrey, includes the following members Chairman, Dr Russell L Cecil, Professor of Clinical Medicine, Cornell University Medical College, Dr Rufus I Cole, former director of the hospital of Rockefeller Institute, Dr Clayton W Greene, Associate Professor of Medicine, University of Buffalo and member of the New York State Public Health Council, Dr G M Mackenzie, Physician-in-Chief of the Mary Imogene Bassett Hospital of Cooperstown, Dr O W H Mitchell, Professor of Bacteriology, Hygiene and Sanitation, Syracuse University College of Medicine, Dr George H Ramsey, Assistant Commissioner for Preventable Diseases, New York State Department of Health, Dr Donald B Armstrong, Third Vice-President of the Metropolitan Life Insurance Company, Dr Thomas P Farmer, Chairman of the Committee on Medical Education of the New York State Medical Society, Dr Peter Irving, Editor of the *State Medical Journal* and Secretary of the State Medical Society, Dr William S Mc Cann, Professor of Medicine, Rochester University, Dr Ralph S Muckenfuss, Director, Bureau of Laboratories, New York City Department of Health, Dr Augustus B Wadsworth, Director, Division of Laboratories and Research, New York State Department of Health, and Dr Arthur W Wright, Professor of Pathology and Bacteriology, Albany Medical College

PREVENTION OF CRUELTY TO PRESIDENTS

Dr Mortimer G Brown, retiring president of the Syracuse Academy of Medicine, remarked in his farewell address that a haunting ghost reminded him daily and nightly, throughout the year of his incumbency, that the day was coming when pen must be taken in hand and an address written—for like taxes, there was no escaping the annual delivery of the President's address He suggested that another alphabetical committee be appointed, in keeping with the times, and that it be called the N C P P A, viz, a National Committee for the Prevention of Presidential Addresses

THE WOMAN'S AUXILIARY

To the Medical Society of the State of New York

STATE OFFICERS AND MEMBERS of the Executive Board of the Woman's Auxiliary to the Medical Society of the State of New York arrived in Syracuse on the afternoon of February 9 to attend an all-day board meeting on February 10, at the home of the President, Mrs Francis Irving, at 119 Wendall Terrace

Activities for the visitors, who were guests at the homes of the Syracuse Board members, opened with a buffet supper Wednesday evening at the home of the President of Onondaga County Auxiliary, Mrs H. Walden Retan, and included a dinner at the home of Mrs Carlton Potter

The business session of the Board opened February 10 at 10 00 A M The meeting adjourned at 1 00 P M when Mrs Irving was hostess at a luncheon, and reconvened at 2 30 P M Reports of County Presidents were read, and plans discussed for the Convention May 9-12 at the Waldorf-Astoria, New York City

Officers attending were Mrs Daniel Swan, Flushing, L I, President-Elect, Mrs Luther Kice, Garden City, 2nd Vice-President, Mrs Henry L Hirsch, Rockville Centre, Recording Secretary, Mrs John L Bauer, Brooklyn, Mrs James M Dobbins, Long Island City, Mrs Charles H Goodrich, Brooklyn, and Mrs Harry Bull, Auburn, Directors

Chairmen of Standing Committees attending were Mrs Sedgwick Austin, Auburn, Mrs Edwin A Griffin, Brooklyn, Mrs Louis A VanKleeck, Manhasset, Mrs Milton B Bergmann, Brooklyn, Mrs S W S Toms, Nyack, and Mrs John W Mahoney, Bayside

County Presidents attending were Mrs Raymond F Johnson, Cayuga County, Mrs Harlow Farmer, Jefferson County, Mrs Robert Crockett, Madison County, Mrs Louis M Lally, Nassau County, Mrs Elmer Kleefield, Queens County, Mrs G Scott Towne, Saratoga County, Mrs Herman W Galster, Schenectady County, and Mrs J H Donnelly, Rensselaer County

The Syracuse members attending were Mrs Francis Irving, President, Mrs Edgar Neptune, Corresponding Secretary, Mrs Carlton Potter, Treasurer, Mrs John J Buettner, Organization Chairman, Mrs Horace Whitely, Jordan, Supplies Chairman, and Mrs H Walden Retan, President of Onondaga County Auxiliary

SCHENECTADY COUNTY The Woman's Auxiliary held a dinner dance instead of its regular meeting at the Mohawk Golf Club on February 24 This was the first time the Doctors have met with the Woman's Auxiliary and it was a successful affair

QUEENS COUNTY The Board meeting of the Auxiliary was held on February 1st, at the Medical Society's building

The Chairman of the Entertainment Committee, Mrs Henry Eichacker, appointed Mrs Daniel Swan in charge of table prizes, Mrs Thomas d'Angelo in charge of special prizes and Mrs James M Dobbins in charge of door prizes for the Bridge and Tea held at the Forest Hills Inn on February 16

On February 4, Mrs Howard Neail attended the New York City Federation of Women's Clubs as guest of honor

At the meeting held on February 24, Mrs E H Dare, Jr, Long Island Traffic Representative of the United Airlines, gave a lecture, illustrated with motion pictures, on "Coast to Coast Travel by Plane" The motion picture was of an overnight trip on the new plane, "The Continental," showing what happens behind the scenes

ONONDAGA COUNTY The February meeting of the Woman's Auxiliary to the Onondaga Medical Society was held February 1, at the Crouse Irving Hospital

Dr Joseph Lawrence, Executive Officer of the State Medical Society, was the guest speaker Dr J J Buettner also spoke, and Mrs Katherine Scott Sykes gave a reading Mrs Carl Muench was Chairman of the hostesses

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"In the health of the public lies the wealth of the nation"—Gladstone

understood that his criticism is directed against 'premature use of a new product" and not in any way intended to discredit its ultimate usefulness or the present value of antipneumococcus horse serums, now recognized as of great value and, in fact, provided for physicians by the State.

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Medical News

Albany County

THE MEDICAL SOCIETY of Albany County heard Dr George Packer Berry, professor of bacteriology at University of Rochester School of Medicine and Dentistry on January 26 at Albany College of Pharmacy He discussed filterable viruses, with lantern slide illustration

Bronx County

THE BRONX COUNTY MEDICAL SOCIETY, at its meeting on January 19 at Burnside Manor, heard this program

Campaign for Cleanliness in Bronx Borough by Jerome Meyers, M D, Director, Mott Haven Health Center "Diagnosis and Surgical Treatment of Carcinoma of the Breast" by Dr Milton R. Bookman "Radiation Therapy of Carcinoma of the Breast" by Dr Frank E Adair "Carcinoma of the Breast—Sound Film in Color" by Dr Herbert C Chase

Cayuga County

EDWARD S ROGERS, M D, Director Bureau of Pneumonia Control, State Department of Health, was the speaker at the January meeting of the Medical Society of the County of Cayuga

His subject was "Pneumonia Control" and he showed two motion picture films on the intravenous treatment of pneumonia and nursing care of pneumonia

The program was interesting and educational and the men entered freely in the discussion—*Reported by S J Karpenski, M D, Secy*

Chautauqua County

DR JOHN J MORTON, JR, professor of surgery, University of Rochester, spoke on "Herniation Through the Diaphragm," at the meeting of the Jamestown Medical Society on January 27 The discussion was opened by Dr Charles E Goodell The next meeting was held on February 24 when Dr Russell Haden of the Department of Medicine, Cleveland Clinic, spoke on "Clinical Problem of Deficiency Disease." Dr Frank P Goodwin opened the discussion

Clinton County

THE NEW OFFICERS OF THE Clinton County Medical Society are

President	Sidney Mitchell, Plattsburg
Vice President	E A Wessell, Plattsburg
Secretary	A S Schneider, Plattsburg
Treasurer	K H Clough, Plattsburg

Reported by Anton S Schneider, M.D., Secy

Cortland County

DR BREWSTER C DOUST addressed the Cortland County Society, on January 21, on "The Private Practitioner and Immunization" Dr Doust pointed out the possibilities within reach of all practitioners who were ready to aid in community health work

Essex County

THE OFFICERS OF THE Medical Society of the County of Essex for 1938 are

President	T R. Cummins, Ticonderoga
Vice-President	Violet McCasland Moriah
Secy and Treas	Louis H Gaus, Ticonderoga

Reported by Louis H Gaus, M D, Sec'y

Kings County

THE FOLLOWING SCIENTIFIC PROGRAM was presented at the meeting of the Medical Society of the County of Kings on January 18 "Medicine in a Changing Social Order," John B D'Albora, M D, F A C P "Studies to Evaluate the Zinc Sulphate Spray in the Prevention of Poliomyelitis," Mervin C Myerson, M D "Problem in Proctology Encountered by the General Practitioner, the Internist and the Surgeon," Louis A Buie, M D, F A C S, Rochester, Minn

The program on February 15 included "The Heart in Surgical Patients," Harold E B Pardee, M D "The Evolution of Our Knowledge of Heart Disease," P Dudley White, M D, Boston, Mass

BROOKLYN PHYSICIANS ARE looking forward to a library second to none in the country, the creation of which was aided in large measure by the proceeds of the dinner honoring Dr Charles H Goodrich, president of the New York State Medical Society, at the Hotel Astor, Manhattan, on Washington's birthday

Public Health News

Tuberculosis in Amsterdam

J Rosslyn Earp, L R C P, Dr P H
New York State Department of Health

There are some physicians who are not yet sufficiently "tuberculosis conscious"

Better case-finding procedures are needed to detect cases in the earliest, frequently symptomless, stages of the disease

These are two of the conclusions evolved from a survey of tuberculosis in the city of Amsterdam The study was undertaken in November 1935 as a result of the observation that the tuberculosis death rate in this city had been for several years consistently higher than for other cities of similar size in this state, the average annual rate for 1929–33 inclusive being 73 5 for Amsterdam and 53 4 for cities in upstate New York with populations of 25,000 to 50,000 Dr Gordon R Gray, District Epidemiologist, made a detailed study of the nineteen deaths and twenty-one cases of pulmonary tuberculosis reported among residents of the city in 1934

At the time of diagnosis six cases were "far advanced" ten "moderately advanced," and one "minimal" Diagnosis resulted in every case through consultation for medical advice on account of symptoms No case had been discovered in this year through examination of contacts although seven of the seventeen cases were "household contacts" of previously known cases and five others had been exposed to extra-household infection Not only were the cases late in securing medical advice but a further period of delay occurred in placing them under treatment Three cases were diagnosed within the first two weeks of consulting a physician The interval in the other cases extended from one to thirty-seven months

There was less delay in securing sanatorium care after diagnosis Eight patients were hospitalized within a week Three patients received no sanatorium care However, five patients left the sanatorium against advice, three because they were dissatisfied with the service received and one in order to spend the summer in his camp The fifth was admitted against her will and left as soon as she became well enough to insist on leaving Mimeographed copies of the complete report may be obtained by writing to the District Office, New York State Department of Health 268 Guy Park Avenue, Amsterdam, N Y

Attendance at Society Meetings

In a recent letter I discussed the attendance of health officers at County Society Meetings In his January report to the Public Health Council, Dr Don M Griswold records addresses given to three County Societies with the following attendances of practicing physicians

Ontario County	63 out of possible 83
Seneca County	16 out of possible 20
Yates County	18 out of possible 20

These figures show a real interest on the part of the profession in receiving the gospel of public health

Hess Ambulance Incubator

A table published in this column on January 15 showed the excessive risk of neonatal mortality run by prematurely born infants As one measure to combat this source of infant mortality, the Syracuse City Health Department has purchased a Hess ambulance incubator Drs G D Mahar and B C Doust have arranged a program for its use. The incubator is housed at the Syracuse Memorial Hospital When attending physicians have a case which they wish to have hospitalized, an intern goes out with the Health Department nurse to pick up the premature infant.

Dr John Horni, chief of the surgical division of Beth Moses Hospital since its inception seventeen years ago, who recently retired from active service, was guest at a dinner sponsored by the medical board and medical staff of the hospital on January 28 at the Hotel St George in Brooklyn

their knowledge so they more adequately take care of individuals in need of medical service.

Nassau County

THE MEDICAL SOCIETY of the County of Nassau, at its meeting on January 25, listened to a paper on "Another Year of Sulfanilamide" by Perrin H Long, M D, Associate in Medicine, the Johns Hopkins University Medical School, Assistant Physician, the Johns Hopkins Hospital

DR. GUY FORSYTH CLEGHORN, Mineola health officer, died on February 6 at his home. He was fifty-nine. Besides being health officer, Dr Cleghorn was medical inspector of the Mineola public schools and physician at the Nassau County jail In 1925, he was president of the Medical Society of Nassau County

New York County

A LECTURE SERIES UNDER the joint auspices of the New York Academy of Medicine and the Board of Education on "The Health of the Pupil" is being presented this year, it is announced. The first of the fourteen lectures was given at the Academy on February 9 at 4 p m Dr Dorothy B Nyswander discussed "The Teacher's Responsibility for the Health of Her Pupils"

AN INQUIRY BY Dr David J Kaliski, relative to the new parking regulations in New York City, elicited from the Police Department the information that "The manual of Procedure of this Department provides that physicians are permitted to leave their cars in front of premises wherein they are actually attending a patient for such length of time as may be necessary for that purpose

"Please be assured that members of the Department assigned to enforce the new regulations have been instructed to show due consideration and allow sufficient latitude when circumstances deem it necessary"

A DINNER-DANCE OF THE Italian Physicians in America was held on the evening of February 12 at the Plaza Hotel

DR. MILTON A BRIDGES, Assistant Professor of Clinical Medicine, New York Postgraduate School, Columbia University, will speak at the New York Academy of Medicine on March 4 at 4 30 on "The Evaluation of Recent Therapeutic Procedures"

DR. RUSSELL L CECIL will give a lecture on March 2 on "Bacterial Endocarditis" at the New York Polyclinic Medical School and Hospital

DR THOMAS T MACKIE, Research Associate, Cornell University Medical College, will speak at the New York Academy of Medicine on March 11 at 4 30 on 'Various Types of Colitis"

DR. HAROLD J STEWART will speak at Cornell University Medical College, Room B-07, on March 15 at 4 30 on "The Management of Hypertension"

DR. JAMES RALPH SCOTT, Chairman of the New York Diabetes Association, will speak at the New York Academy of Medicine on March 18 at 4 30 on "The Modern Treatment of Diabetes Mellitus"

EDWARD ELWAY FREE, PH D, will speak at the New York Academy of Medicine on March 24 at 8 15 P M on "The Physicists' Contribution to Medicine."

Onondaga County

A 15-MINUTE TALKIE film on "Pneumonia" was shown at the meeting of the Onondaga County Medical Society on February 1, by courtesy of the state department of health The scientific program on disturbances of the blood-forming organs was

"Some Problems of Diagnosis and Treatment" by Dr Ellery G Allen.

"Pernicious Anemia Treatment of the Ambulatory Patient" by Dr A. Carl Hofmann.

"The Value of Detailed Leucocyte Studies in Surgical Cases" by Dr John VanDuyn, 2nd

"A Case of Macrocytic Anemia" by Dr Sidney A. Britten

Discussion was opened by Dr W A. Groat

THE SYRACUSE ACADEMY OF MEDICINE met at the University Club on February 15 and listened to a program arranged by the staff of St Joseph's Hospital

THE INCREASING NUMBER OF deaths from heart disease are attributable to three main factors, Dr Wilhelm Dressler, Vienna heart specialist, explained at a dinner given in his honor in Hotel Syracuse under the

Almost a century old, the Kings County Medical Society library, rich in historical and biographic medical material, is the fourth largest in the nation Extended for reference use, without limitation, to medical men from neighboring States, member physicians have found that there is insufficient room for all who visit the library to work

Proceeds from the dinner, sponsored by the Medical Society and the Academy of Medicine of Brooklyn and attended by notables from the medical and other professions, will go to swell the Frank D Jennings Memorial Building Fund, with which the society will erect a new building adjacent to its present home to house its ever-expanding activities

The dinner marks the first step in the fund-raising campaign, for which a quota of $500,000 has been set The first activity to be expanded, campaign officials have said, will be the library

THE FRIDAY AFTERNOON lectures at 4 30 in the MacNaughton Auditorium in March include

March 4—"Pneumencephalography in the Diagnosis of Diseases of the Brain," Leo M Davidoff, M D

March 11—"What the General Practitioner Should Know About Bronchoscopy," Robert L Moorhead, M D

March 18—"Cutaneous Syphilis," Howard Fox, M D

THE RIDGE BORO MEDICAL Society held its regular meeting on February 10 "Traumatic Surgery in Office Practice" was the subject of a talk by Dr Angelo L Soresi, attending surgeon of the Greenpoint Hospital

THE BROOKLYN THORACIC SOCIETY met on January 21 at the Kingston Ave Hospital Papers on various aspects of tuberculosis were presented by Henry D Fearon, M D, Harry Meyersburg, M D, Abraham V Shapiro, M D, A W Martin Marino, M D, Alfred M Buda, M D and Isaac Skir, M D At the meeting on February 18, the program was as follows "Recognition and Management of Early Tuberculosis" by J Arthur Myers, M D, President, National Tuberculosis Association, Professor, Preventive Medicine, University of Minnesota Medical School Discussion was opened by J Burns Amberson, M D

DR. HENRY J GOUBEAUD SR, a general practitioner in Brooklyn for forty-eight years, died at his home after a brief illness of pneumonia, on February 1

DR. NORMAN PHILIP GEIS, for many years a leading surgeon of Brooklyn until he retired from active practice about thirteen years ago, died on February 5 in the Medical Center, Manhattan, where he had undergone an operation He was sixty-four

Monroe County

THE LYON HOMESTEAD ON East Avenue in Rochester has been presented to the Rochester Academy of Medicine

Providing headquarters for the city and the county medical fraternity, the home was presented by Mrs J Howard Kidd, Mrs Francis K Remington and Mrs John Van Voorhis "as a suitable memorial to the high humanitarian and cultural ideals our parents, Mr and Mrs Edmund Lyon, represented during their lifetime"

In accepting the gift in the name of the academy Dr Kaiser declared the building and grounds will constitute one of the outstanding medical homes in the country It will serve as headquarters for the Academy, the Monroe County Medical Society, the Rochester Pathological Society and various health activities

With funds from the Academy Memorial Fund Campaign, expected to reach approximately $150,000, the academy will provide an endowment and make changes in the building to house its auditorium, library and museum

Commenting on the gift Dr Leo F Simpson, county medical society president, said "The Lyon house will be an educational and cultural center, a great repository of medical knowledge which will be translated into the prevention of disease and the relief of suffering for many generations

"I believe that those who have made this gift have, in reality, said to their parents, 'we have admitted to our home over 500 disciples of your philosophy of life In the rooms you loved so well, they will study and confer, helping one another, to the end that an unceasing flow of benefits will come to our entire community'"

Expressing the appreciation of the Rochester Pathological Society, John J Rooney, president, stated the new home would serve as an inspiration to physicians who have devoted themselves to furthering

their knowledge so they more adequately take care of individuals in need of medical service

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auspices of the heart committee of the Onondaga Health Association, on January 26

The first factor he considered to be the decrease in deaths from infectious diseases, thus allowing persons to live longer and become of an age when heart disease is likely to develop

Second was the greater ability of doctors to diagnose heart ailments The speedier pace of living came third

SYRACUSE WILL ENTER THE annual nationwide health contest sponsored by the United States Chamber of Commerce and the American Medical Association, Frederick E Norton, executive secretary of the local Chamber, announces

Winner of the national contest a year and two years ago, Syracuse will compete with hundreds of other communities in its population group for special recognition in health work

Because of the previous victories, Syracuse this year will be ineligible for the first award, but will qualify for a special certificate of merit, Mr Norton said However, this city can compete for the first award next year

Dr H Burton Doust, commissioner of health, who is a member of the Chamber's health committee, is preparing data on which Syracuse's claim as one of the healthiest cities in the country will be based

It is considered likely that Syracuse will participate in two other contests sponsored by the national Chamber and the medical association Both are based on the fight against tuberculosis and syphilis

Putnam County

DR. HENRY W MILLER addressed the Putnam County Medical Society on February 2 at the Carmel Country Club His subject was "Psychiatry and the General Practitioner"

Reported by Dr John T Jenkin, Secy

Queens County

DR. MORRIS FISHBEIN was the guest speaker at the meeting of the Medical Society of the County of Queens on February 24

The Friday afternoon talk on February 4 was on "Diagnosis of Neurosis from Organic Disease" by I S Wechsler, M D, and on February 18, was on "Diagnosis and Treatment of Syphilitic Heart Disease" by Clarence De la Chapelle, M D

DISTINGUISHED MEMBERS of the bench and bar joined with leaders of the medical profession in Queens on January 27 in paying tribute to Dr Walter Guernsey Frey, who marks this year his fiftieth anniversary as a family physician in the Long Island City area.

Dr Frey was guest for the occasion at a dinner given for him by the Long Island City Medical Society at the Hotel Commodore, Manhattan More than 150 persons attended

Dr Frey has the distinction of having served in the Long Island City section for a longer continuous period than any other practitioner He was seventy-five on February 15

Dr Frey was president of the County Medical Society in 1913, when it was known as the Queens-Nassau Medical Society

Suffolk County

THE SUFFOLK COUNTY MEDICAL Society had a luncheon meeting at St Charles Hospital in Port Jefferson on January 26. There were about sixty doctors present Dr Frank Child demonstrated the various treatments for infantile paralysis in all its stages Dr Child was reelected president of the Suffolk County Tuberculosis and Health Association at its annual meeting on January 10

Warren County

DISCUSSION OF THE various types of anesthesia as administered in metropolitan hospitals marked the meeting of the Glens Falls Academy of Medicine on January 28 in Crandall Library Dr Frank W Marvin of Boston, was the principal speaker Dr Marvin's address was illustrated by stereopticon slides and was followed by a general discussion

Dr F A. D Alexander, professor of anesthesia at Albany Medical College, opened the general discussion in which Dr W W Bowen, Dr D A Zurlo and others participated Approximately sixty physicians from Albany, Saratoga and other communities in the tri-county area surrounding Glens Falls attended the meeting

Dr Marvin, who is assistant professor of anesthesia at Tufts College Medical

School and visiting anaesthetist at Boston City Hospital, Boston Lying-In Hospital and at Carney and Newton Hospitals, was guest of honor at a dinner in The Queensbury previous to the Academy meeting

Westchester County

THE PROBLEM OF HEALTH EXAMINATIONS for domestic servants was discussed on February 2 by Dr Fairfax Hall, in a talk before the Greenwich Rotary Club, at its weekly luncheon-meeting at the Pickwick Arms

Although adults in a home are possibly only liable to contract typhoid fever, or colds from servants, tuberculosis is the great danger among children and this disease has often been traced, he said.

Dr Hall told how examination of maids is now compulsory in Newark, N J, and in North Carolina.

Passage of an ordinance is difficult, as was shown in New Rochelle, Dr Hall said, because domestics claimed that it was class legislation, and argued that if employes were to be examined, employers, school teachers and parents should likewise undergo examinations, since they were in even closer contact with children

An ordinance of that kind, Dr Hall believes, would also bring about a scarcity of servants in a community, since they would go elsewhere to obtain work.

The speaker expressed the opinion that every employer has a right to know whether or not his or her servants are healthy, and the solution of the problem lies in having examinations taken on a voluntary basis, as is now the case in Knoxville, Tenn.

Harry L. Nado, executive secretary of the Greenwich Chamber of Commerce, told how the health committee of the Chamber and the health committee of the Community Chest had obtained an appropriation of $500 some time ago for having peanut venders examined. The committee has been working along the same lines as suggested by Dr Hall and he expressed the belief that employers should set the example to domestics by undergoing examinations themselves

"PNEUMONIA CONTROL THROUGH popular education affords a striking example of the power of accurate information to save human lives," said Dr Peter Irving, secretary, Medical Society of the State of New York, at Yonkers on February 10

"Pneumonia has come to be classed as an emergency just as truly as appendicitis is an emergency," said Dr Irving "This changed aspect is due to the development of the use of serum as an adjunct in the treatment of some cases To be most effective, the serum must be administered within a day or two after the onset of the disease Hence immediate diagnosis has assumed greater importance, and this calls for recognition of symptoms by the physician and before that recognition of danger by the patient and his family It is perfectly useless for science to provide the doctor with a valuable tool to add to his technic, when the cases which need it do not come to him in time for it to be used to advantage."

Dr Irving spoke at a meeting sponsored by the Yonkers Health Department, the Academy of Medicine, and the leading health and welfare organizations The meeting was the third of a series on pneumonia, and will be followed, every alternate week, by similar forums on such subjects as heart disease diabetes maternal welfare and cancer The meetings have been arranged by Dr Eugene F McGillian, Commissioner of Health of Yonkers

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NOTICE TO SECRETARIES OF MEDICAL SOCIETIES

Attention is called to the facilities and services extended to hospital groups, clinical societies, medical clubs, nurses' associations, and the profession generally by the Bureau of Social Hygiene of the New York City Department of Health, in connection with the venereal disease control program

Competent speakers on any aspect of venereal disease, together with slides, motion picture films, and leaflets, are offered for meetings of such groups Entire programs, or individual presentations, will be arranged for appropriate medical and nursing groups on desired subjects

All requests should be directed to the Director of the Bureau of Social Hygiene, 125 Worth Street, New York City or telephone WOrth 2-6900

Hospital News

Hospitals Balk at C I O Measure

STATEWIDE OPPOSITION TO A CIO-sponsored bill, introduced in the Assembly and calling for a mandatory eight-hour day for hospital employees, is voiced by Frederick A Sharp, executive director of the White Plains Hospital

Speaking as a member of the Hospital Association of New York State, which has launched a fight to defeat the bill, Mr Sharp said

This is an attempt to apply standard industrial regulations to hospital operations The application is not practicable, and it is not fair Hospital operations are controlled by human needs and not by production schedules You can't apply the same rules to the operation of a hospital as you would apply to a factory

For a great many of the hospitals in New York State, a straight eight-hour day for employees would mean a salary cut, or an increase in rates—or both Hospitals are public institutions—not profit-making enterprises An increase in rates, generally, would decrease use of our hospitals, and lead many of our institutions into financial disaster

All hospitals in the state association favor the principle of the eight-hour day, and are working earnestly towards the point where it can be adopted generally without destroying hospital routine and imposing an unbearable financial strain

Lawmakers Get Protests

Legislators throughout the state have been hearing from hospital officials since Assemblyman Crews of Brooklyn introduced the bill, at the request of the Association of Hospital and Medical Employees, No 413, C I O

Leaders in the State Hospital Association say that imposition of the eight-hour day at this time would be not only a financial blow to most of the hospitals in upstate New York, but in many instances would force a decrease in the high standards of service maintained by many small, meagerly endowed institutions which are hard pressed to meet current expenses

Some of the newspapers around the state have felt that this matter deserves comment, and the Amsterdam *Recorder Democrat* observes in a thoughtful editorial

We would be very glad to see employees of hospitals get higher wages Their work is onerous in the extreme, hours are plenty long, and the pay is none too good All these things seem to be self-evident, and are not disputed by hospital managements But hospital service can not be regulated by hard and fast standards as to hours Time is of the essence, as they say, in the care of the sick, and hundreds of hospitals receive the slenderest of financial support.

Unhappy Alternative

It seems quite obvious that if an eight-hour day is to be made mandatory in such institutions, one of three things must happen in many instances, and in some cases all of them. Either the wages of employees must be reduced to the level where hospitals can carry them under their budget plans, or the service charges must be increased, or the standard of service lowered.

Sickness is a hard master It awaits no man's time and opportunity Those who have the responsibility of running hospitals cannot be delayed in an emergency to argue with an employee as to whether his eight hours is up. The ability to command service from an employee at any time or place may spell the difference between life and death for a patient. Those who do not believe this should try to explain to the family of someone who was the victim of such unthinkable circumstances that they are sorry they could not save the dear one's life, because Local 23 of the Hospital Employees' Union was called off duty at the very moment it was inadvisable to leave.

No, hospital work is a good deal like that of the newspaper reporter It demands much Those who engage in such a vocation from any other motive than pure love of the thing have no business in it. Hours do not greatly matter, whatever any union may say

Group Patients Save Millions

THE RICH CASH SAVINGS ENJOYED by patients hospitalized under the group plan were figured out at a meeting of the plan executives of the state in Rochester on Jan 28 and 29 In Syracuse the subscribers who were treated in the hospitals saved $100,000, the Bronx members hospitalized in the past 2½ years saved $240,000 in their

bills, the ones in Queens and Long Island saved $728,000, and in the entire state the members who went to hospitals saved $5,000,000 The difference, of course, was paid by the dues of the members who required no hospital treatment. The hospitals reckon that their income is greater under the plan than it was before, so that everybody is satisfied.

Approximately 750,000 New York State residents have enrolled in the last two and a half years in plans in Rochester, Buffalo, Albany, Geneva, Jamestown, Syracuse, Utica, Watertown, and New York City

Executives will attempt to work out a plan which would entitle the subscribing patient the same benefits of serums, oxygen, operating room and ambulance costs away from his home as he now receives in his home city

Binghamton has just joined the plan and Batavia is expected to come in at an early date. Rochester executives say that more than a third of the city's population will be on the rolls by the end of this year

Hospital Exhibit at the Big Fair

ONE SECTION OF THE HALL of Medical Science at the New York World's Fair in 1939 is to be devoted to hospitals and organized care of the sick, to show how many departments and persons are involved in service to an ailing individual. The multiplex details of hospital administration are to be revealed by lifelike figures centering about a patient in a hospital cot. There will be the doctor and the nurse, the only ones of the hospital staff with whom he has contact. But grouped elsewhere in the dramatic model will be shown the departments which provide service for him—the admission office, the laboratory, pharmacy, housekeeping, dietary, laundry, and light and power agencies

Demonstration of the financial side of the hospital is to be effected graphically by having the four legs of a hospital cot made of stacked silver dollars. Of these dollars, sixty per cent come from the patient, thirty per cent from State, county or municipal government, and the ten per cent remainder from endowment. Fifty per cent of this income is spent for food and equipment.

What the piled dollars are to demonstrate is that the cot cannot stand level if the thirty per cent or the ten per cent be missing

There will be an animated story of persons going through hospitalization—old and young, rich and poor, youths and babies—from admission to assignment to ward or room, preliminary examination, the calling in of specialists in special cases An operating room will be shown, with the surgeon in white gown and mask, gloved and instrument in hand, with attendant nurses. Next will be a representation of a patient's period of convalescence and, lastly, discharged from the hospital, a well, whole being

Nursing Taught by Movie

"SEEING AND DOING" are two great bases of education, and as the movie permits us to see what is doing, then why not use it to teach, for instance, nursing? That was the idea that came to members of the faculty of the University of Minnesota in 1934, so they filmed some of the nursing technics, tried it out in the classes, and found it so satisfactory that they have used it ever since. Louise Waagen, R.N, tells about it in *The Modern Hospital* They use films of the open bed, morning care, evening care, temperatures, pulse and respiration, hot foot bath, bed bath, treatment for pediculosis and a shampoo in bed, and the removable backrest The films were sent to Chicago and Hollywood for developing, but the cutting and previewing were done at the University Out of 6,000 feet of negative taken, about 4,000 were finally used The cost, exclusive of salaries, was $1,200

A lecture precedes the showing of the picture, to prepare the students' minds, so that they will get the most possible out of it, then it is run twice, with time for questions and explanations between, and after two or three days of actual practice it is run a third time.

Weighing the Pro and Con

The advantages and disadvantages of the movie method are then stated. First, the advantages

1 The films represent a uniformity of technic regardless of the number of times repeated. There is no chance of error or loss in continuity in personal demonstrations Students in the school of nursing are rotated among four hospitals to complete required experiences By use of these films, instructors in the respective institutions can feel assured of a uniformity as to the method in which the technics are taught.

2 The films are definitely time-saving for the instructor By the old method, the teacher spent a disproportionate amount of time in the collection of equipment and in teaching time. Not only was time spent before the class began, but afterward, as well, when all of the materials had to be put away Time can, obviously, be much more effectively spent supervising the bedside work of the student nurse.

3 The value of repetition in effective teaching and learning cannot be denied. This is an important point, with the films the same technic can be shown twice in the time required for one personal demonstration.

The advantages far outweigh the disadvantages Nevertheless, there are three disadvantageous points to be borne in mind

1 With the movie method, chiefly technics can be shown. The teachers, however, by example and lecture, may stimulate the student to realize the meaning of "fine nursing" and "personal interest" in the patients

2 It is obviously difficult to portray the adaptability of the various technics, such as the care of the patients with casts, traction, special surgical dressings, and in oxygen tents These films are meant to teach the elements of nursing and modifications may be acquired by the nurse in clinical experience. Most schools of nursing use this method of teaching even when teacher demonstration is the classroom practice.

3 In the event that at some future time the technic needs to be changed, portions of the film may be redone The expense involved is, of course, the detaining factor here. This difficulty has been avoided to some extent by careful analysis before the pictures were filmed.

Conclusions

From experiences thus far, some tentative conclusions have been drawn

1 Students taught by the movie method seem to have a clearer outline in mind of procedure methods They spend less time organizing and beginning laboratory and clinical assignments

2 They apparently make fewer errors, even in finer detailed work. We feel that the students have, with this new teaching method, a definite division between lecture and demonstration—that they see a clear-cut beginning, as it were, to the manual nursing assignment. This probably explains the readiness with which they do "return demonstrations" The change in presentation of material, from lecture to picture projection, in the same class hour holds interest and stimulates attention.

The Right to Hold Staff Standards High

RIGHT OF THE GOVERNING BOARD of a hospital to exercise discretion in designating who may practice in the hospital was accorded additional support recently in a decision handed down by the Circuit Court of Flint, Michigan In that decision, the court dismissed a motion filed by two osteopaths asking a court order allowing them to practice in the Hurley Hospital at Flint, and upheld the hospital board of managers in refusing them use of the hospital

This question has been raised a number of times in Ohio where practitioners other than doctors of medicine have sought membership on hospital staffs, notes the *Ohio State Medical Journal* Ohio statutes are quite clear on the matter, granting hospital authorities or agencies responsible for the operation of hospitals, discretionary powers to make decisions for the best interests and welfare of the institutions

In discussing this question recently, *Modern Hospital* made this editorial comment

Hence, the board of trustees of such an institution (government hospital) may decide what in their judgmnet is the safest practice to follow in the care of the sick and indigent. Even when statutes limit the free action of the boards of government hospitals in respect to the exclusion of cultists, more than one jury has protected the cause of the patient.

The high standing of the hospital staff is the business of the board of trustees It and it only may close the institutional doors to the quack and pretender

This is sound reasoning Hospital standards cannot be maintained if medical staff personnel is of a low grade. Staff standards cannot be maintained if practitioners of all types and sects are granted staff membership Hospitals cannot receive approval and Class A rating from the American Medical Association and American College of Surgeons—important ratings, in our opinion—if they permit others than doctors of medicine to practice in the institution

Newsy Notes

FACED WITH A DEFICIT of approximately $125,000, the Beekman Street Hospital, for the first time since 1929, has been forced to open a campaign to collect funds to maintain its institution which serves lower New York city with emergency service

Howard S Cullman, president of the hospital in his appeal for subscriptions to the business men of this district for aid, pointed out it receives very little money from the United Hospital Fund Out of $2,000,000 raised by this fund, this hospital received only about four-tenths of one per cent

The hospital is run, President Cullman stated, under the stewardship of a board of directors of twenty-six business men with offices in lower Manhattan who actively give their time and experience in helping promote downtown health protection They serve along business lines with audited annual reports and a scrupulous integrity as to medical and professional standards

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A REVERSAL OF THE DOWNWARD trend in the number of cases of tuberculosis and in the number of deaths from that once widespread disease is stressed in the report of Dr James M Blake, superintendent of Glenridge sanitarium at Schenectady, to the board of managers of that county-run institution

Because the last year produced an increased number of cases and a greater number of deaths, Dr Blake told the board that public health work in relation to tuberculosis must be intensified and warned against acceptance of the growing public attitude that the disease is no longer a serious problem

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NEW ROCHELLE HOSPITAL reports that, in virtually every respect, 1937 broke all time records so far as the volume of the hospital's work was concerned.

The hospital admitted a total of 4,879 patients last year as against 4,701 in 1936 With a rated capacity of 121 beds and 26 bassinets, the hospital had an average daily census of 157 patients in 1937

This, it is stated in the annual statistical report, is precisely 10 patients daily in excess of capacity It represents an average utilization of 106 8 per cent of capacity

In 1936 the average daily census was 148, nine less than during the last year

Roy E Tilles, associate chairman of the new building fund committee which is seeking a $400,000 fund with which to relieve overcrowding with the addition of a new hospital wing, said that the record for 1937 again underscored the urgency of the need for the new building

"We are inclined to think of emergencies as critical periods of short duration," he said, "but here is an emergency that has existed for more than a year, and no one acquainted with the situation can deny that it is a very critical situation Any large scale accident in the community would bring this home to us in terms I prefer not to describe. If we had the money in hand to begin building tomorrow, it would be at least nine months before the new building would be in operation Let us fervently hope that no abnormal demands have to be made on New Rochelle Hospital before we have the money and have the building which represents this community's need for civic improvement"

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DR. S S GOLDWATER, COMMISSIONER of the New York City Department of Hospitals, reports the receipt of an appropriation of $66,000 from the Rockefeller Foundation for the support of research on chronic diseases to be conducted on Welfare Island. The research project to which the Rockefeller money will be applied was inaugurated two years ago and is conducted by a Research staff appointed by the Department of Hospitals and supported in part by the City of New York.

Intensive study of chronic diseases was inspired by a survey of 250 chronic cases in a Department hospital It was found that while little or no progress had been made in relieving these 250 sufferers, the City had actually expended for their care the sum of $600,000, with every prospect that the amount would be doubled or trebled before the patients were disposed of Upon learning these facts, the Department determined to seek the aid of eminent scientists in an effort to study the underlying causes of costly and obstinate chronic diseases in the hope of relieving suffering, shortening the duration of treatment, and raising the health level of the population

OUT OF A TOTAL MEDICAL FRATERNITY of 14,994 in New York City, 6,075 are now attached to the Department of Hospitals—an increase of more than a thousand since 1933

The medical personnel of the Department of Health, 417 in number, forms part of the complete picture

Of the 6,075 physicians in the Department of Hospitals, 4,406 serve without pay This group includes part-time Visiting Physicians and Surgeons of all ranks Included among the 1,569 paid physicians are 706 internes whose pay is only nominal More than four-fifths of the 1,600 clinical assistants serve in outpatient departments

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DAVID H MCALPIN PYLE, president of the United Hospital Fund, has announced that contributions to the United Hospital Campaign totaled $2,100,989 and other gifts are still being received

The total is almost ten per cent more than last year

Large gifts announced included $2,000 each from Time, Inc, and from the Texas Company, $1,619 from employes of the Metropolitan Life Insurance Company, $1,500 from Church & Dwight Company, Inc, $1,012 from Frank Altschul and $1,000 each from Mrs Charles Suydam Cutting and Harry Payne Bingham and $1,000 additional from Harry Harkness Flagler

The United Hospital Fund helps to provide free hospital care of the sick poor in ninety-two voluntary hospitals of the city The Visiting Nurse Association of Brooklyn also shares in the contributions

DURING THE PAST TEN YEARS a great deal of effort has been expended, chiefly at the initiative of the American College of Surgeons, in the attempt to combat exploitation of the patient by the division of fees A district in Missouri conducted an educational campaign several years ago, frankly telling the people about fee splitting, an effort which was said to be successful

Editor T R. Ponton, of *Hospital Management*, reports that he has received a pamphlet from St. Joseph's Hospital, Milwaukee, in which the same idea is embodied The pamphlet is given the patients and tells exactly how bills should be rendered, and what to expect from accounts which are improperly rendered

If the patient receives a joint account, he is prompted to inquire as to the individual items Surely there can be no more effective means of combating the division of fees

TROY HOSPITAL has a new ambulance valued at $3,650 It was made possible by the proceeds of last spring's La Primavera Fiesta under auspices of the Troy Hospital Ladies' Auxiliary In an emergency it is large enough to accommodate three patients, and is equipped with first aid devices and medicines, as well as an oxygen tank and an assortment of splints, and has a fan for warm weather use

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OPERATING EXPENSES EXCEEDED operating income by more than $1,300,000 in the twenty-three Catholic hospitals of the New York Archdiocese last year according to a preliminary report of the Division of Health of New York Catholic Charities, made public by Rt. Rev Msgr John F Brady, director of the Division of Health

The difference between operating revenues and expenditures is made up from donations and benefactions of various kinds including assistance from New York Catholic charities

"Despite the financial difficulties under which they labor," the report states, "Catholic hospitals serving the New York Archdiocese were able in 1937 to give 305,676 days of free care, an increase of 11,000 over 1936, representing a contribution to the health of the community of more than a million and a half dollars in free service

"This of course, would not include nearly 20,000 patients who could pay only a part of the regular rate, or the operating losses from patients paid for by the city at a rate admittedly far below the cost to the hospital The self-sacrificing service of six orders of nursing Sisters who, last year, devoted 210,000 hours to nursing 2,000 indigent patients in their own homes, and contributed approximately $18,000 in cash in addition to their services also should be added, as well as 158,000 visits to our outpatient department of which more than 86,000 were free"

Medicolegal

LORENZ J BROSNAN, ESQ
Counsel, Medical Society of the State of New York

Evidence—Privileged Communications

A case which came before the Appellate Division of the Supreme Court of the State of New York a few weeks ago presented a difficult problem of interpretation of the rule governing privileged communications which deals with information acquired by a physician in the treatment of a patient.*

The action was brought by the beneficiary of a life insurance policy in the sum of $15,000 which had been issued by the defendant life insurance company on the life of plaintiff's husband. The defendant as a defense alleged that certain misrepresentations had been made by the assured in his application for the policy in question.

It seems that the deceased had stated that he had never suffered from any illness, disease or injuries and that he had not been treated by any physicians, nor had he consulted with them within five years prior to the time he made his application. Such statements, it was contended, were misrepresentations of fact of such a nature as would invalidate the insurance policy.

The plaintiff undertook to obtain certain testimony upon interrogatories to be submitted to a physician, the Superintendent of a Hospital in Philadelphia. By the said interrogatories the defendant also sought the production of the record of the medical treatment of the deceased while he was a patient at said hospital, and also certain x-ray plates and photos made at the time it was claimed he was a patient there. The plaintiff applied at Special Term to strike out the interrogatories on the grounds that they related to privileged matters under the pertinent provisions of the Civil Practice Act. Defendant contended that it was clear that the interrogatories were pertinent to the issues involved in the action and that they must be allowed, and that the question of competency should be determined upon the trial when the testimony would be sought to be read into evidence.

The Special Term ruled that the interrogatories did not concern privileged matters and denied plaintiff's motion. An appeal was taken to the Appellate Division from the said order.

The Section relied upon by the plaintiff as a basis of her objection to the taking of the interrogatories, in view of the fact that the representatives of the deceased had neither expressly nor by conduct, waived its provisions, is as follows:

> But a physician or surgeon . . . , upon a trial or examination, may disclose any information as to the mental or physical condition of a patient who is deceased, which he acquired in attending such patient professionally, except confidential communications and such facts as would tend to disgrace the memory of the patient, when the provisions of section three hundred and fifty-two have been expressly waived on such trial or examination by the personal representatives of the deceased patient.

The Appellate Division modified the order of the Court at Special Term, ruling that under the circumstances to permit defendant to obtain the information desired upon an examination outside the State would violate the law against the disclosure by physicians of information acquired in attending a patient in a professional capacity. The purpose of the law, according to the Court is,

> to protect those who are required to consult physicians from the disclosure of secrets imparted to them, to protect the relationship of patient and physician and to prevent physicians from disclosing information which might result in humiliation, embarrassment or disgrace to patients.

> The plain purpose of the statute would be frustrated if the information acquired by the physician were revealed, as is here suggested, upon an examination without the State. The disclosure of secrets imparted to a physician by a patient is not permitted by our statute upon an examination before a commissioner or a referee any more than it is upon the trial of the action or proceeding, unless there be a waiver made in open court on the trial of the action or proceeding. In a word, the statute contemplates that, in the absence of the required waiver, the confidential information be shut off at the source.

If plaintiff upon the trial should waive the privilege which she had theretofore consistently asserted, the inability of defendant to obtain testimony from another State to establish its defense might, in certain circumstances, furnish sufficient grounds to warrant a reasonable adjournment or perhaps a mistrial on the ground of surprise. However, that question is not now before us.

Under the authorities it is competent for defendant to show "such ordinary incidents and facts as are plain to the observation of any one without expert or professional knowledge." In-

*Lorde vs Insurance Company, 252 App Div 646

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Across the Desk

"Old Dame Trot," Magistra Medicinae

"Old Dame Trot" was the rather derisive title given her by some unfriendly writers, but in her own day she was known as "Magistra Medicinae," and her medical writings were highly prized and widely used for 500 years after her death She is the most prominent figure, in fact, in a new "History of Women in Medicine, From the Earliest Times to the Beginning of the Nineteenth Century,"* where she is given no less than forty pages Those who do not recognize her under her nickname may recall her under one of these, variously used by her followers

Trotula	Trocula	tt'
Trotta	Tuenda	Truta
Trocta	Trottus	Trutella
Tortolo	trott'	Trorula

She just missed being an M.D by a bare hundred years, it seems, because she lived in the eleventh century, and the title "doctor," meaning physician, was first used legally at Salerno in the twelfth However, the title Magistra Medicinae is not bad, and a reading of her forty pages would indicate that she was entitled to any medical degree that was going at that time.

A Bright Star in Salerno's Crown

Perhaps everyone may not know that Salerno, along the coast southeast of Naples, was the seat of the great medical school of that era Aquinas said that there were four famous colleges in Europe Paris for science, Salerno for medicine, Bologna for law, and Lyons for philosophy Bologna's fame has descended to sausage, and Salerno is now only a pleasant seaside town. In the eleventh century, however, students flocked to Salerno from all parts of the civilized world, to study medicine, and one of the brightest stars in Salerno's crown was the celebrated Magistra, Trotula Manuscripts of her writings dating back to the thirteenth and fourteenth centuries are still existent in European libraries, and the author of this encyclopedic and scholarly "History of Women in Medicine," Kate Campbell Hurd-Mead, M.D, spent years in unremitting research among the musty tomes, digging out the amazing array of facts in her book. She is now writing a companion volume, bringing the story of women in medicine down from 1800 to the present day

The teaching at Salerno was based on the works of Hippocrates, Aristotle, and Galen, and the school was sometimes known as the *Collegium Hippocraticum* and the city as the *Civitas Hippocratica* Of course Hippocrates was a pagan, but the poor man was hardly to blame, for he died in 357 B C, and the church authorities, strict in other things, sanctioned many pagan books on medicine because they had proved to be good.

Famous for Hundreds of Years

Trotula wrote principally on gynecology and the diseases of women Much of her material came of course from earlier writers, and we naturally could not expect her to rise far above the general level of the medical knowledge of her time, but "what she did do," says Dr Hurd-Mead, "was to teach and write so practical a treatise of gynecology and midwifery that for hundreds of years it was copied and used, and referred to as the great authority and textbook for women doctors and midwives in handling labor cases"

Medicine of that day had a good deal of mumery and hocus-pocus, but Trotula's writings are singularly free of that sort of thing The dried moss from the skull of a man who had been hanged was not in her *materia medica,* notes Dr Hurd-Mead, nor was "tongue of newt or toe of frog" in her list of remedies It is true that some of the later copies of her manuscripts state that she advised wearing certain crystals, or the spongy bone from the head of an ass, to prevent abortion, but it is pointed out that the very fact that these items ap-

*A History of Women in Medicine, from the earliest times to the beginning of the nineteenth century By Kate Campbell Hurd-Mead M D 569 pages, illustrated. Haddam, Conn. the Haddam Press Cloth, $6

terrogatories designed to elicit whether the deceased was treated professionally, the names of the physicians who treated him, the date of his entry in the hospital, and the date of his discharge, are proper However, the questions which call for the production of hospital records for the obvious purpose of establishing the character of the disease or ailment for which the insured was being treated at the hospital, should have been stricken out. They are inadmissible because they are privileged communications in the same sense as is the testimony of the physician himself who made the diagnosis

Fistula Following Delivery

A woman twenty-seven years of age, consulted a physician who specialized in obstetrics and gynecology with respect to her pregnant condition, and engaged him to deliver her He saw her twice a month during the last five months of pregnancy and in due course the doctor directed her when she went into labor to enter a hospital for confinement He found it necessary in the course of the delivery to use forceps and to perform an episiotomy The patient gave birth to a normal living child and after the delivery the doctor sutured with chromic catgut, the laceration The patient remained in the hospital twelve days following the birth of her child and at the end of that time was discharged in good condition No complications developed and on discharge the episiotomy had healed and there were no indications of any abscesses or any other untoward developments The doctor advised the patient to return to him at regular intervals for examination and to get in touch with him if anything went wrong The patient, however, never communicated with the doctor subsequent to leaving the hospital and several months later instituted a malpractice action against him

Plaintiff claimed in her complaint and bill of particulars that following delivery she complained continually to the defendant of severe pains in the region where he had placed sutures and that she had requested the defendant to examine the said region and that the defendant refused to do so. She claimed that in the absence of such examination an infection set in and made great progress before any medical care was received by her She charged that through defendant's negligence she suffered from certain abscesses which developed into a deep-seated, internal fistula through her perineum, necessitating an operation

Investigation of the case shows that some months after the patient had been discharged from the hospital she had gone to another doctor who had found that she was at that time suffering from a fistula just below the entrance to the vagina and he had operated upon her, performing a plastic operation to eliminate the condition The doctor who performed the said operation was of the opinion that the condition found by him was not in any respect caused by any negligence on the part of the defendant as it was claimed by the plaintiff

After instituting the action the plaintiff failed to place the same on the calendar for trial and in due course a motion was made on behalf of the defendant to dismiss the action for lack of prosecution When such motion was made the plaintiff's attorney voluntarily consented to discontinuing the action, thereby admitting he was unable to sustain his cause of action against the defendant

NEW YORK LEADS IN BIRTH-CONTROL CLINICS

The number of medically supervised birth-control clinics in this country rose to a new high last year, indicating a larger public concern with birth-control problems, it was reported at the annual meeting of the American Birth Control League at the Hotel Biltmore, New York City More than 200 delegates from twenty States attended the conference.

There are 374 birth-control clinics in the United States, Hawaii and Puerto Rico, it was announced This represents an increase of eighty-seven last year New York State, with fifty-nine clinics, leads all other States in the number of centers for birth-control information, it was said

More than forty birth-control clinics are situated in city and county health departments, while last year only ten such clinics were in operation, it was pointed out. In addition, health departments of at least three States have programs of contraceptive service. These increases in the number of governmental agencies were praised as recognition of birth control "as a public health measure which conserves strength, health and lives of mothers"

Mrs George C Barclay, president of the New York State Birth Control Federation, said her group was planning a program for this year to make medical birth-control information available to mothers living in rural areas as well as those in urban centers

Books

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and the interest to our readers

RECEIVED

Minor Maladies and Their Treatment. By Leonard Williams, M D Seventh edition Duodecimo of 439 pages Baltimore, William Wood and Company, 1937 Cloth, $3 75

Pre-Natal and Post-Natal Management. By J St. George Wilson, M B, F R C S Octavo of 206 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $4 00

Modern Treatment in General Practice Edited by Cecil P G Wakeley, D Sc, F R C S Volume III Octavo of 436 pages, illustrated. Baltimore, William Wood & Company, 1937 Cloth, $4 00

Physiology for Pharmaceutical Students By Harold H Barber, B Sc Octavo of 477 pages, illustrated Baltimore, William Wood and Company, 1937 Cloth, $4 50

Muir's Bacteriological Atlas Atlas Enlarged and Text Rewritten by C E van Rooyen, M D Octavo of 90 pages, illustrated. Baltimore, William Wood & Company, 1937 Cloth, $5 25

A Primer for Diabetic Patients. An Outline of Treatment for Diabetes with Diet, Insulin and Protamine Zinc Insulin By Russell M Wilder, M D Sixth edition, reset. Duodecimo of 191 pages, illustrated Philadelphia, W B Saunders Company, 1937 Cloth, $1 75

Practical Proctology By Louis A. Buie, M D Octavo of 512 pages, illustrated. Philadelphia, W B Saunders Company, 1937 Cloth, $6 50

Personality and Other Things (a Semi-Autobiography) By Harold Hays, M D Octavo of 163 pages New York, The American Physician, Inc, 1937 Cloth,

Cancer, Heart Disease and Birth Control. Important Factors in the Etiology of Cancer and Other Degenerative Diseases as Suggested by a Study of Vital Statistics By Herbert F Robb, M D Quarto of 146 pages, illustrated Belleville, Michigan The Author, 1936 Cloth, $3 50

Primary Carcinoma of the Lung By Edwin J Simons, M D Octavo of 263 pages, illustrated Chicago, The Year Book Publishers, Inc, 1937 Cloth, $5 00

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, etc Edited by Louis Hamman, M D Volume IV Forty-seventh Series Octavo of 343 pages, illustrated Philadelphia, J B Lippincott Co, 1937 Cloth, $3 00

Not So Long Ago A Chronicle of Medicine and Doctors in Colonial Philadelphia By Cecil K. Drinker, M D Octavo of 183 pages, illustrated New York, Oxford University Press, 1937 Cloth, $3 50

The Physiology of the Kidney By Homer W Smith, A B Octavo of 310 pages, illustrated New York, Oxford University Press, 1937 Cloth, $4 50

Mentality and Homosexuality By Samuel Kahn, B S Octavo of 249 pages, Boston, Meador Publishing Company, 1937 Cloth, $3 00

REVIEWED

Post-Graduate Surgery Edited by Rodney Maingot. F R C S Volume III Quarto Page 3575 to 5584, illustrated. New York, D Appleton-Century Company, 1937 Cloth, $45 00 set of three volumes

In this third volume, a large list of subjects is considered Individual parts by different specialists are devoted to medical aspects of surgery, hernia, plastic, obstetric and cardio-vascular surgery, lymphatic system, orthopedics, eye, ear, nose, endoscopic methods in surgery, malignant tumors of the pharynx and larynx, tonsils and adenoids and retropharyngeal abscess, tongue, mouth and lips, esophagus and diaphragm, mandible, fractures of the mandible, teeth, venereal disease, physical medicine, deep x-ray therapy, some aspects of general surgery, and some neurological and psychiatric aspects of surgery The volume is a large one of 2008 pages, including a list of contributors, a table of contents and a comprehensive index. As the title of the volume implies, the work is intended for advanced students of surgery Technical operative methods are fully studied Symptoms, pathology and diagnosis are, however, not sacrificed to technic. Numerous diagrams, sketches and photographs add greatly to the value of the text which is concise and practical The illustrations are well chosen and of superior quality In addition to practical considerations, a chapter at the end is devoted to neurological and psychiatric aspects of surgery The volume is equal to the quality of the preceding ones, and should be of value in acquainting the advanced student of surgery with methods found useful and recommended by a long list of competent British surgeons

EMIL GOETSCH

pear in the later copies of her works, and not in her earlier, stamp them as interpolations of copyists

Bedside Medicine a la Trotula

The Magistra cultivated the *tactus eruditus*, as well as the other senses, and studied the pulse. With these only, we are told, she distinguished the symptoms of malaria from those of typhoid and the eruptive fevers, calculating the height of the fever and the date of convalescence without any of the instruments of precision which seem to us so essential She taught her pupils to be most observant. As she wrote

"When you reach the patient, ask where his pain is, then feel his pulse, touch his skin to see if he has fever, ask if he has had a chill, and when the pain began, and if it was worse at night, watch his facial expression, test the softness of his abdomen, ask if he passes urine freely, look carefully at the urine, examine his body for sensitive spots, and if you find nothing, ask what other doctors he has consulted and what was their diagnosis, ask if he ever had a similar attack, and when Then, having found the cause of his trouble, it will be easy to determine the treatment."

Right Up to the Minute

She was nothing if not up to date, either She had lotions for the complexion, remedies for pimples, and for superfluous hair She gave prescriptions for hair dyes, black, yellow and red, coloring preparations for the cheeks and lips, lotions to banish odors from the armpits, and gargles for sweetening the breath No wonder she was popular

She tells of a wonderful ointment to rub on the face, *"et miro modo rubescit"* She tells how to prepare face paints, and says that Saracen women like green best. To soften hands, she used asphodel mixed with white of egg She tells how to turn a blonde into a brunette, how to curl the hair, how to make hair grow rapidly (by the use of mallows soaked in wine mixed with yolk of egg and herbs)

These are of course the lighter asides Her writings in the main are on the serious problems of women's ills, particularly childbearing, and how to treat them. Her chapter on the signs of pregnancy gives us an insight into the superstitions of her era. She says, "if the left breast is larger than the right, the baby will be a girl" (which she got from Hippocrates) To determine sex, she gives another sign "Place a few drops of the mother's blood, or of the milk of her right breast, in a glass of water—if they sink, the baby will be a boy" Constantine quoted this with approval, notes Dr Hurd-Mead, and even today, she adds, "we find such little experiments a conventional part of the obstetric superstitions of country people."

Medicine's Poetical Era

Medical works were often put into verse in those days of knights, castles, high romance, and ladies fair, but not for any highfalutin' reason It was simply because they were easier to remember When this engaging custom died out is not stated, but it would stump any poet nowadays to find rhymes for some of the terms in medical parlance Perhaps a few headaches from trying to rhyme jawbreakers ended medicine's Poetical Era. But Trotula's treatises did not escape the rhymesters, and they turned up in verse in all the languages of the period, and with all sorts of additions and emendations One of the additions contained the famous advice which was put into English "Use three physicians still, first Doctor Quiet, next Doctor Merryman, then Doctor Dyet."

Dr Hurd-Mead gives us a rhymed passage from Trotula on the care of the teeth The belief of those days was that as "dirt" in the blood causes disease by settling in certain parts of the body, so "wormes" in the teeth cause pain. She wrote

"If in your teeth you hap to be tormented,
By mean some little wormes therein do breed,
Which pain (if heed be ta'en) may be prevented,
By keeping cleane your teeth, when as you feede,
Burne Francom-sence (a gum not evil sented)
Put hen-bane unto this, and Onyon-seed,
And with a Tunnell to the tooth that's hollow,
Convey the smoke thereof, and ease shall follow"

In the pneumococcus pneumonias the types recognized are 1 to 32 and the unclassified. In adults, types 1, 3, 2, 5, 8, 7 and 4 are most frequently encountered in the order named, these giving rise to about seventy per cent of the pneumococcic pneumonias, and for all except 3, is useful specific therapeutic serum Type 1 made up twenty-five per cent and the other six types together, forty-five per cent of the cases The other types in order of frequency are 14, 9, 18, 6, and 19

The laboratory examination is described in detail with many illustrations The swollen capsule test (Neufeld) is the one generally used for typing The value of lung suction is said to be established when there is doubt concerning the responsible organism

It is recommended that every patient suspected of pneumonia should have a blood culture when first seen The technique is described. The chapters on oxygen therapy with tents and chambers are complete, with preferable types of oxygen flow gauges described and illustrated

Probably the most interesting part of the book is its detailed description of serum therapy with many clarifying illustrations and tables The author has for some years been one of the leading exponents of this method of treatment which has gradually grown to dominate the field.

WILLIAM E MCCOLLOM

Practical Talks on Kidney Disease. By Edward Weiss, M D Octavo of 176 pages, illustrated Springfield, Charles C. Thomas, 1937 Cloth, $3 00

The author states that he aims to present a concise survey of kidney disease and hypertension for the physician who practises general medicine, and this has been well accomplished Historical features and nomenclature mainly occupy the introduction Disturbances of renal function, various tests, and signs and symptoms are well described. The chapter on retinal lesions is particularly good, and is well-illustrated.

Modern ideas as to diet and general management are adequately presented, and some foolish restrictions still favored by some practitioners, properly condemned It is an excellent book, and presents in an easily readable form all the practical aspects of kidney disease.

WILLIAM E MCCOLLOM

Obstetric and Gynecologic Nursing By Frederick H Falls, M D and Jane R McLaughlin, R N Octavo of 492 pages, illustrated St Louis, C V Mosby Company, 1937 Cloth, $3 00

This volume, from teachers at the University of Illinois, combines the subjects of obstetrics and gynecology in one textbook for nurses, an innovation which is to be highly commended. This is the way these subjects should be taught to nurses

The text is not simple, as the book is intended for nursing students who have had college preparation Any good school of nursing, however, will find it valuable. Nursing instructors will do well to read it—all the obstetrics and gynecology they ever will have to know will be found there

The visual lessons of fine line drawings, and the well prepared outlines of nursing procedures add immeasurably to the value of a textbook which is the first of its kind

CHARLES A GORDON

International Clinics A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, etc. Edited by Louis Hamman, M D Volume 3, 47th Series Octavo of 328 pages, illustrated Philadelphia, J B Lippincott Co, 1937 Cloth, $3 00

This issue of the *International Clinics* surpasses even the very high standard attained by its predecessors of recent years There are more than twenty practical articles, some of which incorporate original work of a high order A series of nine medical clinics from the Johns Hopkins Hospital deserve special mention The survey of peripheral vascular diseases by Hermann and that of hyperproteinemia by Jeghers and Selesnick are of conspicuous excellence. The volume may be highly recommended

MILTON PLOTZ

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This book is an account of the experiences of a Budapest physician who underwent three operations before he was finally rid of a gangrenous appendix with a localized peritonitis—two laparotomies for drainage of localized appendiceal abscesses, and a third for removal of the appendix and repair of a ventral hernia He experienced three types of anesthesia, general, local and spinal, in the order named. His invalidism lasted two years He seems reasonably justified, therefore, in telling his story In his preface, the author says, "The following case-history endeavors by means of a detailed account of physical and psychological happenings to present the experiences of a physician throughout the course of his illness"

There is a foreword by Frigyes Karinthy, to whom the author had submitted the script

Diseases of the Nervous System in Infancy, Childhood and Adolescence. By Frank R. Ford, M D Quarto of 953 pages, illustrated Springfield, Charles C. Thomas, 1937 Cloth, $8.50

Dr Ford, who is associate professor of neurology at Johns Hopkins University, has presented to the medical profession in this excellent work a comprehensive and exhaustive treatise in a field which lies on the borderland between pediatrics and neurology, a field which has been little exploited in the past. There is no doubt that the neurology of childhood is still in an early stage of development as contrasted with that of adult life, and as Dr Ford states in his preface, even the common nervous disorders of this period are to a great extent obscure It has been his endeavor throughout the book to develop a classification based primarily on etiology, with the emphasis placed upon clinical features rather than upon the usual anatomical classification. He stresses the essential clinical features of each condition discussed, with a brief outline of the pathology, anatomy, diagnosis, prognosis and established principles of treatment.

The work is richly illustrated with diagrams and photographs, it is excellently indexed, clearly printed, and has an extensive bibliography at the end of each section, referring preferably to works in the English tongue It is a book that should be in the library of every physician who comes in frequent contact with the neurological diseases of childhood

FREDERIC C EASTMAN

Operative Obstetrics A Guide to the Difficulties and Complications of Obstetric Practice By J M Munro Kerr, M D Fourth edition Quarto of 847 pages, illustrated Baltimore, William Wood and Company, 1937 Cloth, $12 00

This is a revision of Kerr's book "Operative Midwifery" Very clearly written and extraordinarily well-illustrated, it is a credit to the old master, whose interest in the reduction of maternal mortality has made him a better teacher than ever

Kerr describes very clearly manual rotation of the occiput in the management of occipital posterior positions, and points out that it was extensively employed by Smellie who was, he thinks, the greatest practical obstetrician any country has ever produced Kerr's transverse lower segment cesarean is increasing in favor in this country and his, yet strange to say, British obstetricians have by no means adopted any lower segment operation He has widened his indications for cesarean in placenta previa, and maintains that if a large series of cases is taken the maternal mortality will be definitely lower for cesarean than for any other method, except simple rupture of membranes in lateral previa. In abruptio placentae he is strongly in favor of the conservative treatment so long practiced in Brooklyn.

The book is new, up to the minute, and singularly free from the numerous pictures of complicated deliveries in Sims position, so long thought necessary by our English cousins The book is well-worth reading, and no specialist should miss it.

CHARLES A GORDON

Injuries and Diseases of the Hip Surgery and Conservative Treatment. By Fred H Albee, M D Assisted by Robert L Preston, M D Octavo of 298 pages, illustrated. New York, Paul B Hoeber, Inc, 1937 Cloth, $5 50

In view of recent interest shown by surgeons and orthopedists alike in fractures of the neck of the femur, this book comes at an opportune time. The author is well known, and is considered a leader in this field.

Albee states that he has good results in 91 7 per cent of his cases of fresh fractures of the neck of the femur He attributes his good results mainly to the fact that, in addition to securing good reduction and long immobilization, he uses an autogenous bone peg across the fracture line. This bone peg, Albee feels, is the missing link to a baffling problem The bone peg furnishes an osteogenetic callus, forming influence, serving at the same time as a vascular conducting scaffold The author discusses other approved methods employed by surgeons generally, and comments on their good or bad features.

Inasmuch as this book is essentially a monograph on diseases of the hip, the author discusses other conditions, such as, congenital dislocation, tuberculosis, synovitis and arthritis, arthroplasty, coxa vara, Perthes diseases, etc. The book is written in simple style and is well-illustrated. Operative technic is stressed and described in minute detail

CARMELO C VITALE

The Management of the Pneumonias For Physicians and Medical Students. By Jesse G M Bullowa, M D Octavo of 508 pages, illustrated New York, Oxford University Press, 1937 Cloth, $8 50

This book is based largely upon studies carried on in the Littauer Pneumonia Research Laboratory and the wards of the Harlem Hospital The author's large experience in pneumonia is recorded, with emphasis on the various factors concerned with serum treatment.

In the pneumococcus pneumonias the types recognized are 1 to 32 and the unclassified In adults, types 1, 3, 2, 5, 8, 7 and 4 are most frequently encountered in the order named, these giving rise to about seventy per cent of the pneumococcic pneumonias, and for all except 3, is useful specific therapeutic serum Type 1 made up twenty-five per cent and the other six types together, forty-five per cent of the cases The other types in order of frequency are 14, 9, 18, 6, and 19

The laboratory examination is described in detail with many illustrations The swollen capsule test (Neufeld) is the one generally used for typing The value of lung suction is said to be established when there is doubt concerning the responsible organism.

It is recommended that every patient suspected of pneumonia should have a blood culture when first seen The technique is described. The chapters on oxygen therapy with tents and chambers are complete, with preferable types of oxygen flow gauges described and illustrated

Probably the most interesting part of the book is its detailed description of serum therapy with many clarifying illustrations and tables The author has for some years been one of the leading exponents of this method of treatment which has gradually grown to dominate the field

WILLIAM E MCCOLLOM

Practical Talks on Kidney Disease. By Edward Weiss, M D Octavo of 176 pages, illustrated Springfield, Charles C. Thomas, 1937 Cloth, $3 00

The author states that he aims to present a concise survey of kidney disease and hypertension for the physician who practises general medicine, and this has been well accomplished Historical features and nomenclature mainly occupy the introduction Disturbances of renal function, various tests, and signs and symptoms are well described. The chapter on retinal lesions is particularly good, and is well-illustrated

Modern ideas as to diet and general management are adequately presented, and some foolish restrictions still favored by some practitioners, properly condemned It is an excellent book, and presents in an easily readable form all the practical aspects of kidney disease.

WILLIAM E MCCOLLOM

Obstetric and Gynecologic Nursing By Frederick H Falls, M D and Jane R. McLaughlin, R N Octavo of 492 pages, illustrated St Louis, C V Mosby Company, 1937 Cloth, $3 00

This volume, from teachers at the University of Illinois, combines the subjects of obstetrics and gynecology in one textbook for nurses, an innovation which is to be highly commended This is the way these subjects should be taught to nurses

The text is not simple, as the book is intended for nursing students who have had college preparation Any good school of nursing, however, will find it valuable Nursing instructors will do well to read it—all the obstetrics and gynecology they ever will have to know will be found there

The visual lessons of fine line drawings, and the well prepared outlines of nursing procedures add immeasurably to the value of a textbook which is the first of its kind

CHARLES A GORDON

International Clinics A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, etc. Edited by Louis Hamman, M D Volume 3, 47th Series Octavo of 328 pages, illustrated Philadelphia, J B Lippincott Co, 1937 Cloth, $3 00

This issue of the *International Clinics* surpasses even the very high standard attained by its predecessors of recent years There are more than twenty practical articles, some of which incorporate original work of a high order A series of nine medical clinics from the Johns Hopkins Hospital deserve special mention The survey of peripheral vascular diseases by Hermann and that of hyperproteinemia by Jeghers and Selesnick are of conspicuous excellence. The volume may be highly recommended

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There is a foreword by Frigyes Karinthy, to whom the author had submitted the script

for suggestions and corrections, and who read the notes with evident enjoyment and interest. The account, then, is a recital of the experiences with the many and various pre- and postoperative incidents and accidents of such a sickness, as seen and felt by a physician This involves a more scrutinizing survey of diagnoses and complications than is generally given by a layman It is quite evident, however, that he did not enjoy the pleasantries of enemata and catheterizations any more than a layman would, and was just as bored by indifferent attentions and trying visitors The simple appendix operation seems to have lost its terrors to the public, but the story of and by Dr Puder will put the surgery of the complicated case back in the category of critical diseases, where it really belongs

J RAPHAEL

Evans' Recent Advances in Physiology Revised by W H Newton, M D Fifth edition Octavo of 500 pages, illustrated Philadelphia, P Blakiston's Son & Co, Inc 1936 Cloth, $5 00

Once more this valuable work on physiological literature appears With the massive output of research Dr Newton's contribution is of peculiar advantage The consideration of the current status of the coronary circulation (by Dr Evans) and the review of nerve and kidney physiology are especially good.

GEORGE B RAY

Collected Papers of the Mayo Clinic and the Mayo Foundation. Edited by Richard M Hewitt, M D, Lloyd G Potter and A B Nevling, M D Volume XXVIII Octavo of 1331 pages, illustrated Philadelphia, W B Saunders Company, 1937 Cloth, $12 00

This volume comprises papers from the Mayo Clinic and Foundation published during 1936 Some of the papers appear in full, others are abstracts or appear by title. The large list of contributors and the wide range of articles treat of conditions pertaining to diseases of the alimentary tract, genitourinary organs, ductless glands, blood and circulatory organs, skin and syphilis, head trunk and extremities, chest, brain, spinal cord and nerves, radiology and physical medicine, anesthesia technic, and a final chapter of miscellaneous subjects The papers represent studies of individual contributors, and contain an abundance of well chosen illustrations, charts and statistical tables The aim in selecting material for this volume was to assemble a work which would be useful primarily to the general practitioner, diagnostician and general surgeon There is much material which should be helpful to the student and practitioner in the general field of medicine.

EMIL GOETSCH

Emotional Adjustment in Marriage. By Le Mon Clark, M D Octavo of 261 pages. St. Louis, The C. V Mosby Company, 1937 Cloth, $3 00

In this volume the author considers the sexual side of life in its relation to the individual, the family, and society The method followed is to give the parent-group the necessary information as a basis for a rational orientation of their own lives

When the parents understand their own sex lives, the author believes that sex education of children will naturally follow

This book is written for the normal individual, and discussion of abnormal manifestation has been almost entirely avoided By a perusal of these pages the reader will gain much valuable information in regard to sex and marriage.

WILLIAM SIDNEY SMITH

Manual of the Diseases of the Eye. For Students and General Practitioners By Charles H May, M D Fifteenth edition, revised Duodecimo of 498 pages, illustrated Baltimore, William Wood and Company, 1937 Cloth, $4 00

Once again this remarkable book has been brought up to date in this its fifteenth edition, and continues to deserve the popularity it enjoys in many countries besides our own. As stated in the preface two chapters have been rewritten, and the illustrations have been overhauled and replaced where needed.

Among new material may be mentioned brief notices of dinitrophenol cataract, gonioscopy, pontocaine, recumbent spectacles, polaroid glass, etc., all of which have occupied places in ophthalmological literature since the previous edition was printed Especially the colored figures, in number and quality, present a fairly complete and accurate atlas of diseases of the eye which is as valuable as that in some of the more imposing works

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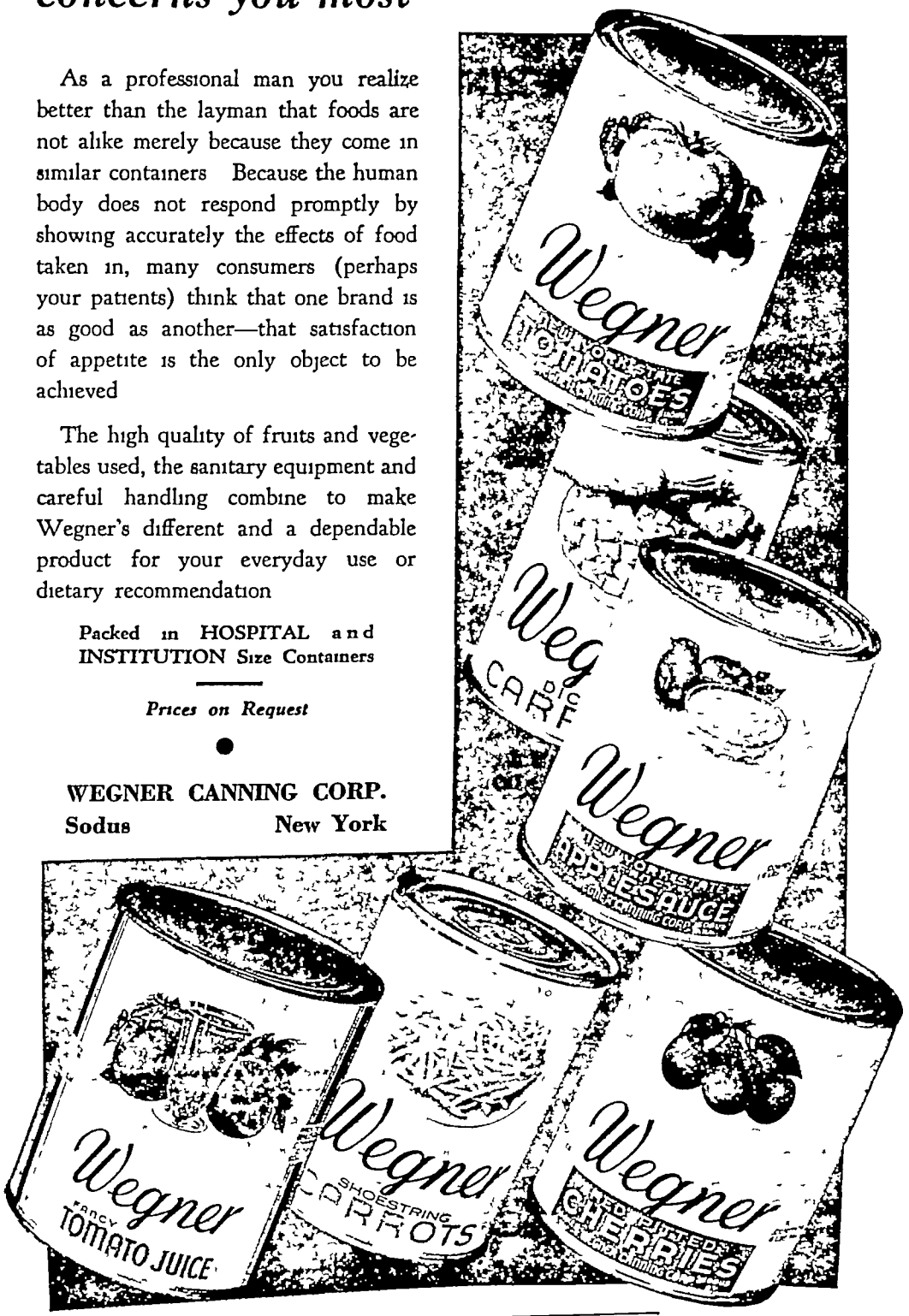
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TECHNICAL NOTES FROM ADVERTISERS

Montecatini a $25,000,000 Health Spa

Printers and compositors are sometimes prone to be lighthearted about figures In the February 15th issue of the State Journal in the line of the Montecatini Spa advertisement which originally read Italy's famed $25 000 000 Health Center—20 minutes from Florence,' the last three ciphers of the twenty five million figure were omitted through typographical error

Any reader would admit that was carrying reduction in government costs entirely too far

As a matter of fact the amount that the Italian Kingdom has expended during the past ten years in making Montecatini one of the world's greatest spas would greatly exceed twenty five million dollars if it were translated into American labor costs as well as American money

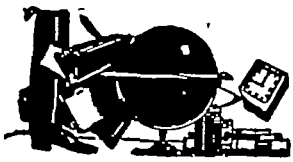
Montecatini is one of the world s most extensive and oldest known spas for the treatment of stomach liver and intestinal diseases and disturbances of metabolism. Its history probably dates all the way back to the days of the Roman Emperors and since early in the 14th Century it has been very famous as a spa. That it is one of the world's largest is indicated by the fact that the combined flow from its various thermal springs reaches the huge figure of 540 000 000 gallons yearly

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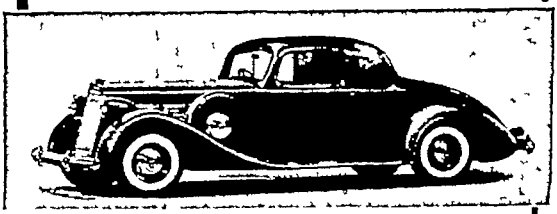
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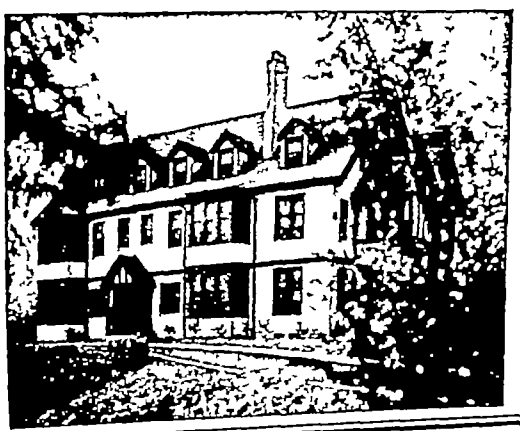
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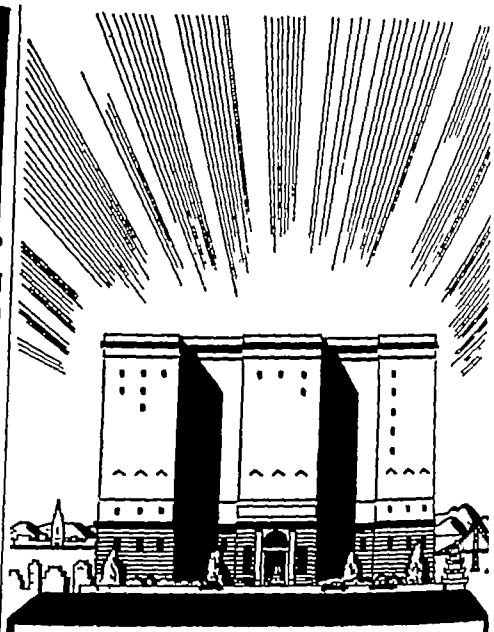
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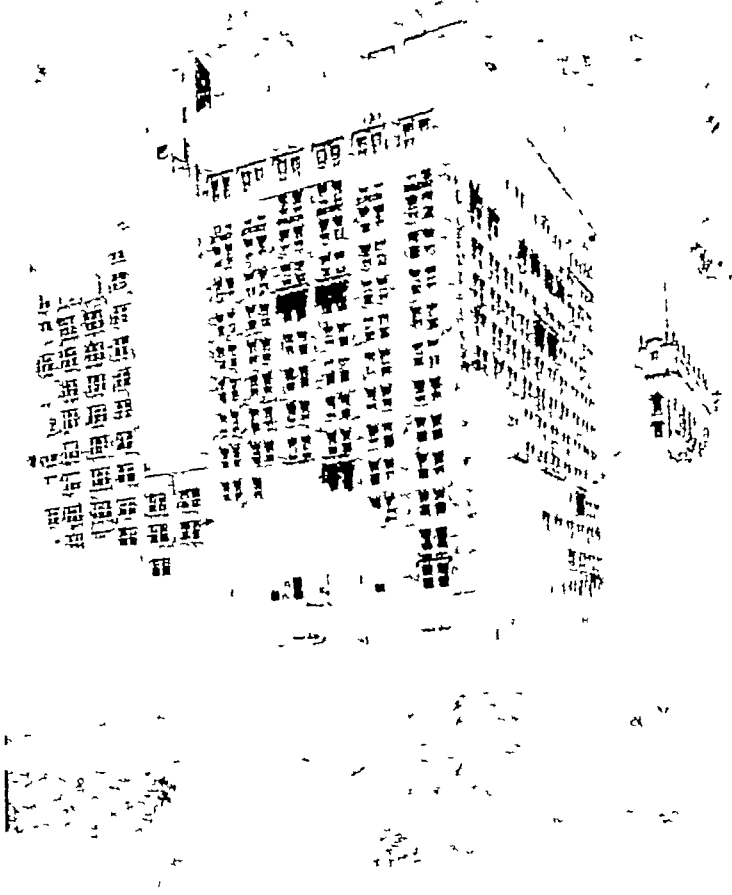
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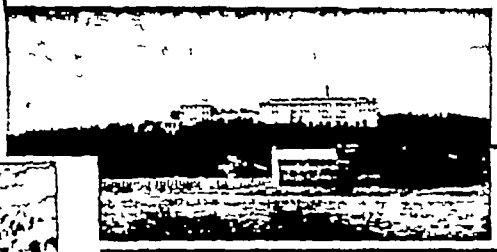
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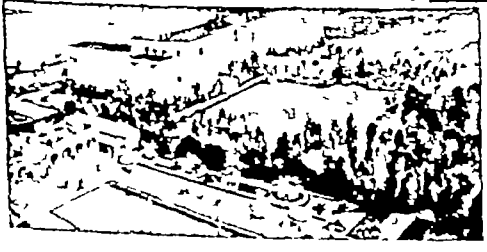
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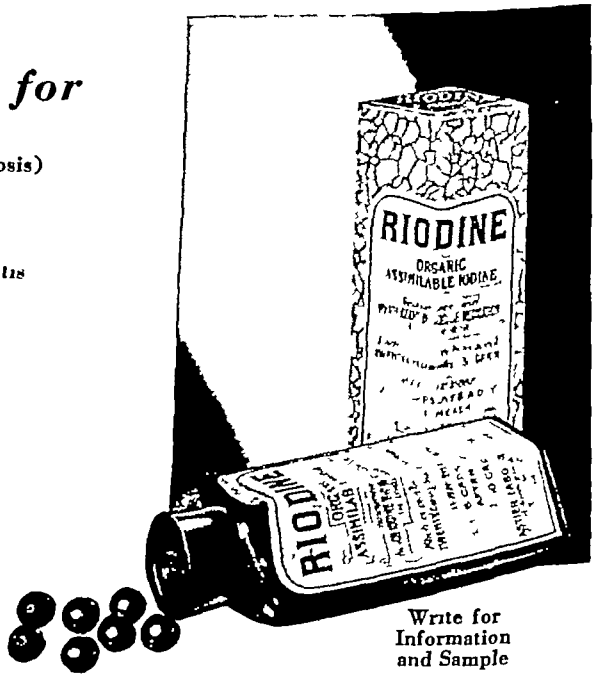
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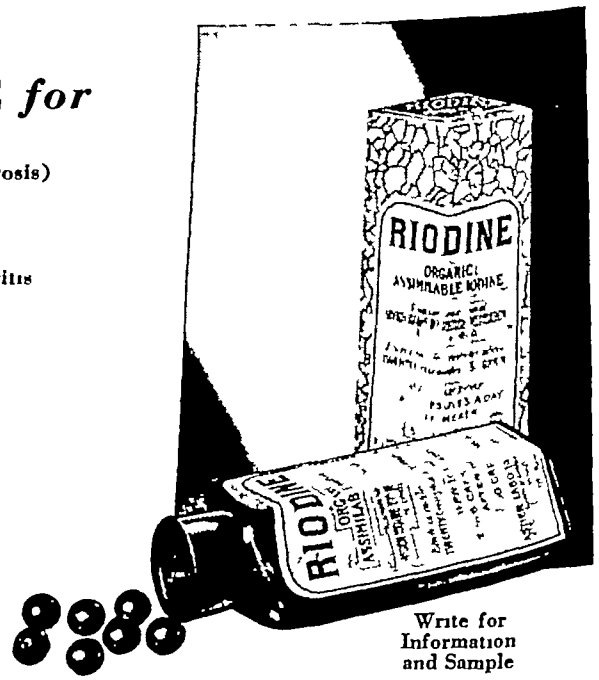
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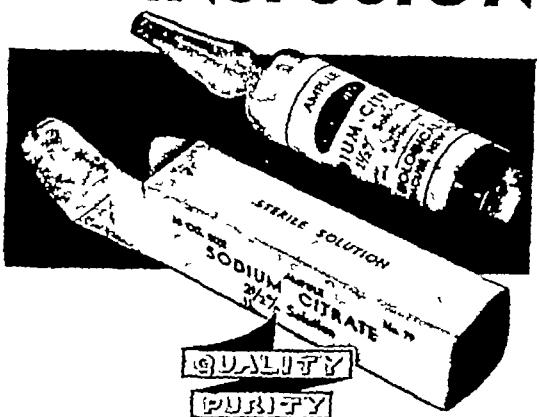
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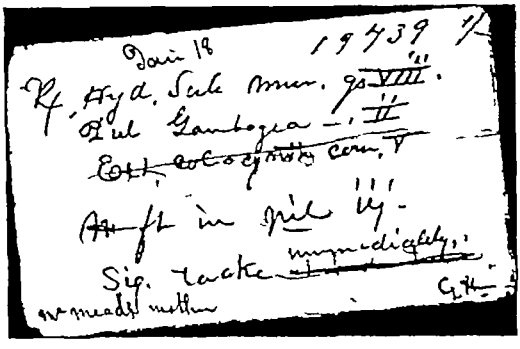
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How Intelligent are American High School and College Girls?—A Cross Section of a Girl's Thinking 449

B Liber, M D , Dr P H , New York City

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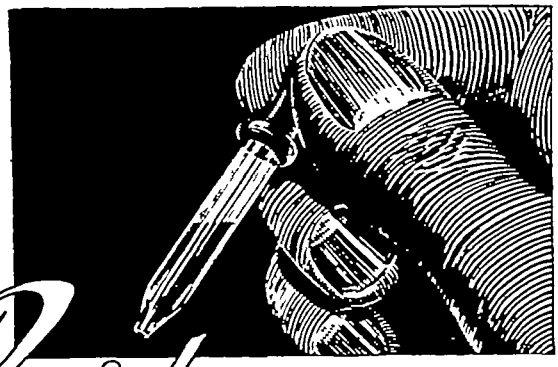
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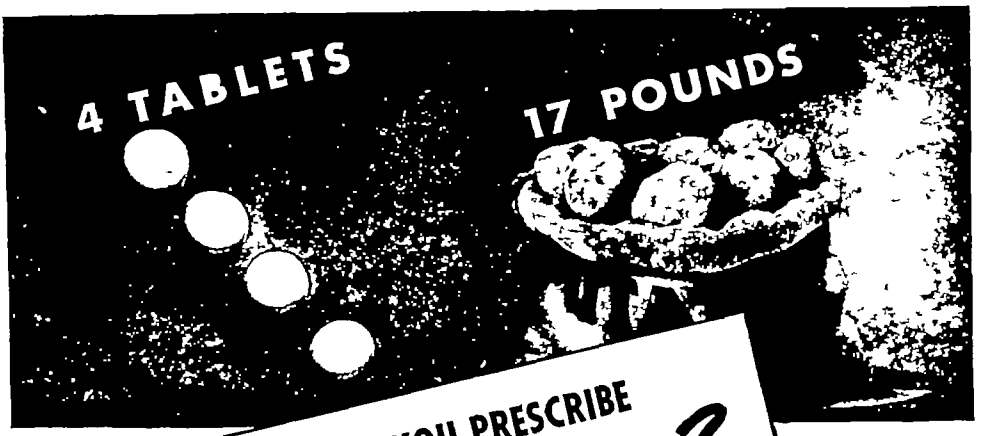
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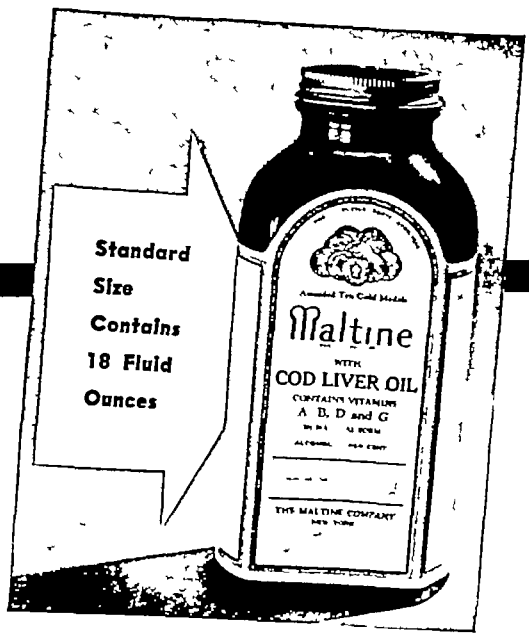
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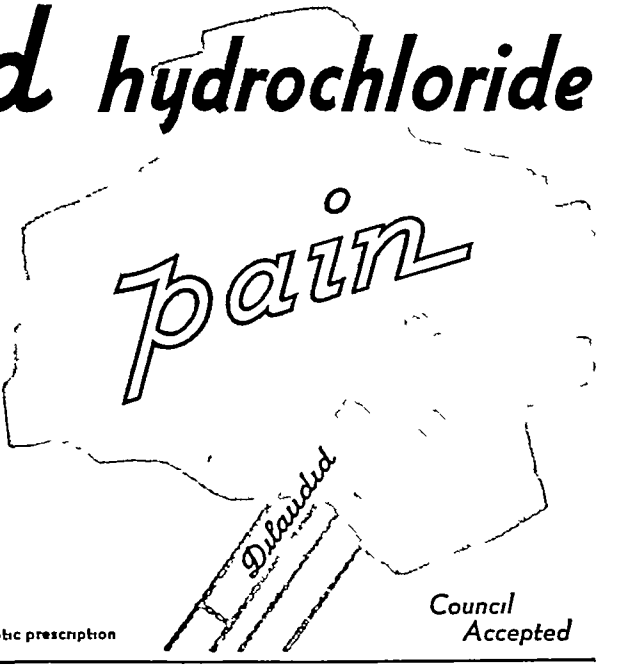
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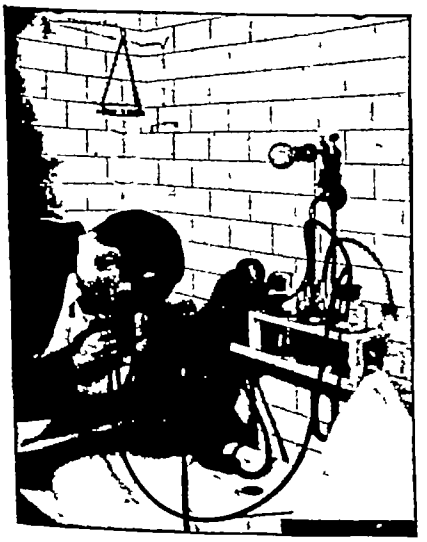
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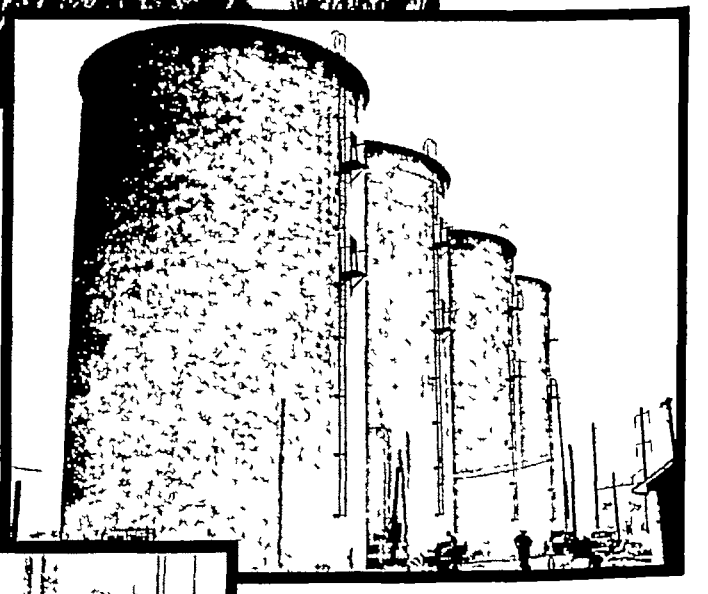
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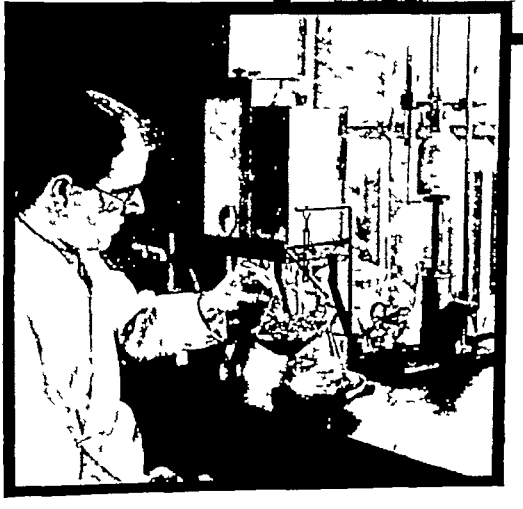
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Sodium chlorid	2,511.61	8,594 84	4 930.39
Potass. bromid	32.00	160.00	16 00
Potass. iodid	1 60	4.80	2.00
Sodium sulphate	Trace	None	None
Sod metaborate	Trace	Trace	Trace
Sodium nitrate	Trace	Trace	Trace
Sodium nitrite	Trace	Trace	Trace
Sodium bicarb	2,206.54	424 71	433 70
Calcium bicarb	1 877.09	3,380 84	2,545 74
Barium bicarb	Trace	25 65	39.03
Strontium bicarb	Trace	Trace	Trace
Ferrous bicarb	23 15	40 07	14.25
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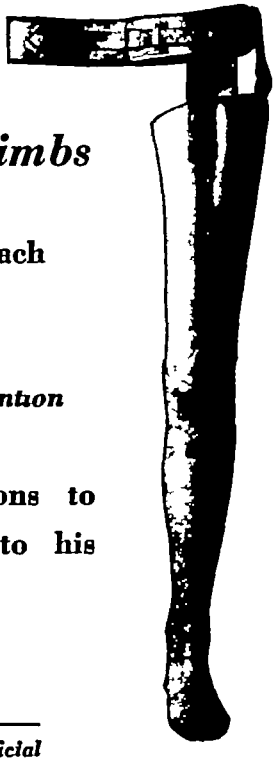
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Both individual case reports and laboratory investigation attest the value of McKESSON'S COPPER-IRON COMPOUND where a blood regenerative is indicated Many authoritative studies indicate that the addition of a small amount of copper to iron activates the iron, quickens its absorption and produces uniformly better results than iron alone The case histories below bear this out

Case No I—Mrs. D, age 27, secondary anemia and general rundown condition. September 18, had 3,200,000 red blood cells; hemoglobin 55%. On September 20, she was given two bottles of McKesson s Copper Iron Compound and directed that she take two teaspoonfuls three times a day until first bottle was consumed and one teaspoonful three times a day from the second bottle On October 15 (exactly four weeks later) her red blood cells numbered 4 600,000; hemoglobin 75% She was then given two more bottles and directed to take one teaspoonful three times a day On November 17, her red blood cells were 5,100,000 and hemoglobin 85%.

Case No II—Mrs. J, age 30 On October 1, had 2,800,000 red blood cells and hemoglobin of 50%. On that day she was given two bottles of McKesson's Copper Iron Com pound with directions to take two teaspoonfuls three times a day On the 15th of October her red blood cells numbered 3,800,000, her hemoglobin 60%. On November 3, after continuing on the same treatment, her red blood cells numbered 4,700,000 and hemoglobin 80%. Without further treatment, on November 24, her red blood cells numbered 4,800,000 and hemoglobin 85%.

Case No III—Mrs. R. M. Reported to physician on September 8 Hemoglobin 57%; red cell count 3,890,000 She was given two bottles of McKesson's Copper-Iron Compound and on September 25, her hemoglobin was 66%, red blood count 3,910,000 On November 10, after taking two more bottles, her hemoglobin was 66%, red count 4,080,000 On December 3, after continuing this same treatment her hemoglobin was 74% and red blood count 4,400,000

Case No IV—Mr H S Man with secondary anemia following acute hemorrhagic nephritis On September 22, his hemoglobin was 72%; red blood count 3,820,000 This man took one bottle of McKesson s Copper Iron Compound, and on October 23 his hemoglobin was 76%; red blood count 4,040,000; white count 11,500; polys 72; lymphs 28; color index 9 The above patient was very active and found it difficult to take this preparation with any degree of regularity There was an improvement in his condition, however, as noted in the above figures.

McKesson s Cop per Iron Com pound is manufac tured under license from the Wisconsin Alumni Research Foundation Hart Patent No 1,877,237

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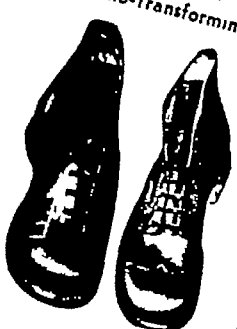
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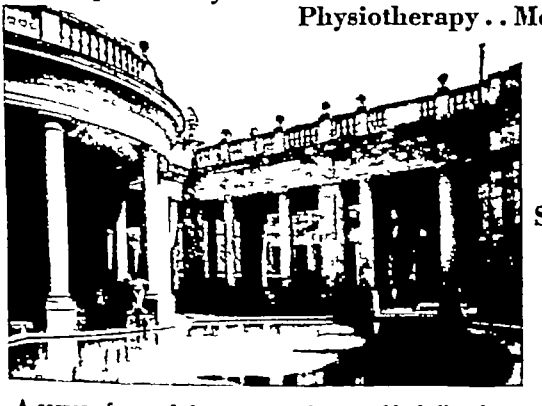
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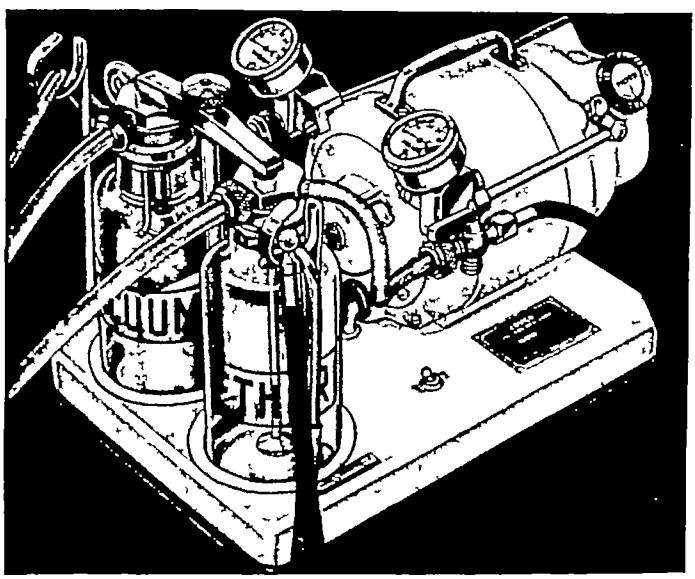
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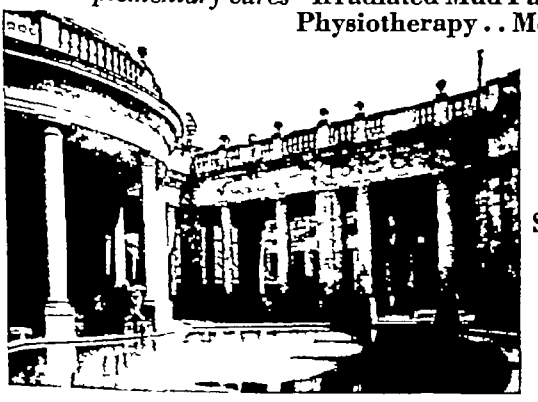
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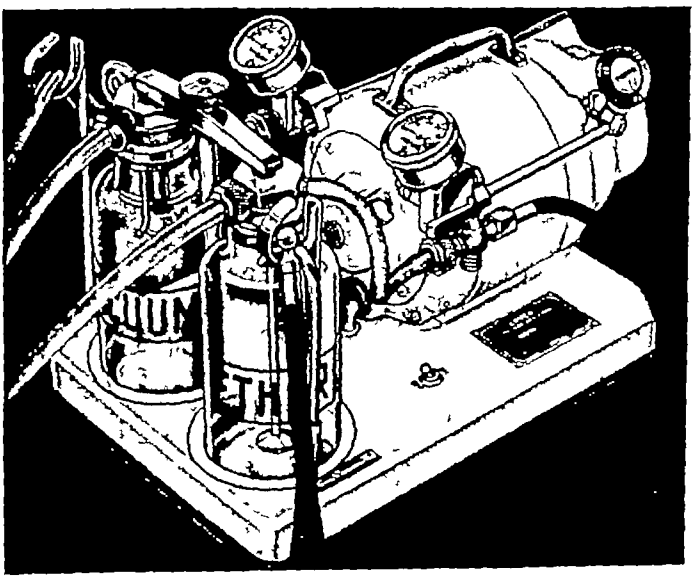
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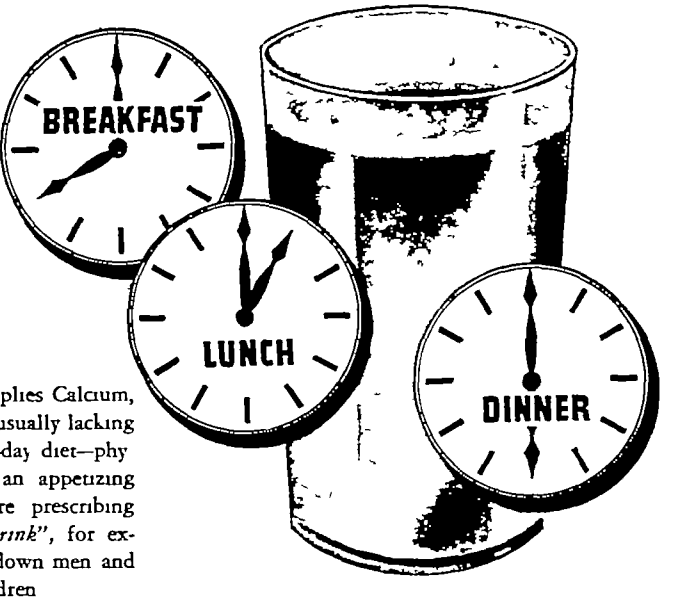
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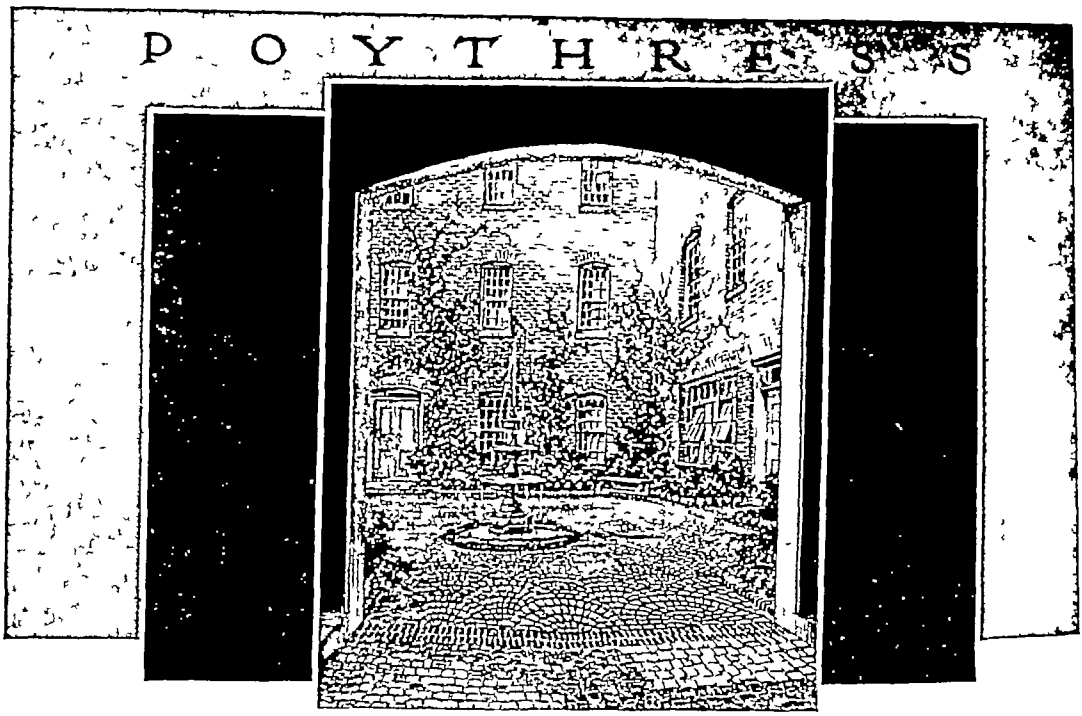
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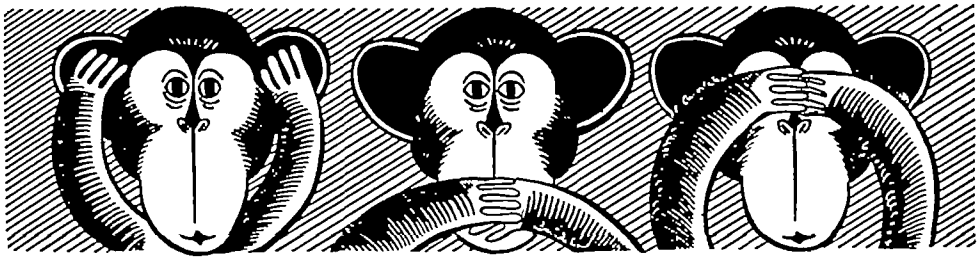
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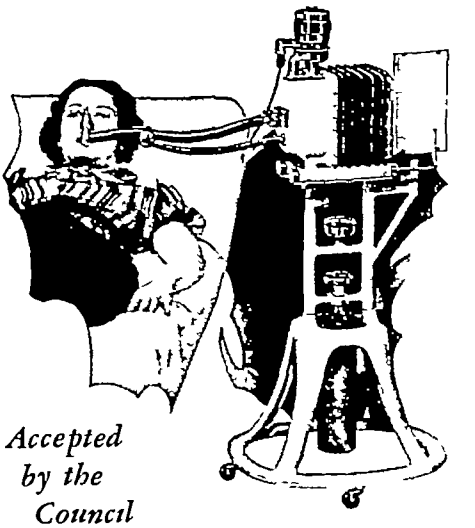
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Knox Gelatine is scientifically prepared from carefully selected long, hard, shank *beef bones only*. Twenty-one control and laboratory tests are made throughout the process of its manufacture. As far as we know, no case of allergy has ever been traced to the use of Knox Gelatine. Contrariwise, there is reason to believe that when Knox Gelatine is added to milk, patients sensitive to milk will show no allergic response.

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Place the contents of 4 envelopes of Knox Gelatine in an ordinary drinking glass. Add 4 ounces of cold milk and allow to soak for five minutes. Add 2 more ounces of milk and stir until thoroughly soaked. Then place glass in small cooking kettle of hot water until gelatine milk mixture is thoroughly dissolved Add 2 more ounces of cold milk, which will bring the temperature to a satisfactory warm drink of about body heat. A tablespoonful of prune juice or a few drops of any bland flavor like vanilla may be added.

Total 8 oz. liquid—about 250 calories

Why you should insist on Knox Sparkling Gelatine

Because Knox Gelatine is 85% protein in an easily digestible form,—because it contains absolutely no sugar or other substances to cause gas or fermentation, Knox Gelatine should not be confused with factory-flavored, sugar-laden dessert powders. Knox is 100% pure U S P gelatine. Knox Gelatine has been successfully used in the dietary of convalescents, anorexic, tubercular, diebetic, colitic, and aged patients.



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effective method of treating not only the more malignant inoperable lesions, but those more favorably situated and less malignant"

Reviewing an earlier series of fifty-one cases, Hunt reported that ten patients died within seventy-five days of the diathermic treatment, two from general peritonitis, and the others from pyelonephritis Eight patients died within a year either from the primary disease or from recurrence elsewhere in the bladder, fourteen whose tumors were graded I and II, had recovered from the operation and survived without recurrence. Hunt concludes that irrespective of the method of treatment the results obtained are directly dependent upon the degree of malignancy and the place in the bladder where the growth originally appeared "The results are better in the low grade malignant lesions and the lateral walls and dome than in the highly malignant lesions and the base of the bladder" This writer nevertheless adheres to his belief in the advantages of surgical treatment, yet other workers in the same clinic—Counsellor and Braasch—are of the opinion that "the advantages of diathermy as a transvesical procedure for inoperable or non-resectable lesions of both high and low grades have not been sufficiently recognized"

The superiority of diathermy over purely surgical measures has been quite conclusively demonstrated by records of clinics where this method has been in use for a time period long enough to permit evaluation of end-results At the Los Angeles General Hospital, for example, a report on the use of diathermy in vesical malignancy was made by Negley as far back as 1928 The results seemed "to favor fulguration or surgical diathermy either through a closed or open bladder" as the best method for handling vesical malignancy In 1936, another report from this same clinic concludes "surgical diathermy offers a possibility of cure greater than the risk involved in its application No other form of treatment of tumors of the bladder proved as efficacious"

But in a report made by Parmenter and Leutenegger last year it was emphasized that "a study of the carcinoma group (of bladder cases) disclosed the futility of fulguration alone" They add, "Those patients who received the larger doses of radium, seemed to obtain the best results" These opinions are shared by Dean of the Memorial Hospital

It has been my personal experience that whatever surgery can accomplish can be effected by other means with less risk and discomfort to the patient But the best results are not obtained by adherence to any single agent, or by confining oneself solely to an established method to be applied to all cases alike. The accurate treatment of a vesical neoplasm involves the conscientious study of the individual case, the careful measurement of the lesion to be treated, and a thoughtful evaluation of all the factors involved I rule out indiscriminately for all cases resection because I am convinced that in this way the cancer cells are disseminated more rapidly Recurrence takes place by direct implantation near the site of the original lesion Metastasis on the other hand occurs just as frequently in more or less distant areas because clamping and manipulation of the tumor mass introduce the cancer cells to the venules and arterioles

Dependence upon fulguration alone is open to the objection that we must confine our efforts to the actual tumor tissue It is too dangerous to attack the surrounding apparently healthy tissues, for such extensive injury to the bladder wall would bring about a condition worse than the original malignancy Radium implantation has proved itself efficient in taking care of this zone of potential malignancy surrounding the macroscopically visible tumor, but the implantation of extensive papillary growths or those of the solid, infiltrating type, is apt to be difficult and unsatisfactory One of the chief of these drawbacks is the impossibility of estimating accurately the number of radio-active centers needed to give adequate treatment.

A combination of several agents answers all these objections save that of correct estimation of the extent of the tumor

To obviate this last difficulty I have designed an instrument which permits measurement of the tumor base through the endoscope after the superficial portion has been removed by electrocoagulation Radon implantation is carried out with the same instrument, and

upon whom surgery is performed, and in some instances, even longer

The third group makes use of fulguration, but follows it by radiation with x-ray, radium or both In this third group are also classified those who use x-ray or radium alone This might be termed the *physical therapy group* in that they have definitely abandoned surgery

Let us first take up the case for surgery It is statistically established that the majority of bladder tumors are inoperable from the outset because of being located in an inaccessible position Tumors originating on the lateral walls usually involve one or both ureteral orifices Lateral wall growths comprised 41 89 per cent, and trigone and bladder neck tumors 34 41 per cent of the 854 vesical tumors classified by the Registry of the American Urological Association The Carcinoma Registry Committee points out that this fact has an important practical aspect with respect to treatment, as from the surgical standpoint only 23 4 per cent of these tumors are readily accessible for complete excision without interfering with the ureter or the urethra Thus tumors of the lateral walls almost invariably require transplantation of one or both ureters, while those involving the trigone and bladder neck are surgically unapproachable except by using total cystectomy and bilateral ureteral transplantation "It would appear, therefore, that any method of treatment to become generally acceptable must take into account the high percentage of bladder tumors in these areas, and the hazards of a purely surgical approach"

When the high mortality of vesical surgery for tumor is pointed out the surgeons are prone to defend their position by saying that if the patients presented themselves for treatment earlier, the surgical results would be correspondingly better But in opposition to this view is the fact that lesions seen early are readily amenable to far less radical measures than bladder-wall resection or total cystectomy It is impossible to imagine that the surgeon, if he were himself the patient (as not infrequently has happened), would choose resection or total cystectomy when he was well aware that gentler measures would bring about the desired result And the point of view of the lay patient would undoubtedly be the same I doubt very much if there is one person here who would elect cystectomy The immediate mortality in the best equipped hospitals has been reported as high as fifty-three per cent, and five-year "cures" are very, very rare We must take into consideration also the fact that most of these bladder tumor patients are over sixty years of age How long can such a person reasonably expect to live, even if he had no cancer?

In deciding to use radical surgery, a very heavy burden of responsibility is rested upon the operating surgeon Only growths of the highest grade of malignancy which are sure to cause death very shortly unless completely eradicated, can justify extreme measures Very often biopsy is not done, and the malignancy of the growth is judged by its clinical appearance, which may be highly deceptive Examination of the tissue after it is removed may tell quite a different story It seems altogether probable that some of the long survivals after resection may be due not so much to the thoroughness of the removal, but to the essentially low grade of malignancy of the excised growth or one that is but potentially malignant

The group of surgeons who advocate fulguration of all vesical neoplasms with resort to surgery if fulguration fails, point to the much higher incidence of five-year survivals as proof of the superiority of their methods But the records of *controlled diathermy*, as the newer methods of using heat are usually designated, are not actually much better than those of resection, *if diathermy alone is employed*

In 1933 Counseller and Walters reported on seventeen cases of bladder tumor where they had used diathermy, or as they term it, "transvesical electrocoagulation" The method was restricted to patients who had tumors of the infiltrating type confined to the base of the bladder and "considered non-resectable" When the report was made, fifteen of these patients were still alive, one having lived more than ten years "If it is considered that the cases were judged to be inoperable the results indicate that the patients who lived less than five years, and who were treated by diathermy, undoubtedly lived longer and in greater comfort because of this treatment It should, therefore, be considered a very

CERTAIN RECENT DEVELOPMENTS IN CHEMISTRY

Their Bearing on Cellular Activity

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The purpose of this lecture is to serve as an unnecessary memorial to a man Unnecessary, on account of the fact that his intellect as teacher and investigator operating as such and with a vision, has so impressed itself on this Institution that he will go on so long as it goes on Being a memorial lecture it should consider the man both first and last, and I shall attempt this Between such periods of happy thoughtfulness will be placed certain statements of a scientific nature which I trust he would care for, scientific developments in which he would have rejoiced and would have expounded in his charming fashion to his students of chemistry and pharmacy

It was not my good fortune to know Professor Charles Frederick Chandler and yet any one may know this man A glance at one of his photographs shows a man with strength and poised determination, a kindly eye that looks into the future with understanding and assurance, a person who loves the right and abhors the wrong, with a strength This gentleman and eminent scientist gave his life with a freedom in and for Columbia University He was, and his attainments here are of a university order of excellence Such people are a university Their spirit as a university fails to perish

It is interesting that I have found a local state connection with Professor Chandler Through my state I knew him before either Union College or Columbia University knew him Professor Chandler's dissertation for the degree of Doctor of Philosophy at Göttingen in 1856 was entitled "Miscellaneous Chemical Researches" The first one of these investigations was on "Zircon From Buncombe County, North Carolina" Therefore it may be in some measure appropriate for the Chandler Centenary Committee to have asked me from a nearby county to make this lecture as a part of the memorial to Professor Chandler

In the spring of 1866 Professor P W Bedford of Columbia College called Professor Chandler to ask him if he would lecture in Chemistry at the College of Pharmacy His reply was "What is it and where is it?" He asked for twenty-four hours in which to consider the matter and deciding that pharmacists belonged to a class that needed a thorough scientific education, he accepted the offer without and with no thought of remuneration A student of Professor Chandler's life will gather a certain significance from this decision No doubt with the vision which he ever had, he saw here not the indiscriminate compounding of largely worthless substances to operate ineffectively in individuals but chemical bodies of known composition influencing through scientific laws the activity of highly complex living tissues With this interpretation on my part of Professor Chandler's vision in the above mentioned connection, a vision which has become a reality for the College of Pharmacy, I would care to talk briefly here on "Certain Recent Developments in Chemistry—Their Bearing on Cellular Activity"

One of the earliest discoveries of the existence of a specific chemical substance influencing in terms of augmentation cellular activity was made by Bayliss and Starling[1] through their observation that a chemical body from the duodenal mucous membrane stimulated the cells of the pancreas The establishment of a fact of such an order is sufficient in itself, but the principle established through it with its many implications transcends the discovery Such an observation of the existence of so-called chemical messengers in the organism—hormones—at once raised the question whether or not function on the part of cells as organs might not be due to such chemical bodies produced in an organ location or remote from it either acting as augmentors or inhibitors of the activity of a given group of cells and

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treatment concluded by a series of deep x-ray exposures begun ten days later

In conclusion I would emphasize my belief that the risks of surgery far outrank the advantages of a possible complete cure in patients of advanced age, that a proper combination of electrocoagulation with subsequent radon implantation and eventual x-ray therapy is always to be preferred, and finally, that our hope of bettering our results in the treatment of bladder neoplasms lies in the intelligent employment of all the resources at our command, especially those which will lead us to better and more prompt diagnosis The present high mortality of bladder tumors is a challenge to the urological profession Let us not permit it to go unaccepted

1 E. 63 St.

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A CRUISING X-RAY LABORATORY

The New York State Department of Labor marked another advance in its campaign for the prevention and eradication of silicosis and other industrial dust diseases when it launched its "Cruising X-Ray Laboratory"—an especially built body on a school bus chassis, containing full x-ray equipment. State Industrial Commissioner Elmer F Andrews announced that this traveling laboratory will be sent to the industrial centers throughout the State where dust hazards are known or suspected to exist. By tying in to plant electric power the Department's x-ray truck will provide completely equipped quarters for medical and x-ray examination of plant employees in the immediate vicinity of their work

During the past year more than 5,000 x-ray photographs were taken of workers exposed to silicosis hazards in the foundry industry It was in this work that the necessity for a cruising laboratory was demonstrated Without the truck equipment, the investigators and x-ray operators of the Division of Industrial Hygiene have been required to cart their bulky apparatus and plates about in a sedan.

An x-ray laboratory had to be improvised in quarters provided in industrial plants that were often inadequate for the purpose This was necessarily a cumbersome and slow procedure and not conducive to the best results While the foundry study was completed under these somewhat adverse conditions, there still remain similar surveys to be made in occupations such as the following Metal polishing, rock-drilling, quarry work, mining, stone finishing, sand blasting, work with asbestos, vitreous enamels, pottery and glass, work in factories where soap and scouring powders are manufactured, and in plants where abrasives are used in cleaning and polishing operations It is estimated that within this group of occupations approximately 7,500 workers in New York State are exposed to an extreme dust hazard while 13,000-14,000 more are exposed to a dust hazard which is somewhat more moderate

The Department's portable laboratory is the first of its kind to be built. The overall body dimensions of the laboratory are 17′ 9″ long x 7′ 4″ wide with a 7′ clearance between floor and ceiling The rear half of the structure is devoted to a reception and examination room that is 10′ 6″ long x 7′ 4″ wide This room is lighted by a large rear window, a side window and a door window and two dome lights in the ceiling There are electric outlets for heaters in cold weather and fans in warm weather

The x-ray room is 7′ 3″ long and 5′ wide. In the x-ray room are the radiographic tube, tube stand and plate holder The walls of the room are lead-lined A door leads from the x-ray room to the street so that workers being examined will enter through the door leading into the reception room, and go out through the exit door in the x-ray room

tionship within the heart between these two functionally opposed factors of a specific chemical nature

These experiments have been discussed not for the purpose of elucidating their significance as such but in order to emphasize a type of tissue change of a chemical order, the importance of which is even now in the beauty of its scientific birth They stimulate thoughts to be substantiated by facts of specific chemical interaction in tissues the romance of which we are not yet in a position to realize Such thoughts, hopes, and possibilities are of a nature which would thrill the intellect of Professor Charles Frederick Chandler

Considerations of the significance of changes of a chemical order apply to processes of disease as well as to those of physiological life In this connection, but for the present as primarily concerned with cell morphology, studies have been in progress in my laboratory for a number of years which have taken into consideration the susceptibility or the acquired resistance which fixed tissue cells may have to a variety of chemical substances Such states of susceptibility and acquired resistance associated with certain modifications in cell morphology likely depend upon changes in the chemical or physicochemical status of such cells In turn such states of cells indicating resistance or susceptibility if seen broadly, should be interpreted as factors involved in the general question of cell and organism adaptation

Many years ago in studying the regenerative capacity of kidney epithelium following the ligation of one branch of the renal artery,[6] the observation was made that after such an interference to the blood supply of the kidney it was impossible for epithelial cells normal for the convoluted tubules to replace those cells which had been caused to degenerate In place of cuboidal, highly specialized cells replacing those cells which had degenerated, this normal type of cell was replaced by a flattened cell of a different order In other words the injury to the kidney had so changed it that a specialized cuboidal cell could not adapt itself to such an environment while a cell of a less specialized nature could effect such an adaptation The observation implies, without adequate proof, that the flattened less specialized cell was of such a physical structure and chemical constitution as to enable it to survive in a renal environment unsuitable for the normal type of cell Such observations may be of significance in our thinking about cell life and the adaptations of such life to unfavorable environmental surroundings which we call disease They make it difficult for us to decide what disease in terms of cell change is Certain tissue changes which we now designate as disease, relegate to the pathological and consider essentially harmful and opposed to life may be changes in terms of adaptation which enable an organ or an organism not to die but to live even though as a result of such changes the organ or the individual has to live at a lower level of physiological effectiveness Such changes therefore become a mechanism of defense and impart resistance of an acquired nature

Much later than these experiments, the observation[7-10] was made that when dogs were intoxicated with two mg of uranium nitrate per kilogram they developed only slight evidence of a kidney injury in the main characterized by edema and partial necrosis of the epithelium of the convoluted tubules In general such animals recovered from the kidney injury with a restoration in renal function The repair processes in such kidneys consisted in so far as the injured epithelium was concerned, in the formation in the convoluted tubule area of cells morphologically normal for this segment of the tubule When such animals were reintoxicated by the same amount of uranium per kilogram, the epithelial cells of a normal type which had replaced the injured epithelium failed to show any acquired resistance to this poison The sequence of events then, was as follows A slight injury to the cells of the convoluted tubules is followed by a process of repair characterized by the formation of a normal type of cell having the usual affinity for this chemical substance so that no resistance to the poison is acquired as a result of the process of repair Other animals were intoxicated with a larger amount of uranium—four mg per kilogram Many of these animals failed to survive the acute kidney injury for such a degree of intoxication develops in the same location of the tubule as was observed when a smaller amount of the

finally when such organs operated in terms of balanced and perfected function, if this balance was not due to a normal quantitative interaction between augmentor and inhibitor This type of thought lends itself to considerations other than the function of organs Growth and development, youth and senility may find an explanation through the presence or lack of some chemical substance influencing tissue activity and malignant growths may conceivably be due to a chemical body which either stimulates a given type of cell to abnormal proliferation or to one, the absence of which removes a restraining influence from such cells Certainly very recent investigations lend emphasis to the chemical regulation of cellular activity

In 1906, Reid Hunt and Hunt and Taveau[2] described certain remarkable results in terms of augmentation of function produced by extremely high dilutions of acetylcholine when given intravenously to animals, later Taveau and others described in detail the action of many of the chemical analogues and derivatives of such a body It is good to think about these isolated, initial discoveries Facts as facts, no matter how detached, have the power of standing firm in the beauty of their truthfulness and not infrequently as has been the case with Hunt's discovery such facts have served as the core, as the "leaven to lighten the whole loaf" of a new domain of understanding of the influence of specific chemical substances on cellular activity

In 1914 Dale[3] greatly extended the work of Hunt and Taveau by showing that acetylcholine in the amount of one gamma or less per kilogram of body weight in an animal would cause a fall in blood pressure due to vasodilation of certain blood vessels and that this effect was abolished by atropine Larger doses of this substance slowed the heart and modified its contractility in a manner resembling the influence on the heart of the vagus nerves These observations indicated that a chemical body—acetylcholine—acted in the same fashion as stimulation of certain parasympathetic nerves which in turn raised the very important question whether or not nerve stimulation as such brought about such changes in the blood vessels and heart or whether the nerve stimulation caused the liberation of a chemical mediator which influenced a specific type of cell, a tissue as an organ, either in terms of functional augmentation or inhibition The thought at least carries itself beyond the nerve as nerve impulse, to a something which must be highly specific in its functional influence.

In 1921 Otto Loewi[4] following a sleepless night of thought performed his crucial experiment by which he demonstrated that if the vagus nerve to the frog's heart was stimulated while the heart was being perfused by an inert physiological solution that some substance passed into the perfusate which when transferred by perfusion to a second heart produced a similar effect to stimulation of the vagus nerve Loewi later showed that this substance having a vagus slowing effect on the heart resembled acetylcholine in that hydrolysis would cause its disappearance, that its action was made negative by the use of atropine, and that it was readily destroyed by an enzyme present in blood and tissue juices The experiments proved that an acetylcholine-like substance was the chemical mediator acting in the capacity of inducing cardiac inhibition while another chemical body of plant origin—atropine—served as a substance which could prevent the action of this chemical cardiac inhibitor through its action on vagus nerve endings Since this work of Dale and Loewi numerous investigators have extended the study of acetylcholine and related bodies to explain their chemical influence on a variety of tissues other than blood vessels and heart muscle and to show the antagonism which exists between such bodies and substances of vegetable origin as atropine and physostigmine

Studies of a similar order of magnitude in connection with chemical mediators of a cardiac augmentor nature have been made by Cannon and his school of investigators [5] They have demonstrated that just as vagus stimulation to the heart leads to the liberation of a chemical mediator of inhibitory power so stimulation of the sympathetic accelerator nerves to the heart induces the liberation within it of a chemical mediator of augmentor power Cannon designates this substance "sympathin" Thus the balanced action of the heart muscle in terms of contraction—systole—and rest—diastole—is likely due to an adjusted chemical quantitative rela-

a complete resistance against the toxic action of chloroform Several weeks later, when the same animals were starved not for twenty-four but for forty-eight hours and anesthetized with chloroform for four hours, commencing areas of necrosis could be demonstrated in the center of the liver lobules

The latter observation indicates that tissue resistance cannot be considered as absolute. Fixed tissue cell resistance as resistance of any other order is a relative value

A final group of experiments[14] are of peculiar interest and importance as they take into consideration the factor of age. During the past sixteen years of study in which the liver of the dog has been considered in certain experimental procedures, ninety-four animals have been used which may be considered senile both on account of their age (8 to 23 years) and on the basis of certain superficial physical changes common to the senile state in any of the higher animals, including man Twenty-two of these animals have shown livers with a diffusely changed type of liver cell The cells were not of a normal polyhedral contour but were similar in configuration to those cells which had been made to appear as a repair process in the liver secondary to a severe injury from uranium The cause for the occurrence of this type of cell in the livers of certain senile animals is entirely unknown The question following this observation then quite naturally arose as to whether these atypical liver cells formed in the liver in association with the senile state were resistant to chloroform Such animals when starved for twenty-four hours and given chloroform by inhalation for 1½ hours have shown a complete resistance against this chemical body which is certainly toxic for normal hepatic epithelium

The foregoing experiments have been outlined in some detail even in their incomplete form to emphasize certain thoughts of a biological order concerning the morphological fixity of tissue cells, the acquired resistance of such so-called fixed cells and the probability that changes of a chemical or combined physicochemical character may be responsible for both susceptibility and an acquired resistance on the part of such cells The experiments establish certain facts which may be of broad biological and medical significance. First, certainly for a given location in the renal tubule and in the liver we have to accept the observation that when such fixed epithelial cells are subjected to a sufficient degree of injury which connotes susceptibility that a repair process may be instituted that results in the formation of a different type of cell in such locations which has acquired a high degree of resistance not only to the chemical agent which inflicted the injury and precipitated the atypical repair process but a resistance to chemical bodies of an entirely different chemical order from the injurious agent Excluding changes in surface tension and cell membrane permeability which may be associated with changes in cell configuration we perhaps have the right to infer, not to state as a fact, that when changes in cell morphology develop in fixed tissue cells as a reaction to injury and constituting a repair process or that when such morphological changes occur as a localized organ expression of senility, that the chemical constitution of such atypical cells becomes so altered that they no longer have those chemical receptors which can bind a given poison in sufficient concentration to seriously impair the function of such resistant cells or to so change them structurally that these changes can be microscopically demonstrated

Finally, my belief is that it would be investigations of such an order which would warm the heart and excite the interest of the great chemist, the chemist of industry and helpfulness, Professor Charles Frederick Chandler, whose birth we commemorate with thankfulness

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nephrotoxic agent was employed, but is more severe, usually resulting in a severe necrosis of the cells in this portion of the nephron In those animals which effected a survival from such an order of renal injury the repair to the convoluted tubules was by an atypical, flattened, often syncytial type of cell, a cell very different morphologically and in certain respects chemically from the normal, specialized, cuboidal cell In such animals the observation was made that associated with such a change in the morphology of these cells effecting a process of repair, the kidney had acquired a fixed tissue cell resistance not only to the amount of uranium which induced the initial injury but to an amount two to four mg per kilogram in excess of this toxic quantity In those animals of this second group that survived the acute uranium injury a repair process was instituted in the kidney characterized by the relining of the injured tubules with a changed type of epithelium which in turn was resistant to this chemical poison It is justifiable to assume that such cells are exposed to uranium for the substance appears in the urine of the animals The intracellular mechanism of a chemical or physicochemical character which prevents the poison from effecting an injury to this type of regenerated cell is entirely unknown

In recent years this same type of experimental procedure has been undertaken with the liver as the organ of study[11] These experiments in the first place indicated that the liver when injured by uranium reacted in terms of cell regeneration and resistance in a manner similar to that which has been described for the kidney in that a slight injury to the liver by two mg of uranium nitrate per kilogram was followed by a process of epithelial repair which resulted in a return of the liver to a cytological normal, that associated with this type of normal epithelial cell replacement, the liver failed to acquire an epithelial cell resistance to the poison However, if the liver was severely injured by four or six mg of uranium per kilogram, an abnormal type of epithelial repair developed consisting in the formation of flattened cells in cord formation which were not infrequently not differentiated but remained as syncytial structures This form of cell was shown to be definitely resistant to uranium. These experiments were of significance in that they demonstrated that a type of cell change first noted in the kidney had the same characteristic of an acquired resistance when they were made to appear as a repair process in another organ with a different functional expression and composed of an epithelium normally different from that of the kidney

Many years ago the observation was made by Whipple and Sperry[12] that if a dog was starved for twenty-four hours and given chloroform by inhalation for 1½ hours, there invariably occurred as an expression of the toxic action of the chloroform for the liver a necrosis or death of the central one-third to two-thirds of the cells of the liver lobules Taking these experiments as a standard reaction on the part of the liver to chloroform, the following investigation was undertaken to ascertain if liver epithelium could be so altered by an injury followed by a repair process as to impart to the liver epithelium an acquired resistance against this certainly acting hepatoxic chemical agent—chloroform

In conducting the experiments a first group of dogs were given two mg of uranium nitrate per kilogram As has been stated, the liver injury inflicted by such an amount of uranium is followed by a repair to the epithelium with the formation of a normal type of polyhedral liver cell When such animals were starved for twenty-four hours and given chloroform for 1½ hours, there developed in the liver a central necrosis of the liver lobules effecting one-third to two-thirds of their area These experiments show that if the liver be slightly injured by a poison, in this instance uranium, which in turn leads to a normal type of cell repair, that such cells have no resistance against chloroform A second group of dogs were intoxicated by a larger amount of uranium —four mg per kilogram A certain number of these animals failed to survive Those animals effecting a survival from this degree of injury to the liver repaired the liver not by the formation of a normal type of liver cell but by cells of altered morphology which were flattened, stained intensely, had prominent nuclei and which not infrequently existed as undifferentiated syncytial structures When animals with this type of atypical liver cell repair were starved for twenty-four hours and anesthetized with chloroform for either one and one-half or three hours the liver epithelium was found to have acquired

the anatomy of the appendix that predispose it to infection *First,* it is a narrow cul-de-sac, exposed to a fecal stream with a high bacterial content, where stasis and easy obstruction are common, *second,* it has a considerable lymphocytic element which may be as susceptible to inflammatory reaction as other lymphocytic tissues of the body

The obstruction of the lumen by the formation of fecaliths, by the presence of foreign material, by cicatricial strictures, and by kinks, no doubt, accounts for a high percentage of the cases of acute appendicitis It is assumed that secretions are dammed beyond the obstruction and tension diminishes the resistance of the mucosa to increasing numbers of bacteria Invasion of the mucosa, passive congestion of the wall, vascular thrombosis with eventual gangrene and perforation represent a progression that can be seen at any stage at the operating table The entire process may take little more than eight to ten hours, or as long as several days, again it may regress from any stage in this course

The factor of obstruction has been admirably demonstrated experimentally by Wangensteen and Bowers,[3] but to account for every case of appendicitis on this basis is hazardous In this series, only thirteen per cent of all cases of acute appendicitis were found to have hard fecaliths in the lumen, the presence of soft feces was not considered abnormal It appears significant that in the more severe forms of appendicitis, there was a greater incidence of these concretions, in acute appendicitis without perforation their incidence was eleven per cent while in the cases with perforation, it was twenty-eight per cent Seeds, splinters of wood, hair bristles, and other foreign bodies were found in the lumen of the appendix in less than one per cent of cases

Intestinal worms were found in the lumen in seven cases of acute appendicitis (and in seven cases of nonacute) In twelve instances the worm was Oxyuris vermicularis, in one, Ascaris lumbricoides, and in another, Tenia saginata It is not apparent whether these parasites produce appendicitis by mechanical obstruction of the lumen or by ulceration of the mucosa They are known to cause ulceration in other parts of the bowel, but it is interesting that ulceration of the mucosa was conspicuously absent in all but one of the cases, both acute and nonacute The appendix infested with the Tenia saginata had perforated and formed an abscess After simple drainage of the abscess, several lengths of the worm came out through the fistula There was an eosinophilia of from four-ten per cent in all of the

CHART I—DISTRIBUTION OF 886 ACUTE CASES ACCORDING TO AGE

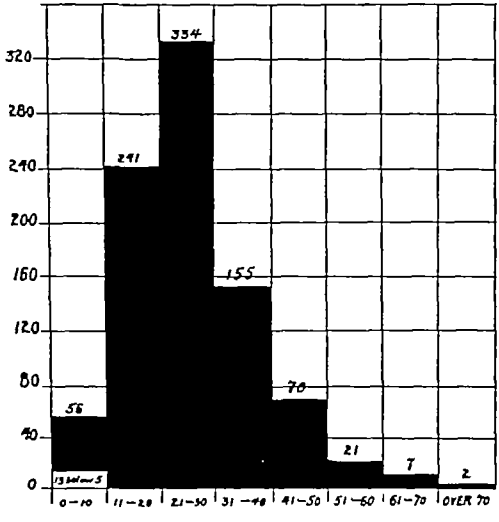


TABLE I

		Number of Cases	Deaths	% Mortality
ACUTE APPENDICITIS				
Acute Appendicitis — Unperforated		727	2	0 27
Appendicitis — Perforated & Local Abscess		99	5	5 0
Appendicitis — Perforated & Spreading Peritonitis		60	12	20 0
	Total Acute	886	19	2 1
NONACUTE				
Operated upon as Acute Appendicitis by Mistake		127	2	1 5
Operated upon as Chronic Appendicitis		487	0	0
	Total Non Acute	614	2	0 32
	Grand Total	1 500	21	1 4

A STUDY OF APPENDICITIS

1500 Cases at the New York Hospital

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It has been the practice of the New York Hospital periodically to report its statistics on appendicitis, the last report [1] completed the analysis of the cases at the old New York Hospital which closed its doors in July 1932 So many of these studies flood the current medical literature that there seems little more to add But all agree that there are aspects to the disease about which the last word has not yet been said, and the mortality rates testify to a need for this attitude. New York City's death rate from appendicitis has consistently averaged about fourteen per 100,000 population each year Krech[2] personally studied the records of 4,542 cases of acute appendicitis for the years 1921 and 1931 in fourteen representative hospitals in the city and found the operative mortality to be seven per cent These figures, while several points lower than the estimated averages for the country, are not enviable and call for concerted effort for improvement

This study includes not only those cases that proved to be acute appendicitis but also those with nonacute disease of the appendix and those in which the appendix was removed as the result of a mistaken diagnosis

There have been 1,500 operations for presumed or actual appendicitis done by the Surgical Department of the New York Hospital between September 1, 1932 (when the new hospital opened its doors) and January 1, 1937 This number does not include cases in which the appendix was removed incidental to some other abdominal operation, though a few cases are included in which some minor procedure was done incidental to the appendectomy Eighty-seven per cent of those cases performed before July 1936 have had adequate follow-up studies

A simple combined clinical and pathological classification of cases has been used (Table I) Any attempt at further subdivision has led to confusion and inaccuracy, particularly is this true in those cases of spreading peritonitis where the perforated appendix has not formed a local, walled-off abscess Borderline cases of "mild acute" appendicitis and those of "periappendicitis" resulting from primary inflammation elsewhere have all been classed as nonacute

There were twenty-one deaths in the 1,500 cases, nineteen in the acute and two in the nonacute The numbers for each group and the percentage mortality are indicated in Table I The mortality for all types of acute appendicitis is 2 1 per cent, a gratifying figure which represents factors over which there has been no control as well, perhaps, as factors over which some control has been possible. The mortality approaches zero when the appendix has not ruptured, but rises alarmingly when it has The two deaths in the nonacute group occurred in cases of mistaken diagnosis—acute glomerular nephritis and postabortional septicemia, in neither one of which was it felt the operation contributed to the death

Acute Appendicitis

Age and Sex Incidence A study of the age incidence in the cases of acute appendicitis (Chart I) only verifies the already abundant evidence that the disease is primarily one of youth and young-adulthood, sixty-five per cent of the total cases occurring in the second and third decades of life The youngest patient encountered was six weeks old, the oldest eighty-three years

The incidence of acute appendicitis according to sex has shown only a slight predominance of males over females (52-48), although for children of twelve years or younger, the ratio was sixty-forty respectively Most surveys give a higher percentage of males

Etiology and pathology The etiology of appendicitis is not always evident even after careful consideration of the history and the pathological appearance of the appendix But there are two features of

erative wound healed perfectly Two other cases came to the hospital with appendiceal abscesses unaware that they also had tuberculosis of the lungs and intestines

In each instance the abscess was drained without attempting to remove the appendix, but a fecal fistula persisted After three and four months the tuberculous appendices were removed and the wounds drained, in one the wound healed promptly while in the other a fistula persists after six months

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Catharsis Much stress has been laid on the important relationship of catharsis to the course of acute appendicitis There are some who feel that too much emphasis has been placed upon its influence, but there is no doubt of the frequently dire effects of purging Twenty-six per cent of acute cases in this study had had laxatives or cathartics of one type or another They had been used in nineteen per cent of the cases with acute unperforated appendicitis, in 43 5 per cent of those perforated with local abscess formation, and in 61 5 per cent of those perforated with spreading peritonitis That purging has a part in the advance of the disease is obvious There is nothing to show that enemas have had any comparable effect although there is good reason to believe that large, high-pressure enemas may be dangerous

Duration before admission The importance of the time element is axiomatic The average elapsed time between the onset of the disease and hospital admission was 2 6 days for all acute cases 64 7 per cent of the cases came during the first forty-eight hours Chart III shows the percentage of cases based upon this elapsed time In acute appendicitis without perforation, the average elapsed time was two days, the extremes being four hours and twelve days, in the group with perforation and abscess the average was 5 5 days, the extremes being fifteen hours and seven days, in the group with perforation and spreading peritonitis the average was 2 4 days, the extremes being ten hours and seven days In so much as it is the policy at this hospital to proceed with operation as quickly as possible, there was little additional elapsed time after admission and before operation

The foregoing figures when compared with the usual ones quoted, show that patients with appendicitis have come to this hospital more frequently in their first attack, have been less prone to take cathartics, and have allowed less time to elapse between onset of symptoms and hospital admission These are all-important factors and no doubt contribute to the comparatively low mortality in this series of cases

As the general public and that portion of the medical profession who take chances with delayed or conservative treatment become sufficiently aware of the importance of these three items, the prob-

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Trauma as an occasional etiological factor has some evidence in its favor Theoretically and experimentally, the distention of the appendix resulting from sudden increase in intraintestinal tension may rupture the mucosa and induce infection in its wall Also, local laceration might conceivably be produced in thin individuals by forcibly compressing the appendix against the iliac bone In three cases, trauma appeared to play an etiological rôle One, an auto mechanic, experienced increasing pain in the right flank immediately after lifting the rear end of a light car A few hours later, at the hospital, he was thought to have sustained a muscle strain, a hernia in Petit's triangle, or possibly a retroperitoneal hematoma Three days later he was found at operation to have a retrocecal abscess from appendicitis with perforation The other two cases were in children—one was forcibly kicked, the other butted in the abdomen Both developed immediate pain and tenderness in the abdomen with nausea and vomiting In one, a gangrenous appendix was found after eighteen hours, and in the other, a perforated one after thirty-six hours

The one instance in which an acute appendicitis was found in a hernial sac occurred in the youngest patient, a baby six weeks old with an inguinal hernia In this case, the appendix was markedly inflamed and showed early gangrene, apparently as a result of strangulation of the blood supply The incidence of kinking and of cicatricial obstruction of the lumen has not been studied in this series, such a study would offer obvious difficulties

The seasonal variation and "epidemics" of appendicitis as well as its frequent association with upper respiratory infection, appear to have some etiological significance [4] Attention has been rather convincingly drawn to this relationship by some authors, but others strongly deny its existence Fifteen per cent of the cases of acute appendicitis in this series were preceded by and associated with acute upper respiratory infection Chart II shows a graph of all the cases of acute appendicitis for each month of the year over a four year period, also, a graph of the cases exclusive of those found to be definitely associated with upper respiratory infection For all cases there is a distinct increase in spring and fall months which cannot be entirely explained by the seasonal fluctuations in the number of hospital admissions While patients are less likely to have elective operations performed during the midwinter and mid summer months, this hardly applies to acute appendicitis The discrepancy between the two graph lines of Chart II shows that during the epidemic periods of acute appendicitis, there is a greater incidence of associated upper respiratory infections, and the inference is that there is a causal relationship

Whether infection beginning in the upper respiratory passages reaches the appendix by way of the blood stream or the enteric canal is not clear Also, it cannot be said with any degree of certainty that the initial swelling in the wall of the appendix always obstructs the lumen and that thereafter the process advances just as it does in cases of mechanical obstruction of the lumen In some instances the appendices of this group were found to be inflamed only in a distal segment, as in cases of obstruction of the lumen with fecaliths or strictures But in an impressive number of others, the entire mucosal lining of an unobstructed appendix was involved in an acute catarrhal process

Tuberculosis of the appendix with a superimposed acute inflammation was encountered in four cases One case was that of a young man with the usual symptoms and signs of acute appendicitis of thirty-six hours duration (first attack) The appendix at operation was thickened, inflamed, and covered with fibrin, and there was no gross evidence of disease in the adjoining ileum or cecum After the appendix was examined and found to contain small caseous tubercles, a chest x-ray revealed early active pulmonary tuberculosis, but further studies showed no evidence of the disease in the gastrointestinal tract At the end of a year and a half, he is well and considered to be an arrested case of tuberculosis Another case was that of a patient in the hospital ward with tuberculosis of the cecum who acutely developed new symptoms and signs which were interpreted after three days to represent appendicitis At operation a large gangrenous and tuberculous appendix was removed, the undrained op-

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clinical picture was discovered to be something else (Table III) *

These cases of mistaken diagnosis make an interesting study although only a limited knowledge may be gained in avoiding such mistakes in the future Indeed, the great danger may be that in the zeal to reduce this group, the surgeon may err on the wrong side, and find out too late that, in trying to avoid a needless operation, he has cost the patient his life

Salpingitis was operated upon 22 times for acute appendicitis The number of cases of salpingitis that were not operated upon over the same period of time is not known, though, no doubt, the number would be many times greater than the figure above The fact is frequently overlooked that the symptoms and signs of actual acute appendicitis may accompany salpingitis, albeit the process is a peri-appendicitis which presumably never goes beyond this stage. None of the cases of acute salpingitis have appeared the worse for a simple exploratory operation with appendectomy However, two cases were treated conservatively as salpingitis for four days when it became evident that there was a general peritonitis from perforated appendicitis, the operations performed on these two patients in the late stages of their disease were useless

Acute lymphadenitis of the mesentery of the small intestine was found in twenty-one cases to have been mistaken for acute appendicitis This disease has had little recognition until recent times [5] Formerly, it was taught, particularly in pediatric textbooks, that lymphadenitis of the mesentery was caused by tuberculosis, but tubercle bacilli are rarely, if ever, found in this acute disease of the lymph nodes seen at the operating table There is often, although not always, a concurrent upper respiratory infection, suggesting an etiological relationship

In this series, mesenteric adenitis occurred in patients between the ages of four and twenty years, the average age being thirteen The symptoms and signs, although usually not typical of appendicitis, were not different enough from those of appendicitis to make a differential diagnosis possible At operation, acutely inflamed lymph nodes were found varying in diameter from one-half to three or four centimeters, and in number, from a few localized in the lower ileal mesentery to many involving the entire mesentery of the small bowel Some of the nodes were removed and microscopic study showed merely lymphoid hyperplasia Frequently there was an excess of clear peritoneal fluid, occasionally moderate thickening of the mesentery, and rarely, slight edema of the adjacent bowel The appendix never appeared unusual It has been suggested that appendicitis may be an etiological factor and that appendectomy is advisable, but this is doubtful because the disease has occurred in individuals whose appendices have been removed, moreover, it is often observed that even in the presence of gangrenous appendicitis, the nodes in the immediate ileocecal region are not enlarged All of the cases of this group recovered during the week's stay in bed after operation, none were made worse by operation Follow-up studies show that seventy-five per cent of them have had recurring attacks

TABLE III

127 CASES OPERATED ON AS ACUTE APPENDICITIS BY MISTAKE

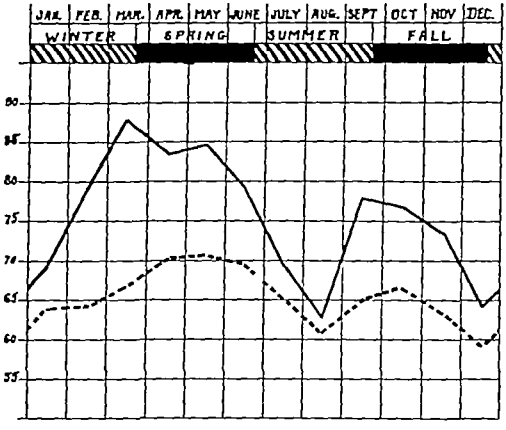
Acute salpingitis	22	Free fluid in abd. (Cause unknown)	2
Pyelitis	4	Food poisoning	3
Nephrolithiasis	3	Alcoholic enteritis	1
Perinephric abscess	1	Mesenteric Infarct	1
Hydronephrosis	1	Pneumonococcus Peritonitis.	2
*Acute glom. nephritis	1	Perforated Diverticulum	
Acute Mesent. Adenitis	21	{ Cecum	1
Upper Resp. Inf. & G. I. { Adult	5	{ Transverse colon	1
{ Children	14	Paratyphoid fever	1
Regional Ileitis	4	Twisted omentum	1
Rupt. Ovarian Follicle	11	Fecal Impaction	1
Pregnancy	5	Acute general lymphadenopathy	1
*Pelvic cellulitis (Postabortional)	3	Psychoneurosis	2
Menstrual pain	2	No cause found	13
*Death			

* In a few other cases, estimated at not more than fifteen, diseases such as perforated peptic ulcer, acute cholecystitis, pancreatitis, etc., were mistaken for acute appendicitis preoperatively, but since the appendix was not removed, the cases do not fall in this study

TABLE II

	Average	Extremes
TEMPERATURE		
Acute unruptured	37 5	(36 6-39)
Perforated with abscess	38	(37 2-40 2)
Perforated with spreading peritonitis	38 4	(37 2-39 8)
PULSE		
Acute unruptured	92 a mm.	(70-135)
Perforated with abscess	104	(75-140)
Perforated with spreading peritonitis	110	(90-160)
LEUKOCYTOSIS		
Acute unruptured	12 600	(5 800-26 000)
Perforated with abscess	16 400	(9 000-29 000)
Perforated with spreading peritonitis	17 600	(10 200-31 000)

CHART II



(Solid line) All acute cases by the month (four year period)
(Dotted line) Acute cases exclusive of those with upper respiratory infections.

lem of dealing with appendicitis will be simplified

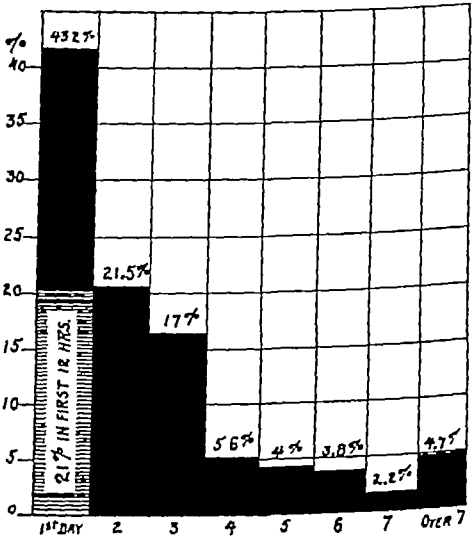
Clinical manifestations Given a case with the classical symptoms and signs of acute appendicitis, the diagnosis is not difficult but in only forty-five per cent of the cases can they be said to have been typical Abdominal pain of some kind is always present but its location and nature varies greatly and in young children it may be poorly expressed Associated nausea and vomiting is too variable to be of constant value Diarrhea, considered to accompany diseases other than acute appendicitis, and to serve as a differential point, was found to occur in eight per cent of cases of appendicitis Similarly, urinary symptoms such as frequency, discomfort on voiding, and even cells in the urine, which are usually relied upon to differentiate appendicitis from urinary tract disease, were found to be present in seven per cent of all cases of acute appendicitis, and occurred as frequently as twenty-five per cent in the group with spreading peritonitis

Local tenderness over the appendix comes nearest to being a constant finding in all cases, but all too frequently, even this is a matter of interpretation, especially when dealing with a child or an uncooperative patient The interpretation of other physical findings as muscle spasm, rebound tenderness, and special signs, vary in the same patient with different examiners Tenderness on rectal examination was recorded by able examiners in sixty per cent of the cases, but its importance as a sign of acute appendicitis must be looked upon guardedly

Temperature, pulse rate, and leukocytosis are of limited help in differentiating appendicitis from other diseases and in differentiating one stage of the disease from another Table II demonstrates that while there may be significant differences in the averages, the extremes overlap greatly

Differential diagnosis and the common mistakes In a disease in which early diagnosis and early operation are so necessary, the differentiation from other diseases takes on increased significance The surgeon is certainly not justified in operating indiscriminately on every case with abdominal pain and tenderness, and a multitude of conditions may simulate wholly or in part the features of appendicitis Time and special tests would rule out most of these cases but such measures may be endangering the patient's life and the increasing mortality of delay must be weighed against the low mortality of operating needlessly In this hospital, certainly ordinary judgment has been used in diagnosis and always a minimum of three examiners has observed the patient prior to operation Yet in 127 cases, the appendix which was removed, was found not to be inflamed and the cause of the

CHART III—PERCENTAGE OF ACUTE CASES BASED ON TIME ELAPSED BETWEEN ONSET OF SYMPTOMS AND ADMISSION TO HOSPITAL



five incorrect Three of those in the first trimester, none of those in the second, both of those in the third were mistaken for appendicitis The harm in removing the appendix appears negligible, for in only one instance was gestation interrupted, one woman at eight months, delivered a living child two days after operation Of course, fifty per cent mistaken diagnosis is high and even a simple appendectomy during pregnancy is not to be taken lightly But the penalty of letting an acute appendicitis go undiagnosed or untreated may be general peritonitis which the pregnant woman may be unable to cope with, to say nothing of the additional complications of a dead fetus

Operative data In the New York Hospital, appendicitis is a condition largely handled by the house staff working under the resident system Of the 1,500 operations, eighty-five per cent were done by the house staff, and fifteen per cent by the professioral staff By this system almost everyone thinks and acts along similar lines, so that even though fifty surgeons performed 1,500 operations, there was little variation in methods Five surgeons did over one hundred operations apiece, and thirty-five did less than twenty-five apiece.

In all types of acute appendicitis, the rule was to operate without delay when the diagnosis had been made, and often it was thought better to operate in the absence of a positive diagnosis than to await a more definite one The incision of choice was predominantly the McBurney—in ninety-four per cent of cases with acute appendicitis, and in seventy-two per cent of the nonacute This incision has not only been entirely adequate for dealing with all types of acute appendicitis, but it has had distinct advantages over the other abdominal incisions The most important advantage is that in the presence of pus, the appendix can be removed without handling other parts of the bowel and spreading infection Additional advantages are those of easy drainage, fewer wound complications, and shorter convalescence. In a few cases, such as perforated ulcer and acute cholecystitis, mistaken for appendicitis, it was necessary to close the McBurney incision and make another, there need be no embarrassment about such a procedure On the other hand, on three occasions a perforated appendicitis was found when a right rectus exploratory incision had been made, each time the wound was immediately closed, and through a McBurney incision, the appendix was removed and drained

The anesthesia most frequently used for the 1,500 cases was ethylene, supplemented with a small amount of ether (1165 cases) In children and cardiac cases principally, open mask ether was used (265 cases) Spinal or local anesthesia was used in the remainder Appendectomy under local anesthesia was usually an unpleasant experience for the patient Spinal anesthesia was used in some cases of spreading peritonitis because it was felt the patient's general condition did not warrant inhalation anesthesia But more often than not, it was just such a patient that had to be put in Trendelenburg position because of drop in blood pressure, and this is a decidedly unfavorable position when pus is free in the abdomen

Appendectomy with some appropriate method for inverting the stump was employed wherever possible, although care was taken not to do this at the expense of undue manipulation in the presence of pus In twenty-two per cent of cases of perforation with abscess formation, and in only five per cent of those with spreading peritonitis, drainage without appendectomy was employed In three of the former, the appendix was removed before the patients left the hospital because of recurring pain and fever All were advised on leaving the hospital to return in six months for appendectomy, and to date seventy per cent of them have done so

All cases of perforated appendicitis, of course, were drained without question, but frequently there was indecision about drainage in that group in which a gangrenous but grossly unperforated appendix was accompanied by an excess of cloudy peritoneal fluid One fourth of the cases without perforation were in this group, and the old axiom "drain when in doubt" was usually adhered to Thus, twenty per cent of these cases were drained Aerobic and anaerobic cultures of the abdominal fluid showed a positive growth in fourteen per cent of cases, the organisms being B coli, streptococci or gram negative bacilli The fluid from a num-

There were also fifteen cases operated upon for acute appendicitis whose symptoms and signs were found to be due to acute upper respiratory disease with gastroenteritis, popularly known as "intestinal flu" In these cases there was no mesenteric adenitis The various clinical pictures of disease beginning as throat infections have been a great source of worry, all the more so because acute appendicitis may be one of the complications of such infections In 1921 Brenneman drew attention to the misleading nature of abdominal pain seen in children with throat infections In 1927,[6] to make amends for the misinterpretation many put on this paper, he wrote a second paper in which he states "A simultaneous throat infection should make one incline toward rather than away from the diagnosis of appendicitis"

Four cases of so-called regional ileitis, all that have been encountered at this hospital, were operated upon with the diagnosis of appendicitis A large percentage of the reported cases of this condition have been mistaken preoperatively for appendicitis This is a disease entity which, as the name implies, is characterized by inflammation of the ileum, usually in its terminal six to twelve inches All four cases had right lower abdominal pain with nausea, vomiting, moderate fever, leukocytosis, and local tenderness, three previously had had similar attacks In two of the cases a mass, which preoperatively was thought to be an appendiceal abscess, represented the thickened bowel A correct diagnosis could possibly have been made by proper x-ray examination, but such a procedure might be dangerous should one find he were dealing with appendicitis

The etiology of regional ileitis is apparently unrelated to appendicitis and little is actually known of its origin The occasional edema of the bowel seen with acute mesenteric adenitis, however, suggests an early stage of this condition The three stages of the disease usually cited are the inflammatory, the obstructive, and the fistulous Resection has been recommended without qualification by some, but this attitude can be disputed Without further operation, two of these four cases are free of symptoms after eighteen and thirty-six months respectively One of the others, a negro child, was found to have a fistula between the indurated ileum and the tip of the appendix Appendectomy was performed and the defect in the ileum closed He has continued to have intermittent symptoms, and x-ray examination after three years shows the typical string-like narrowing of the distal ileum, but the child's general health has been fairly satisfactory The fourth case, after appendectomy, continued with symptoms for six months when a resection of the ileum with ileocolostomy was done, six months after this, there was evidence of complete recovery

Ruptured ovarian follicle is another entity that gives a clinical picture simulating appendicitis In the eleven cases that were operated upon, the attacks came somewhere between the tenth and fifteenth day after the onset of the last menstrual period—in other words, in the midmenstrual cycle There was always some degree of bleeding into the peritoneal cavity In seven instances, the right, and in four, the left ovary was found to contain a hemorrhagic cyst of from one to four cm in size It is interesting that even though the pathology arose from the left side, the predominance of pain and tenderness was always on the right Five of these cysts were observed at operation to be actively bleeding Microscopical examination of the three that were removed showed cysts lined by degenerating lutein cells Nothing is known of the cause for this abnormal state of the Graafian follicle, and follow-up studies show that better than half of these patients have no recurrence of the attacks

Appendicitis complicating pregnancy is a dreaded combination There is no reason to believe that appendicitis is any more frequent during pregnancy, but it may be more difficult to recognize, and it certainly is more dangerous for both mother and fetus, particularly in the last half of pregnancy The abdominal pains, gastrointestinal symptoms, the slight abdominal tenderness, even the leukocytosis of pregnancy may closely simulate acute appendicitis In the total of 1,500 cases, ten pregnant women were operated upon with a preoperative diagnosis of acute appendicitis There were four in each of the first two trimesters and two in the last In five cases the diagnosis was correct and

failed to wall off as a local abscess Mortality in this group is usually considered to be between twenty and forty per cent, here it was twenty per cent No cases of perforated appendicitis went unoperated during the period covered by this study, either on the surgical wards or on the associated wards for which the surgical department acted as consultant

The attempt to lower this mortality by adopting a conservative and waiting policy in the cases of advanced peritonitis has not been used in this hospital because the arguments for such a practice are not enbund stage of general peritonitis Such cases leave a vivid impression

Table IV shows the important facts about the nineteen patients who died as a result of acute appendicitis The mortality was greatest at the extremes of life (Chart IV) Fortunately at the ages when the greatest incidence of appendicitis occurs, the lowest mortality exists The apparent reasons for the higher mortality in the younger and older are with the child there is apt to be more delay in coming to the hospital, purging is more usual, and the child's peritoneum with-

TABLE IV

	Age	Pre-admiss. days	Pre op days	Catharsis	Type operation	Drained	Appendix removed	Jejunostomy	Diagnosis at op.	Causes of death	Post-op days	Autopsy
1	26	6	6		McBurney		+		Gangrenous	Necrosing mes. nodes — Pylephlebitis — Liver abscesses	67	+
2	53	2	2		Rt. rectus		+		Gangrenous	Ileocecal abscess — Thrombosis pulm. A.	22	+
3	54	7	7		McBurney	+		+	Abscess	Intestinal obstruction	9	
4	2	9	9	+	McBurney	+			Abscess	General peritonitis	1	+
5	48	4	4		McBurney	+	+		Abscess	Diabetes mellitus — B coli septicemia — General peritonitis — Pylephlebitis	18	+
6	44	7	7	+	McBurney	+	+	+	Abscess	Intestinal obstruction — Gangrene ileum — Pneumonia	9	+
7	13	2	2	+	McBurney	+	+	+	Abscess	General peritonitis — Ileus	11	+
8	62	4	4	+	McBurney	+			Spreading peritonitis	Diabetes — General peritonitis — Extensive atelectasis	3	+
9	61	5	5		McBurney	+		+	Spreading peritonitis	Pneumonia — General peritonitis — Thrombosis pulm. A	10	+
10	15	5	5	+	Bilateral McBurney	+			Spreading peritonitis	General peritonitis — Strep septicemia — Pneumonia	6	+
11	75	2	2		McBurney	+	+		Spreading peritonitis	General peritonitis — Septicemia — Cardiac failure	3	+
12	55	1	1	+	Rt. rectus	+	+		Spreading peritonitis	General peritonitis — Ileus	4	
13	54	4	4	+	McBurney	+	+	+	Spreading peritonitis	General peritonitis — Ileus	7	+
14	46	3	3	+	McBurney	+	+		Spreading peritonitis	General peritonitis — Extensive atelectasis	4	
15	35	3	7		McBurney	+	+	+	Spreading peritonitis	General peritonitis — Ileus — Pulmonary embolism	2	+
16	27	3	7	+	McBurney	+	+		Spreading peritonitis	General peritonitis	1	
17	17	4	4		McBurney	+	+	+	Spreading peritonitis	General peritonitis — Ileus — Pneumonia	13	+
18	12	3	3	+	McBurney	+	+		Spreading peritonitis	General peritonitis	69	
19	4	2	3		McBurney	+	+		Spreading peritonitis	General peritonitis — Evisceration — Pneumonia	3	+

tirely convincing Furthermore, the criteria for discerning those cases that deserve immediate operation from those that do not, are by no means clear In view of the uncertainties in discerning the stages of acute appendicitis, even the ablest diagnostician may mistake an early case of peritonitis, which might readily recover from operation, for a more advanced one which has a grave prognosis with or without operation The two cases of appendicitis, with peritonitis, mistaken for salpingitis on the third day of their illness and treated with rigid conservatism, went on in the next four days to a moristands infection less well, with the adult past forty, symptoms are less typical and complications more frequent

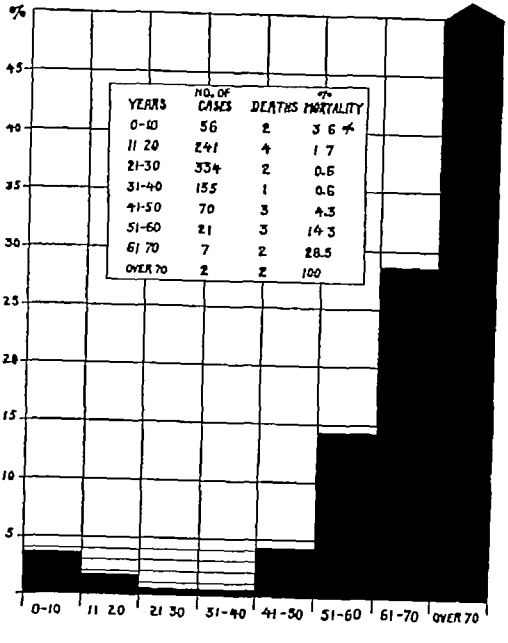
To summarize the factors influencing the mortality in acute appendicitis, the important ones are age, duration of disease before operation, catharsis, anesthesia, type of incision, operative skill, postoperative care, and general resistance of the patient

Hospital days The average time spent in the hospital in cases with acute unperforated appendicitis was 8 8 days, fifty per cent were discharged in seven days or less From the standpoint of the economy

ber of the undrained cases showed organisms on culture, yet no subsequent peritonitis developed This suggests that probably drainage is entirely unnecessary when the appendix has not perforated However, wound infection was noticeably more frequent in such cases (15 per cent), whereas in all undrained cases, its occurrence was 3 9 per cent The incidence of wound infection in the nonacute cases was 0 8 per cent

Complications The other important complications after operation for appendicitis occurred principally in those cases

CHART IV—PERCENTAGE MORTALITY ACCORDING TO AGE



with perforation and in those with some chronic systemic disease accompanying appendicitis Many of the serious complications here listed were the cause of death

The abdominal complications include pelvic abscess, fourteen cases, fecal fistula, eleven (all but one closed spontaneously), paralytic ileus, seven, intestinal obstruction, two, evisceration, one (following accidental removal of drain on first postoperative day), acute cholecystitis, one, and pylephlebitis with multiple liver abscesses, one Ileus and intestinal obstruction caused most concern and all but two of the patients with these complications died Paralytic ileus is present to a moderate degree at the outset in all cases of peritonitis, but in the early stages may be amenable to treatment Therefore, every case was treated with this in mind, using a regime of nothing by mouth, large amounts of fluid parenterally, abdominal stupes and poultices, repeated blood transfusion, and most important of all, early and constant duodenal drainage No form of enterostomy was performed until it became established that the condition was progressing under conservative treatment Jejunostomy was utilized in seven cases and in no instance did it save life

It could be argued that earlier jejunostomy in these cases might have been more efficacious, but this reasoning is doubtful

The pulmonary complications include bronchopneumonia, twelve cases, atelectasis, five, pulmonary embolism, six The cardiovascular complications include cardiac decompensation, three cases, thrombosis of pulmonary artery, two, septicemia, three, phlebitis of lower extremities, eight Of urinary tract complications, cystitis occurred fifteen times, and pyelitis twice Serious parotitis developed in three cases, two of which died In one case of gangrenous appendicitis with cloudy peritoneal fluid, undrained, a severe streptococcal phagedenic infection developed which involved the entire right abdominal wall extending to the back and lower thorax, the patient recovered

With regard to incisional hernias in wounds that had been drained, follow-up studies of a year or more showed that twenty-two per cent of the McBurney wounds developed hernias (There were none in undrained wounds) There were eight cases in which drainage was done through a right rectus incision and half of these developed hernias The incisional hernias through paramedian wounds can be notoriously bad, but hernias in McBurney wounds are small, and many patients refuse repair However, half of them have submitted to operation, and repair has always been simple

Mortality The mortality figures (Table I) indicate essentially what all statistics on appendicitis do, namely, that the gravest danger to life exists when the appendix has perforated and the infection has

noticed particularly after a meal Gas and constipation are frequently accompanying complaints There may be tenderness over the appendix but its elicitation, even with the aid of the x-ray to locate the exact site of the appendix, cannot always be depended upon to be definite evidence of chronic appendicitis

There can be little doubt that there does exist a variable syndrome caused by chronic disease of the appendix, but the difficulty lies in making a correct diagnosis preoperatively even though careful studies be made to rule out the many other possibilities Often when the diagnosis is particularly elusive, it has seemed almost better from the standpoint of conservation of time and money to rely on operation to settle the question though such a policy has a limited application

Operative data The McBurney incision was used in seventy-two per cent of cases because the wound is less disabling and convalescence is quicker The right rectus incision was used when there was just reason to suppose there might be pathology that could not be reached through a McBurney incision Whereas catgut sutures were used in most cases of acute appendicitis, silk was used in ninety per cent of the nonacute cases and the incidence of wound infection in the latter was 0 8 per cent There were no serious complications and no mortality in the 487 patients operated upon for chronic appendicitis

Follow-up studies The final proof of the value of appendectomy in chronic appendicitis lies in alleviation of symptoms Of the cases operated upon sufficiently long ago for study, eight-nine per cent (345 cases) have had careful follow-up studies over a period of one to three years The results of the study (Table V) show that 64 6 per cent have been entirely relieved of symptoms It is likely that some of these cases represent psychotherapeutic successes only, but regardless of how or why, if almost two-thirds get relief of symptoms, the operation has been justified Table V also shows an analysis of those cases that had no benefit from appendectomy, a few of the diagnoses that appear there were made preoperatively, but in every case there seemed good reason for the operation at the time

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ELECTRICAL HEARING AIDS IN A SCHOOL FOR THE DEAF

Lord Horder inaugurated a special sound installation at the cinema of the Royal School for Deaf and Dumb Children, Margate. Experiments in the use of electrical hearing aids have been carried out during the past three years at the school, which is now the first to be equipped with apparatus that enables a fair proportion of its pupils to distinguish the sounds reproduced in a talking film As told in the London letter to the *AMA Journal,* a record is made, by means of tests on an audiometer, of the exact amount of hearing loss of each child It has been found that those who do not have a greater hearing loss than seventy per cent can derive benefit from hearing aids

The sound reproduced with the film is put on to a line through a special device which ensures that it shall not exceed a certain level of volume The line goes to sockets fixed on the back of each chair, and each child has a small box from which a lead is plugged into the socket. The special "unmasked hearing" headphones which the child uses ensure that the speed sounds are clearly defined, so that the consonants in particular are easily distinguished The system of "unmasked hearing" is regarded as the most important feature of the installation, because its use helps in a progressive appreciation of speech sounds

Lord Horder said that the school made a double appeal to the physician—as a humanitarian and as a scientist These hearing aids achieved what was a valuable addition to the physical and mental well-being of the children of the school

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New medicines and treatments are like Messiahs, which mankind yearningly longs for Too often they are false Messiahs — *Getterman*

of time and money, to say nothing of safety, there can be no advantage in "freezing out" acute appendicitis which will probably recur and eventually require surgery

Chronic Appendicitis

Among the 1500 operations for removal of the appendix, 487 were done for chronic or recurrent appendicitis Chronic appendicitis is a diagnosis for which the surgeon feels a certain amount of apology because it is a clinical diagnosis without a definite pathological picture The diagnosis of recurrent appendicitis implies repeated acute attacks on a definite pathological basis But no sharp line of distinction can be drawn between the two changes in the nervous tissue of the appendix Since Masson[7] in 1921 drew attention to sympathetic neuromas and the "musculo-nervous hyperplasia" of the appendix, the hope has been that here was more definite evidence for diagnosing chronic disease of the appendix and a more tangible cause for the symptoms of chronic appendicitis The impression gained in this hospital, however, has been that hyperplasia of nervous tissue has no more significance than other changes in the appendix and that actual neuromas are comparatively rare

Localized strictures or gross kinks were present in twenty-one per cent, and fecaliths were found in the lumen in nine per cent of the cases *Intestinal worms in the* lumen occurred in seven cases, carcinoid

TABLE V—CASES OPERATED ON AS CHRONIC APPENDICITIS—FOLLOW-UP STUDIES 1 TO 3 YEARS—POSTOPERATIVE

		UNIMPROVED CASES	
		(a) Unqualified	8
		(b) Studied further but no causes found	20
Cases not found	43 (11%)	(c) Studied further and following causes found.	39
Cases adequately studied	345 (89%)	Psychoneurosis	7
	388	Chr urinary infect	5
		Nephrolithiasis	2
		Hydronephrosis	1
		Nephroptosis	1
345 CASES CHRONIC APPENDICITIS (*with adequate follow-up studies*)		Constipation with spastic colitis.	4
		Mucous colitis	1
		Duodenal ulcer	7
Cured (no return of symptoms)	64 6%	Chr mes. adenitis	1
Improved (partial loss of symptoms)	16 0%	Inguinal hernia	1
Unimproved (symptoms same or worse)	19 4%	Retroversion uterus	1
		Chr salpingitis	2
		Menstrual pain	2
		Sacroiliac disease	2
		Tbc. pleurisy	1
		Lead colic	1

even though theoretically there may be very different reasons for operation

Pathology Almost every appendix removed showed on gross or microscopical examination some variation from normal, such as periappendiceal adhesions, kinking, narrowing or obliteration of the lumen, cicatricial stricture, atrophy of the mucosal layer, hypo- or hyperplasia of lymphoid tissue, proliferation of connective tissue in one or more layers, or alteration in the nervous tissue Such changes can be the result of inflammation though some may represent an involutional process The mere fact that the same changes are often found in appendices removed incidentally, implies that they need not always be the cause of symptoms

Considerable attention was given to the occurred twice, mucocele, four times, and tuberculosis of the appendix, once The appendices removed in the twelve cases that returned for elective operation after drainage of an appendiceal abscess showed, for the most part, no changes that might definitely distinguish them from other appendices about which there was no such definite history In other words, there was no dependable correlation between the pathological picture and the nature of the clinical symptoms and signs

Clinical manifestations The symptoms usually ascribed to chronic appendicitis are either pain and soreness in the right lower quadrant of the abdomen or a digestive discomfort referred to the epigastric and umbilical regions The latter are

tions of diet were adhered to for a long period When Greece was conquered by the Romans, the superstitious barbarisms existing in Rome before the conquest were quickly abolished through the influence of Greek civilization, public baths were established, and gymnasiums and places for social entertainment organized, mineral waters and hot springs became extremely popular Furthermore, these innovations were not confined to Rome, but were to be found in all parts of the world where Roman conquest followed Arabian medicine, bridging the gap between the Greco-Roman and Renaissance periods, was inclined more toward drug therapy rather than physical measures, while during the Dark Ages, with the degradation in all arts of life during that period, medical as well as physical therapy fell entirely into disrepute, since solicitude concerning the body was regarded as degrading During the later centuries—the fifteenth, sixteenth, seventeenth and eighteenth—there were periods of popularity and periods of decadence in physical therapy, there were times when public baths were closed altogether because the spread of syphilis in Europe during those periods was ascribed thereto In Germany, however, since the seventeenth century, hydrotherapy has received better consideration, it being really from here that the value of various mineral waters in the treatment of chronic diseases has spread throughout Europe

In this country, as mentioned, physiotherapy was utilized but little before the war, there was no real interest by the general profession in this type of treatment The late War, however, provided an opportunity for an immense and illuminating demonstration of what physiotherapy may accomplish The vast number of wounded coming back from the other continents, the wish to return the disabled to their homes restored in function at the earliest possibility, the unstinted resources of the government to provide for their treatment, as well as the knowledge acquired abroad by our physicians regarding methods to be employed and results obtainable—all these have stimulated a general interest in physiotherapy Surgery, especially traumatic, has benefited mostly from its advancement But ere long, the internist also turned his attention to this new therapeutic field with the result that today it constitutes a very important part in the therapeutic armamentarium of the practising internist

Circulatory Disorders

After this short introduction permit me now to present briefly a few of the more common uses of physical therapy in internal medicine, lack of time compels the elimination of symptomatologic and other data of interest in the disorders to be mentioned, or the quoting of statistics of personal experiences

The application of physical therapy in cardiovascular disease is for the purpose of alleviating pain, relieving vascular spasm, correcting functional disorders, and influencing the state of the coronary vessels We feel it is particularly helpful in *chronic angina pectoris,* especially of the milder or moderately severe types Here diathermia is the most popular modality, as it serves as a means of inducing local hyperemia, improving muscle tone, effecting dilatation, and relieving spasm of the coronary blood vessels, it increases the pulse rate and quality and favors stronger cardiac action

Diathermia is also being employed in the treatment of *chronic coronary thrombosis,* in the acute and subacute cases such therapy is generally harmful Marked clinical improvement with relief of symptoms may here be obtained because of increased flow of blood in the myocardium and decreased anoxemia, there often occurs also a change in the abnormal deflections of the T wave in the electrocardiogram In instances where the cardiac disorder is associated with a neurotic state, a not uncommon occurrence, the treatment is particularly helpful because of the additional psychic effect

In both conditions—angina pectoris as well as coronary thrombosis—treatments comprising a constant current of about 800 to 1200 ma for one quarter to one hour's duration, should be given regularly for many months, two or three times a week The technic employed may be the usual—medium-sized electrodes applied precordially and posteriorly, the patient generally in a sitting or at times a lying position During the past two years we

THE RELATIONSHIP OF PHYSICAL THERAPY TO INTERNAL MEDICINE

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The subject assigned to the speaker is indeed very extensive in its scope We feel that in the short time allotted it will be impossible to do it justice, therefore, but few of its more important topics can receive consideration. We are offering this presentation not as a specialist in physical therapy, but as an internist, who over twenty-five years ago visualized the value of physical therapy in the treatment of medical disorders, and who during all this long period made use of all the modalities offered by a well-equipped physiotherapy department and the opportunities of an extensive practice

Only during the last two decades has physical therapy really made definite progress in this country, previously, but little was known of its various modalities or their effects Since the last War, because of extensive researches conducted in every part of the country and systematic accurate clinical observations afforded each modality, physical therapy has become recognized as an important factor in the treatment of disease Today, many institutions throughout the land boast of excellently equipped physical therapy departments, many men have become proficient specialists in this branch of therapeusis, and almost every practising physician is in possession of some type of equipment for its application in the treatment of disease Such popularity is accounted for by the fact that physical therapy offers certain advantages not obtainable with other types of treatment, it makes it possible to directly affect topically almost every organ in the body, in numerous instances it gives almost immediate symptomatic relief, though not always of permanent duration, through its use, surgery may occasionally be avoided

Whether the action of the physical agencies be chemical, physical, biologic or physiologic—a question still debated regarding some modalities—we are not concerned here, we are interested only in their practical application

Physical therapy is not an innovation in medicine, being probably one of the oldest methods in healing the sick Neither is it confined to man only, lower animals, seeking relief from pain and sickness resort by natural intuition to heat, friction, cold, bathing, and similar methods Primitive man of the lowest known cultural level appreciated the value of heat and cold, crude massage, baths, mineral waters emetics, and purgatives which he utilized in bringing up his young, and in the development of his own body as well as in the treatment of his ailments At later periods, sorcerers, priests and professional wise men took up the healing of the sick and added to these simple natural remedies prayers, incantations, and ridiculous and repulsive substances, these were employed as supernatural agencies in conjunction with the superficial application of common remedies previously mentioned, religion being injected into the art of healing at every low cultural level Still later, as in Greece and then in Rome, many physical measures as bathing, gymnastics, diet, and massage were utilized in the healing of the sick, as well as for the development of sound, healthy bodies In Greece the numerous temples of Aesculapius were located in the sacred groves near mineral, thermal, and sea waters, and under the management of hereditary priests Hippocrates fully understood the value of fresh air, good food, proper rest, sleep, and exercise, also of the necessity for normal excretory practices, factors accepted today as indispensable in proper hygiene and promotion of good health The methods of administering cold water baths, massage, etc., were carried out by his disciples for many centuries thereafter, and his many regula-

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 26, 1937

demand very careful, judicious, and patient therapy

There seems to exist a difference of opinion among some clinicians as to the benefits to be derived in hypertension from physical therapy Where differences in results do occur, they are undoubtedly due either to faulty selection of cases or improper methods of application We found physical therapy far more helpful in hypertension due at least partly to vasomotor spasms than in those due entirely to actual pathologic changes in the artery, where loss of elasticity and deposits of lipoids and lime salts exist It is imperative in all cases before applying treatment, that particular attention be paid to the disclosure of every underlying etiological factor For this reason, various investigations are demanded, including inquiry into living conditions mental stress and aggravations and eating and sleeping habits, but special stress must be laid on the discovery and eradication of focal infection

To the colon we afford special attention, for we feel that in a majority of instances the bowel is an important contributory cause of hypertension Constipation seems common in these cases, and many products of fermentation and putrefaction resulting therefrom are very potent etiologic factors in hypertension The intestine is an excellent site for toxin formation, it contains numerous pathogenic and potentially-pathogenic bacteria, it presents a suitable culture medium of proper temperature and moisture with nutrient substances, as food residues, incompletely split proteins and other products—all favoring the growth of bacteria and the production of toxins The nitrogen types of putrefactive bacteria manufacture from the large complicated protein molecule many obnoxious substances, the aromatic ring is broken up into indol, skatol, cresol, and phenol, the fatty acid radicle into cadaverin, putrescin, ammonia, acetone etc , the sulphur radicle into sulphur derivatives as methyl mercaptan the carbohydrate part into muscarin, cholin, neurine, and others Many similarly toxic by-products are also derived from the decomposition of carbohydrates and fats Some of these substances are powerful vasoconstrictors and thus inducive of hypertension Of course, under normal conditions such amins and toxins reaching the portal circulation are destroyed in the liver, but in intestinal stasis accompanying dilatation, atonicity, displacement, kinking, and ileocecal incompetency or in inadequate liver function, the entrance of these substances into the general circulation results in disease, including arterial hypertension—sometimes transient, at other times permanent

It is for this reason that we stress upon eliminative treatment, particularly the cleansing of the colon Such procedure, if scientifically administered, followed where indicated by the injection of some antiseptic or astringent, or the implantation of acidophilus products, will remove disease-producing bacteria, potent toxins, and decomposing foods Besides diathermia to induce favorable congestive reaction and soften adhesions, galvanic sinusoidal or Morse wave current to stimulate tone, properly performed massage to correct displacement, ptosis and kinking of various segments of the gut are helpful in appropriate cases in obtaining normal intestinal function

To further promote elimination—particularly of uric acid—electric cabinet baths are used, the induced sweating by dehydration also helps the obese to reduce weight, a factor desirable in all hypertension cases, other measures, including Bergonie treatment, are applied to accomplish such reduction

In autocondensation we place great reliance in reducing hypertension, its effects of producing capillary dilatation and relaxing vessels, of increasing metabolism, inducing heat and sweating, is the basis of the rationale of its application It also stabilizes the sympathetic system with its effects on the secretory, peristaltic, and vasomotor activities Autocondensation therapy must be given for a prolonged period, progressive improvement occurring only when persistently followed up Occasionally it may be necessary to give a second and third course at given intervals We administer 500 to 1,000 ma for twenty to thirty minutes a few times a week, upon improvement the treatments are reduced Vibratory massage at second and third

have also been employing ultra short wave for cardiac disorders Although, in some instances the patient who has previously had diathermia expresses a preference for ultra short, claiming this to be more effective, either current may be tried in a particular case Such treatment, however, being mostly palliative, should constitute only a part of general therapy, an ally to drugs, diet, hygienic living, and other therapeutic measures known to influence and aid these conditions

We will not here dilate upon the uses of other physical measures of benefit in cardiac disease, e g, special exercises, mechanotherapy, massage and other modalities, or of carbon dioxide baths, so excellently provided and administered in our own State, as well as in others and in European countries, all known to be most beneficial in these disorders

The value of physical therapy in *vascular diseases of the extremities*, whether due to vasomotor disturbance or chronic progressive inflammation, is an accepted fact, here pain and spasm are relieved, active hyperemia is induced and symptoms improved In *thromboangiitis obliterans*, foot baths are ordered as a usual procedure, how much they improve circulation in the extremities has been to us a moot question Buerger's exercises to stimulate muscle tone and circulation we found valuable, ultraviolet and whirlpool baths may assist in the healing of ulceration, where present Diathermia is often employed by us and appears to relieve pain and assist in restoration of function, the ordinary cuff and plate electrodes are applied, administering about 500 to 1,000 ma as frequently as three times a week, best preceded by light therapy The results are often transient, yet we feel that in a limited number of our cases, amputations were definitely avoided thereby

Such course of therapy, however, is of very little benefit in the more advanced cases, here external local heat by whatever means applied seems most beneficial We have had as yet but little experience with suction and pressure apparatus and therefore refrain from passing an opinion Mecholyl iontophoresis, but recently introduced, seems to offer an additional means of relieving pain and discomfort

The physical treatment of vascular occlusion due to *endarteritis*, as in arteriosclerosis, diabetes, etc, is similar to that of Buerger's disease Intermittent claudication, usually of angiospastic origin, accompanying any of the vascular disorders of the extremities, may satisfactorily be overcome by similar treatment In our few cases of early Raynaud's disease, symptomatic relief was obtained with general ultraviolet radiation and diathermia of 200 to 300 ma. for about a half hour every day or second day followed by galvanism, with the affected extremity in a negative galvanic bath and the indifferent electrode posteriorly or at the cervical region for ten to twenty minutes, about twenty ma as recommended by Granger In the second and third stages of the disease, physiotherapy seems useless

Hypertension

Physical therapy is of considerable value in hypertension However, before one may rationally apply any of its modalities, it must first be determined whether the pressure is really abnormal in the particular case, being guided by definite standards as to what is normal or abnormal in each instance It must also be established whether the case is one of hyperpiesis or essential primary hypertension, possibly of toxic origin, or whether it is of the sclerotic type, accompanying arteriosclerosis, aorta disease or sclerosis of kidneys or other organs

In deciding on treatment, there are instances where a higher than expected blood pressure is suddenly discovered, perhaps during a life insurance examination, here, the individual may need no treatment, except perhaps reassurance, neither do transient cases due to mental strain or occurring at menopausal and menstrual periods, or in pseudoangina require treatment, some cases of hypertension failing to show an etiological factor and probably due to irritation of vasomotor center, also require but little attention On the other hand, any type of hypertension with even mild symptoms such as headaches, early fatigue, slight dyspnea, vertigo, perhaps palpitation, should be given the benefit of physiotherapy, those presenting more serious symptoms, as evidences of cardiac insufficiency, Bright's disease or perhaps hemorrhages, retinal changes, particularly

be taken that the abdominal walls are completely relaxed, the patient must also lie comfortably on a table of proper height for the attendant to be in a position to do the best work, the kind of massage and length of treatment is guided by the individual case Electrotherapy is then administered, the best current is the interrupted faradic or the Morse sinusoidal for slow stimulation, *rapid interruptions are not desirable* Such colon therapy is given two or three times weekly, daily if necessary, improvement occurs almost always after the first few treatments

In *spastic constipation,* all causes, direct or indirect, inducing reflex spasm, as chronic appendicitis, gall-bladder disease, *sometimes* gastric ulcer, rectal disease, and colitis must first be eliminated, this must be done, where possible, if treatment is to succeed A spastic anus, where present, must also be treated, applying relaxing currents or if necessary, manual dilatation, neurasthenics must be attended to accordingly Massage is not helpful in the spastic type, but heat in the form of hot Sitz baths and diathermia are more dependable

The results obtainable in the treatment of chronic constipation, whether atonic or hypertonic, are as a whole very satisfactory, and where no complications coexist, normal regular evacuations may be established in a comparatively short time One must, however, remove, as previously stated, all mechanical obstructions to the movement of bowel content, by replacing displaced colon segments into more normal positions, which may be accomplished by manual massage in proper directions, the logical means also of correcting angulations Localized adhesions, if not extensive, may best be treated by diathermia, extensive adhesions being beyond physical therapy, diathermia followed by proper massage will bring about softening and loosening or sufficient lessening of the adhesions to permit freer motion and better physiological function of adherent segments, as observed by us on many occasions In numerous disorders, as arthritis and cardiovascular disease, in which the colon is known to be an etiologic factor, attention must be given also to the competency of the ileocecal valve, for this muscle plays an important part in separating the clean, almost aseptic ileum from the contaminated, bacteria-loaded and toxin-harboring adjoining cecum and rest of colon Wherever ileocecal incompetency exists and a reflux of fecal content into the absorbing ileum may occur, the use of stimulating currents to improve the tone and function of valve musculature is obligatory

Regarding many other disorders of the gastrointestinal tract as pylorospasm, cardiospasm, gastric ulceration, chronic gall-bladder disease, ulcerative colitis, etc in which many physical therapy modalities constitute excellent aids in treatment, discussion must be omitted here for lack of time

Arthritis

One other disorder, however, because of its great interest to the medical practitioner, must be afforded consideration, namely, arthritis Physical therapy in the treatment of arthritis, is not only most helpful, but essential Arthritis constitutes an important factor in medicine and a problem that the profession must solve, it is one of the most troublesome affections of humanity, it disables annually about three per cent of the population of the United States, and constitutes one sixth of all disabilities, it cripples industries to the extent of hundreds of millions of dollars a year and causes a great amount of suffering Since the introduction of physical therapy, however, the outlook is much more optimistic, the treatment is helpful if in skilled hands We shall not engage here in discussions of classifications nor speak of the numerous causes of arthritis, except to mention the two chief accepted types, the atrophic and hypertrophic The atrophic, also known as rheumatoid arthritis, infectious arthritis, and proliferative arthritis, effects mostly those of the ages between twenty and forty, or the young adult, more frequently women, it is usually polyarticular, involving many symmetrical joints, and prognostically not very favorable, ending many times in ankylosis, deformity, and crippling, in most instances focal infection is an etiologic feature, there are numerous other features characteristic of this type

intervertebral spaces and right and left dorsal regions for about ten minutes is also helpful in reducing blood pressure

Finally, may we emphasize again, that every hypertension case must receive individual study with removal of every focus of infection, particularly in the colon

In the treatment of *hypotension*, carbon dioxide and other gas baths are found beneficial Personally we have had no experience with these We do, however, use colonic irrigations with the object of eliminating possible substances of a depressor character, or effecting the endocrine organs controlling blood pressure, but rely mainly upon medicinal and other therapy

Respiratory Affections

Physical therapy is applicable in numerous disorders of the respiratory tract, from the common cold, for which the quartz lamp is generally used, to the most extensive pathologic conditions of the lungs demanding particular modalities In bronchitis, either acute or chronic, considerable relief may be obtained from pain, cough, and pectoral oppression by the use of radiant heat, diathermia, and ultra short wave therapy, in some cases the addition of ultraviolet is advisable In pleuritic inflammation, especially where localized, light therapy or infrared is beneficial In pneumonia, where diathermia is more frequently used, it is applicable in every type and stage, in bronchopneumonia, lobar pneumonia, and delayed resolution Here it induces hyperemia, softens infiltration, accentuates biologic enzyme activity, and aids local nutrition Great relief from pain, dyspnea, and cyanosis is obtained because of its sedative effect and the improvement in pulmonary circulation—the pulse slackens, sweating occurs, respiration deepens, resolution and soft rales appear, and the attack is shortened In some of our Institutions, diathermia is used as routine treatment, the anteroposterior technic, or the active electrode over the localized spot is employed, giving the patient a half to one hour treatment several times daily, it is applied in the early stages, with considerable dosage of 1,000 to 2,000 ma Such therapy with the addition of oxygen has helped us to save some desperately ill cases

In cases of empyema where this treatment has been tried, only a hastening of suppuration was observed

The use of heliotherapy, natural or artificial, in *tubercular affections* of the respiratory tract need not be emphasized here, it is common knowledge and used all over the world Heliotherapy has an effect upon calcium and phosphorus metabolism, which minerals seem essential in the healing of tubercular lesions, it may also have other biologic curative qualities with which we are at present not familiar If employed in the earlier anergic states it is most helpful, but must be skillfully applied

The individual uses of radiant heat, infrared, electric baths, compresses, etc need not be dilated upon here

Gastrointestinal Disorders

In intestinal disorders the most common use we make of physical therapy is in the treatment of chronic constipation Before any case is treated for this disorder, the colon is x-rayed and studied for local causes, e g , adhesions, angulations, ptosis, fecal tumors, also for the type of constipation, whether atonic or hypertonic, each case is treated accordingly In *atonic constipation* due to muscle weakness, dilatation or lack of rectal reflex, every measure must be taken in addition to physical therapy to assist bowel evacuation, wrong modes of living must be corrected, sedentary habits eliminated, defecation at regular intervals encouraged, the abuse of cathartics stopped, exercises to strengthen the abdominal walls or a support to lift the ptotic abdomen prescribed The physical treatment consists of irrigations, correct abdominal massage, and Morse wave electricity Every colon must first be irrigated to remove its solid and gaseous content, this to prevent their being kneaded into the mucosa, and their absorption Massage follows and is given in accordance with the state of the bowel and the position of its various segments as shown by x-ray examination In massaging the colon, first with the fingertips to each individual portion, then by rolling and kneading motion, care must

spasm or thrombosis during treatment, which might well alarm patient and doctor alike.

Dr Gutman's remarks concerning the treatment of selected cases of hypertension by physical means are bound to reawaken the controversy on the value of autocondensation in this syndrome He is not alone, of course, in his belief that it is of value Among other authorities Titus has assured me that the effect is unquestioned, in his experience My own results were disappointing but this may well have been due to faulty technic and improper selection of cases

It is obvious that we should not condemn any method without proper evaluation The other physical measures mentioned including colonic irrigation, are of undeniable value Here again I think we have held off too long and too dogmatically I share with others the deserved criticism that we deprecated the value of colonic irrigations long after its value was proven, perhaps largely because we were so outraged by the unscientific abuses of the commercial "colonic filling station" The longer I use this method, in selected instances, the more impressed I am with its value

I have a very personal interest in Dr Gutman's remarks on the use of diathermy in pneumonia—especially in delayed resolution In 1932 I reported eight cases of unresolved pneumonia, all cured by diathermy I ventured then to state that unresolved pneumonia is not the rarity that the texts and current literature would have us believe

I might add to my agreement with Dr Gutman's discussion of the treatment of lobar pneumonia that I have never seen a crisis occur in any instance where diathermy was used, in itself of great importance Since the recent advent of short-wave therapy I have had insufficient material to compare this wave with long wave diathermy

Of the greater ease of application with short-wave diathermy, there can be no question—and this is of special importance in children, of course It has also been demonstrated that the penetration of heat to the deeper structures, in a selective manner, is greater with the short wave—especially so with six meter The speed with which deep heat is built up with short wave seems to me of great consequence since high internal temperatures can be attained before the blood supply has the opportunity to dissipate it

Whether the ultra short-wave of 50,000,000 cycles will, as Schliephake claims, cause actual sterilization of empyema without surgery is of tremendous interest My experience with this wave in other suppurative processes leads me to believe that it may be true So far I have had no opportunity to apply it

It seems that we should keep an open mind regarding the claims of the German physicists Whether there is anything more than heat effect from ultra short-wave diathermy is still an open question My own belief, after two years of experience with it, is that heat is only a part of its effect in some infections In gonorrhea of urethra, cervix, tubes, joints, however, there seems no doubt that Bierman, Horowitz, and others have proven that heat is the entire mechanism of sterilization Also they have proven that their combined method of local heat and systemic fever gives astonishingly quick results in sterilizing the body insofar as the gonococcus is concerned Pelvic heat alone with six meter diathermy accomplishes a result in pelvic gonorrhea but is far slower than the combination of fever therapy with local heat

Fever therapy itself has been omitted from Dr Gutman's paper, I note. While it is still too new to be discussed fully by anyone except those who have worked with it, which I have not, I do feel that no discussion is complete without at least acknowledging the tremendous value of this method I have observed amazing things, the most notable being intractable gonorrhea cured in one session of twelve hours of systemic fever combined with six hours of pelvic heat, the technic of Bierman and Horowitz, referred to above

DR. VIRGINIA SHEPHERD TANNENBAUM, *Buffalo*—Dr Gutman has emphasized the value of physical therapy in the treatment of many conditions

Heat and increased circulation are Nature's reaction to infection and to injury Physical therapy, properly used, simulates Nature's method of healing, in many instances

Of the modalities, now available, though long-wave diathermy gives outstandingly gratifying results in the treatment of pelvic infections, it should be mentioned here that the duration of the treatment, of not less than one hour, and preferably of two hours, and the proper placing of sufficiently large electrodes, thus allowing larger amperage, is of utmost importance in producing resolution of the pelvic infection

The Elliott treatment offers a choice of technic for the prolonged and localized administration of heat to the pelvis

In my experience, no condition responds more favorably to the nice selection of modalities than does the swollen sloppy

The chronic hypertrophic type, also known as osteoarthritis, presents considerable differences This occurs in older people, usually forty and over, is without premonitory symptoms, commonly effects one or but very few larger joints, is slower in progress, less disabling, and pathologically and radiologically differs from the previous type Success in treatment of either type is greatest when the patient is seen early, when involvement is still slight One need not stress here again the necessity of eradicating every possible focus of infection, no matter how slight or where located, whether in the teeth, tonsils, prostate, seminal vesicles, gall-bladder or other organ, the colon as such source must not be forgotten, it is advisable in every case of arthritis to administer thorough colonic therapy

Of other physical measures, local heat is most dependable, for it improves the blood supply and lymphatic circulation of the joint, assists in absorption of deposited material and promotes in many instances the restoration of function Any one of the modalities supplying heat, as infrared, luminous heat, baking, light cabinet, etc may be employed Diathermia is exceptionally valuable, also ultra short wave, in all types of arthritis The technic depends, of course, upon the joints treated After heat application the joints should always receive proper massage with or without some suitable ointment, as desired In some instances the static and low frequency current may help to stimulate muscle tone Active and passive exercises should be administered to assist in restoration of function In many instances it is also well to prescribe general treatment, as hot baths or electric cabinet, as used in various watering places where arthritic affections are treated Mecholyl iontophoresis in the hands of the experienced is a valuable vascular dilator, assisting circulation in joints, relieving pain, and improving function While fever therapy as well as x-ray are recommended by some investigators, these have not yet acquired popularity

In gonorrheal arthritis the value of hyperpyrexia is well-established, it is apparently the best treatment today In tubercular arthritis, heliotherapy—natural or artificial—is most effective, it has been in use for many years, abroad and here, and given excellent results Stiff joints with defective mobility may be helped by suitable exercises, but must be treated carefully and scientifically

The physical therapeusis of many other conditions closely allied to arthritic disease as lumbago, myositis, spondylitis, bursitis, synovitis, as well as of numerous other medical affections not mentioned here, in which physical therapy is extensively used and extremely helpful, must necessarily be omitted from discussion because of time limit

Conclusion

May we repeat that since physiotherapy has made such great strides in but few decades in the past, with immense benefit to humanity, it is to be hoped that even greater progress and advances will be made in the future The surgeon and the surgical specialties have taken advantage of such progress, utilizing particular modalities in the performance of their special work The internist is recognizing its usefulness more and more, and is applying physical therapy more willingly and more frequently in the numerous medical disorders he is called upon to treat Personally, we had occasion during the past twenty-five years to treat numerous cases of every type, with results, at least from a functional viewpoint, generally satisfactory in most instances Each case, however, must previously be carefully studied and etiologic factors excluded if good effects are to be obtained from physical therapy

867 St Marks Ave.

Discussion

Dr. Harold J Harris, *Westport*—I have read but little on the use of diathermy in coronary artery disease, and the inclusion of this in Dr Gutman's paper definitely adds to its already great value I have an idea that many of us who use physical therapy largely in our practices, fail, as I have done, to realize its value in such a vital condition One thing that has been a deterrent perhaps is the possibility of attacks of coronary

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cervix, this often complicated by an endocervicitis, with its dreary mucopurulent vaginal discharge First, these water-logged cervices should be dehydrated with zinc ionization, and then the ulceration of the endocervicitis should be electrocoagulated or electrodesiccated, depending on the extent of the ulceration This latter treatment should be given but once a month, at the end of the menstruation period, thus allowing three weeks for the cauterized area to heal

I have felt more comfortable limiting the use of the short-wave diathermy to treatment of the extremities where the degree of heat produced can be palpated

The Pavex machine, the improved short wave, the fever-box and the Elliott machine are the newer additions to the physiotherapy modalities

CONGENITAL SCOLIOSIS

Due to Unusual Deformity of Vertebral Column

JOHN W GHORMLEY, M D, *Albany*

Only a small percentage of cases of organic scoliosis are caused by demonstrable congenital defects However, any gross congenital defect of the vertebral column will usually cause some scoliosis The following case of congenital scoliosis is of interest because of the various congenital anomalies in the vertebral bodies as well as in the ribs

Case Report

J C, ten months, white, female was first seen by me on March 25, 1935 She was full term, first born child who had weighed six and one-half pounds at birth Pregnancy and delivery had been normal Soon after the child's birth, the mother noted what she regarded as a swelling in the lower left back She brought the child to the clinic when this swelling seemed to become worse instead of better Examination showed a compound dorsolumbar scoliosis which tended to disappear when the child was supported X-ray examination by Dr W P Howard is reported as follows "There are eleven dorsal vertebrae. On the right side, there is a cervical rib There are eleven ribs on the right side and ten on the left. The fifth dorsal vertebrae is divided into two segments

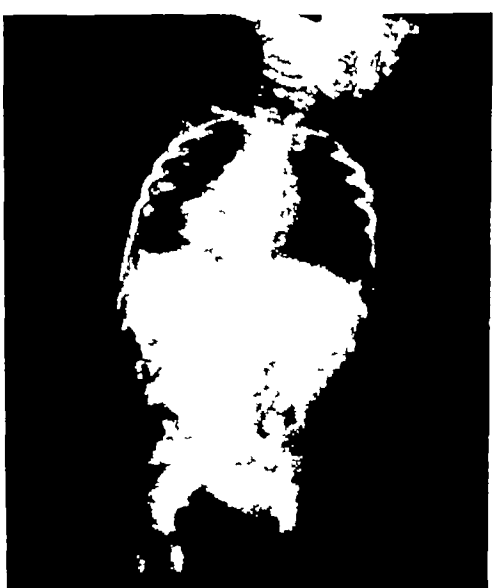


Fig 1 Anteroposterior view at eleven months



Fig 2 Lateral view at eleven months.



Fig 3 Lower dorsal spine at thirty-three months

vertically through the midline. The ninth dorsal is divided into two segments obliquely, the right being fused with the eighth dorsal and the left segment being free The second and third lumbar vertebrae are fused There is a lumbodorsal scoliosis, convex to the left The sixth and seventh ribs on the left side are fused distal to their heads and separated again in the posterior axillary line"

It was thought that immobilization in plaster would tend to correct the curvature and so a plaster jacket was applied, the child being suspended during the application to lessen the curve The original jacket remained in place three weeks and since that time thirteen additional casts have been applied At the present time each cast remains in place four or five weeks and an interval of a week or two is allowed between each application in order to allow the condition of the skin to improve and in order to prevent too much muscular atrophy With this treatment the curvature has tended to decrease Exercises to strengthen the muscles of the back will be instituted as soon as the child is old enough to do them Some form of internal fixation will probably be necessary when the child has grown

403 State St

DRUG COUNTER PRESCRIBING

"The Billion Dollar Sneeze" is the title of an article in *The American Druggist* The article is well written and discusses the probable etiology of the common cold, not overlooking the popular conception that a lack of vitamins may have something to do with a person's susceptibility to frequent colds

The amazing thing about the article, to *The Journal of the Indiana State Medical Association*, is the frank advice to druggists to set their stores in order and go out after this "cold business" As a sales talk it is very good and its author frankly advocates both diagnosing and prescribing on the part of the drug clerk "Here are five steps our customers should follow," says the author, "to aid in the prevention of colds When they follow these steps your preventive products sales will increase" The author also advises that "Clerks should be taught the practical advantage of solicitous inquiries about customer's symptoms Muscular pains, sore throat, headache, clogged nasal passages, chills, chest pains and coughs, each may be the basis for the sale of a product over and above the one the customer came in to buy" In other words, a marked step-up in counter prescribing is advised The enterprising drug clerk is told just what he may do toward making a diagnosis, but not one word is said about having the drug clerk offer the very good advice that it would be well for the prospective customer to see his physician, and that the thing complained of may not be just a common cold

The article seemingly omits nothing It advises in the matter of an "over-acid condition of the body" and suggests that milk of magnesia, antacid powders and tablets may be suggested with safety Laxatives come in for lengthy comment and the naive suggestion is made that "you can recommend a ten-cent item or make a $1 25 sale, depending upon your method of merchandising Every druggist knows the range of laxative preparations and they are too numerous to classify"

Drug clerks have little more than a smattering of medical knowledge, certainly not enough to qualify as differential diagnosticians We know of the dangers attending even the common cold, we know the remedies therefor, we alone should determine what the patient should do

ACUTE PHARYNGEAL STENOSIS

ROY SEELEY MOORE, M D, *Syracuse*

In the early days of my practice I was in charge of the ear, nose, and throat work in the Syracuse Contagious Diseases Hospital At that time, diphtheria was rampant and acute laryngeal stenosis was our most trying problem Since then, all cases of dyspnea, caused by mechanical obstruction of the air passages, have been of particular interest to me D Havantare discussed it in Sanskrit, in the 6th Century, B C, and Aretaeus and Hypocules made references to sore throats which were distinguished as quinsy, angina, cynache, and syneche In the *Third Book of Epidemics of Corpus Hippocraticum*, there is an account of a case which began in the tongue of a woman In Adam's translation the passage is as follows "Speech inarticulate, tongue red and parched, on the first day felt chilly and afterward became heated, on the third day a rigor, acute fever, a reddish and hard swelling on both sides of the neck and chest, extremities cold and livid, respiration elevated, the drink returned by the nose, she could not swallow, alvine and urinary discharge suppressed, on the fourth day all the symptoms were exacerbated, on the sixth day she died of quinsy" Swellings and abscesses of the neck which might endanger life were described by Hippocrates He told us that if the abscesses were soft they could be opened with the finger and if not an iron could be used for the purpose Galen explained retropharyngeal abscess in the Second Century and warned that some cases result fatally

Of necessity, the larynx—the narrowest part of the upper respiratory tract—becomes most easily closed by acute inflammatory reaction or injury With reference to the large number of cases of dyspnea due to partial closure of the larynx seen by all of us, it is noteworthy that the anxiety we have felt on numerous occasions and the satisfaction experienced following relief of the alarming symptoms, have forced us to overlook the occasional case where the obstruction is in the wider passage above the larynx. A search of the English textbooks and the English, French, and German literature of the last ten years has failed to disclose a discussion of acute pharyngeal stenosis due to inflammatory reaction where the thought was other than to reduce the swelling to prevent edema of the larynx or to point out the indications for tracheotomy That many of you have seen and surgically cared for cases where the obstruction was in the pharynx only, I am

TABLE I—TYPES OF ABSCESSES CAUSING OBSTRUCTION IN AND ABOVE THE LARYNX

Superficial abscesses

1 Peritonsillar abscess
2 Retropharyngeal abscess
3 Laryngopharyngeal abscess
4 Submental abscess

Deep abscesses

1 Submaxillary fossa abscess
2 Parotid fossa abscess
3 Pharyngomaxillary fossa abscess
4 Abscess along carotid sheath due to extension from jugular sinus thrombosis
5 Deep abscess of the tongue

quite sure, but you have failed to get the case histories into print On three occasions, I have been forced to do a partial or complete tonsillectomy for the relief of an acute stenosis of the pharynx, the hemolytic streptococcus being the offending organism, and on two occasions I have since performed the same operation from choice Because tracheotomy is the operation almost universally done and because there is a question of doubt as to its advisability under certain conditions, I have studied the acute inflammatory reactions of the mouth and pharynx, which have been admitted to the University Hospital of Syracuse during the past fifteen years, with a view to determining the kind and frequency of reactions of this type which

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 26, 1937

produce dyspnea and the procedures that were used for their relief From this study, one must conclude that the usual cause of an acute closure of the pharynx is an acute infection with abscess formation If the acute infection is grafted upon a throat already narrowed by tumor formation or cicatrix, less swelling is required for a complete stenosis For clarification, I have divided the abscesses which directly or indirectly might be the cause of dyspnea into those which are comparatively superficial and those which are located deep in the tissues (Table I)

Table II is the result of my study of abscesses of the mouth and pharynx among the 84,988 admissions to the University Hospital of Syracuse during the period between 1922 and 1937

I have purposely omitted from Table II the term "Ludwig's angina" It was first described by Ludwig in 1836 Dr Chevalier L Jackson[1] defines it as an "acute inflammatory process involving the cellular tissue of the floor of the mouth and the submaxillary region of one or both sides" Imperatori,[2] in his more recent text, calls it "an infection of the tissues of the floor of the mouth" In this study, I find the word used very loosely, the physicians usually meaning the patient had a brawny swelling in the upper neck with or without an abscess pointing in the mouth For purposes of clear thinking and definite surgical planning, it seems logical to substitute a definite anatomical terminology I also found the term "phlegmon" used in such a way that only confusion of thought could result It would seem logical to confine its use to those cases where the brawny reaction originates in connective tissue When an abscess results, it should again be diagnosed according to the anatomical location of the abscess

We had, then, in 84,988 admissions in a 225-bed hospital over a period of fifteen years (made up of a high percentage of adults), fourteen cases of dyspnea due to soft tissue reaction above the larynx—eight complicated with peritonsillar abscess, three with retropharyngeal abscess, and three developing in patients with deep abscess of the tongue. There were two cases of submaxillary fossa abscess and one parotid fossa abscess associated with peritonsillar abscess One tonsillectomy was done for the relief of dyspnea in peritonsillar abscess and one in retropharyngeal abscess

I wish to give the history of two of these cases—the tonsillectomy which was performed by me on the case of peritonsillar abscess and the drainage of the deep abscess of the tongue, both being done for the relief of dyspnea, and to supplement these case histories with two others where tonsillectomy was done by me in the homes for the relief of an acute pharyngeal stenosis

CASE 1 In the Fall of 1918, I was called to see a four-year old girl in consultation with Dr G, the child having been ill one week with a so-called follicular tonsillitis, the temperature ranging between 101 and 104°F On the morning of the eighth day, because of dyspnea, I was asked to do an intubation in the home, the supposition being that the child had a laryngeal diphtheria (in those days, all cases of acute laryngeal stenosis were assumed to be diphtheritic in origin) The little girl had the frightened appearance of one who was struggling for air, the pulse was rapid, lips and fingernails bluish in color There was substernal retraction on each inspiration There was lacking, however, the little "whistle" which is present when air is being forced through the narrowed larynx The child was wrapped in a sheet and held in the upright position by the doctor for an indirect intubation On opening the mouth gag, I found the left tonsil pushed completely across the pharynx in contact with the right pharyngeal wall by a peritonsillar abscess The right tonsil laid back of the left, almost completely occluding the pharyngeal orifice. The abscess was opened but the dyspnea persisted

While the right tonsil was held forward, the patient breathed freely, the substernal retraction ceased, and complete relief from the dyspnea was experienced When I let go of the tonsil, it dropped back into the funnel again producing partial occlusion I recognized that an intubation would be useless and as I had no tracheotomy set with me, I removed the right tonsil under a little one per cent novocain, with a scissors and snare. The child breathed very satisfactorily after the work was done and made an uneventful recovery

CASE 2 In August 1924, B, age thirty, a teacher, was brought into the University Hospital of Syracuse with bilateral peritonsillar abscesses Almost as soon as the patient was in bed, he developed marked dyspnea and stopped breathing within a few minutes On my arrival, the intern and

TABLE I

PERITONSILLAR ABSCESSES

Number of cases	Deaths	Causes of death	Number of cases of dyspnea	Treatment	
172	4	Uremia Cerebral hemorrhage Lobar pneumonia Bronchial pneumonia	8	Incision and drainage Spontaneous rupture Tonsillectomy for drainage of abscess Incision of peritonsillar plus drainage of submaxillary abscess Incision of peritonsillar abscess plus drainage of parotid abscess	154 13 2 2 1

Number of cases associated with abscess in submaxillary fossa	Number of cases associated with abscess in parotid fossa	Number of cases requiring operation for airway	Type of operation on airway
2	1	1	Tonsillectomy 1

RETROPHARYNGEAL ABSCESSES

Number of cases	Deaths	Number of cases associated with deep abscesses	Treatment	
24	0	0	Incision and drainage	24

Number of cases of dyspnea	Treatment of dyspnea	
3	Incision and drainage	2
	Incision and drainage plus tonsillectomy	1

ABSCESSES OF TONGUE

Based on 84 988 admissions to University Hospital of Syracuse between 1922 and 1937 and 52,102 admissions to Memorial Hospital of Syracuse between 1927 and 1937

Number of cases	Deaths	Number of cases of dyspnea	Treatment	
4	1	3	Drainage by way of submaxillary fossa	2
			Attempted drainage externally patient dying of asphyxiation during operation	1

ABSCESSES OF MOUTH

	Number of cases	Deaths	Number of cases of dyspnea	Treatment		Number with secondary abscess
Tonsillar abscesses	6	0	0	Incision and drainage	2	0
				Spontaneous rupture	2	
				Tonsillectomy	2	
Submental abscesses	7	0	0	Incision and drainage	7	
Unclassified abscesses	14	0	0		9	

MISCELLANEOUS ACUTE INFLAMMATORY REACTIONS IN NECK

Tubercular Cervical Abscesses

Number of cases	Deaths	Number of cases of dyspnea
22	0	0

Cellulitis of Neck Without Abscess

Number of cases	Deaths	Number of cases of dyspnea	Cause of death	
20	2	0	Traumatism and shock	1
			Lobar pneumonia	2

Unclassified Abscesses

Number of cases	Deaths	Number of cases of dyspnea
82	0	0

nurses were attempting to perform artificial respiration but getting no air into the lungs Propping the mouth open with a gag, while a tracheotomy set was being rushed to the floor, I found the tonsils to be overlapping one another and behind both there was a peritonsillar abscess lying deep around the lower pole. Grasping each tonsil with a forceps, I pulled them as far forward as possible, placing an airway in the pharynx. Artificial respiration was resumed and the patient soon regained consciousness On removal of the airway, the man stopped breathing When the tonsils were again grasped and held forward, he breathed easily The peritonsillar abscesses were opened and a great quantity of yellow-purulent material was discharged, but this did not relieve the dyspnea. The right tonsil was then removed by dissection and snare under novocain, with complete relief to the patient Subsequently, the tonsillectomy was completed and the patient made an uneventful recovery from the acute reaction

CASE 3 In May 1932, C, age thirty-five, living in a town fifteen miles from Syracuse, developed bilateral peritonsillar abscesses At 3 A M the family doctor telephoned me that the patient had stopped breathing, but that he could still get his pulse. Another physician was with him in consultation Remembering my former experiences, I surmised that the obstruction might be in the pharynx. I requested the doctor to pry the mouth open with a gag and pull the most exposed tonsil forward in the hope that an airway might be established, at which time they were to attempt artificial respiration In a few moments, he again came to the 'phone to tell me that the patient had resumed breathing They held the tonsil forward while I drove the fifteen miles to open these abscesses, which I did without benefit to the patient. As I had my suction apparatus with me in the car, I found it easy to remove the larger tonsil under local anesthetic. Complete relief from the dyspnea was experienced. He, too, made an uneventful recovery

CASE 4 In 1925, O, age thirty-five, was admitted to the University Hospital of Syracuse, with the history of a tonsillitis of several days duration followed by inability to open the mouth and for the past two days he had experienced the greatest difficulty in swallowing fluids For four hours, dyspnea was present, the fingernails and lips were bluish, pulse 110, and temperature 104° F

Examination revealed the tongue to be pushed up into the roof of the mouth and in the submaxillary region there was definite swelling The patient was immediately taken to the operating room and a flexible airway passed, with a good deal of difficulty, into the pharynx. I then opened the submaxillary fossa, after the method of Dr Mosher, cutting the facial vein and lifting the gland with the facial artery out of its bed From this fossa, with a blunt forceps, I probed upward and backward into the deep tissues of the tongue, where I obtained a quantity of purulent, fetid smelling material The patient was relieved almost immediately, after which the airway was removed He made an uneventful recovery

Conclusions

1 When acute inflammatory reactions in the pharynx produce dyspnea, the stenosis is usually in or around the tonsillar aperture

2 Reactions in the pharynx, causing obstruction to the passage of air, are usually either peritonsillar abscesses, pushing the lateral wall into the pharynx, retropharyngeal abscess, pushing the posterior wall forward, or deep abscesses of the tongue, pushing the floor up

3 The most common offender, from the standpoint of the number of cases involved, is deep abscess of the tongue, with 75 per cent developing an acute stenosis, the retropharyngeal abscess comes next, with twelve and one-half per cent having difficulty in breathing, peritonsillar abscess is third, with four plus per cent developing dyspnea

4 When dyspnea is present with peritonsillar abscess, the most common secondary abscess adding to the stenosis is submaxillary abscess—twenty-five per cent of peritonsillar abscesses having acute stenosis developing this complication

5 When deep abscesses do develop, the average man caring for these cases has no definite plan of attack, the reason being that the cases are rare except in very large clinics and usually head toward the surface, as shown by Havens in his comprehensive report,[8] where the anatomical difficulties are slight and the mortality small

6 Because we occasionally do get a deep burrowing abscess that will test the best that is in us and because more of the cases fall into the hands of the otolaryngologist because of the dyspnea, we should become thoroughly familiar with some

definite plan of attack which will require, as Dr Mosher has suggested,[4] a detailed knowledge of the anatomy around and above the hyoid bone

This review justifies a study of the literature as to the comparative safety of tonsillectomy and tracheotomy for the relief of an acute pharyngeal stenosis due to infection For this comparison, I have obtained the mortality record on tracheotomies done in four of our larger hospitals for the treatment of contagious diseases, inasmuch as most of their tracheotomies are done for the relief of an acute streptococcus pharyngo-laryngo-tracheitis

During the years 1935 and 1936, at the Boston City Hospital there were six tracheotomies done with four deaths, at the Philadelphia Hospital for Contagious Diseases there were eighteen tracheotomies performed with eleven resulting in death, at the Syracuse City Hospital three tracheotomies and one death, and at the Willard Parker Hospital in New York City they had nineteen tracheotomies and ten deaths, making a total in these institutions during these two years of forty-six tracheotomies with twenty-six deaths, showing a death rate of fifty-five plus per cent

For the records of tonsillectomy done in the presence of acute infection we have to turn to those published by the men who favor tonsillectomy for the relief of peritonsillar abscess, or for the relief of deep infection in the neck where the disturbance originated in the tonsil Of the former, there are many A Linck[5] concludes his review of peritonsillar abscess and its treatment with the statement that tonsillectomy at all stages of the abscess is the procedure of choice, reporting the records of 168 patients so operated without a single complication from propagation of the infection We have to remember, also, that we have all performed many tonsillectomies where the question of persisting acute infection was difficult to decide, with no untoward effect in most of the cases

My conclusions are that we occasionally do get an acute stenosis of the pharynx only, which will require either a tracheotomy, a tonsillotomy, or a tonsillectomy, that it is found where abscesses are present and in the region of the tonsillar aperture and that an examination of this area should always be made before concluding that the closure is in the larynx When the pathology is located in the pharynx and drainage does not relieve the symptoms, it is much safer to remove all or part of the tonsils than to perform a tracheotomy

STATE TOWER BLDG.

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Discussion

DR CLAYTON M BROWN, *Buffalo*—I am sure we are all indebted to Dr Moore for focusing our attention upon this fairly uncommon condition

This report of the incidence of pharyngeal stenosis covering a period of fifteen years in a general hospital, is probably the first attempt to arrive at an accurate knowledge of the frequency of this condition in a community as a whole.

To those whose experience is limited to children's hospitals the incidence will probably seem low, while those whose work is principally among adults it may seem a trifle high The greater frequency of retropharyngeal abscesses and of postnasal and pharyngeal obstructions in children would probably explain this difference in incidence. With improved feeding conditions in the very young, the frequency of retropharyngeal abscesses has certainly declined in the past few years

It is quite probable, also, that the very numerous tonsillectomies and adenoidectomies will further reduce the frequency of pharyngeal stenosis of the future

Of course, to the older men, in the days before diphtheria antitoxin and toxin antitoxin, these upper respiratory stenoses were almost a daily occurrence, and most up-to-date physicians had intubation and tracheotomy sets with them at all times For these men the first thought in dyspnea is for a laryngeal and not a pharyngeal stenosis The symptoms and the clinical findings, however, are quite different. In all cases of dyspnea a pharyngeal examination should be made and the pharyngeal possibilities of stenosis excluded In infants a digital examination of the lower pharynx may be nec-

essary to exclude the possibility of a retropharyngeal abscess

To me the great lesson of this paper is the location of the cause of dyspnea and its removal

I think we have often been too conservative in waiting a more convenient time when pus was not present to do our tonsillectomies Dr Moore's success in these cases of dyspnea in the presence of peritonsillar abscesses is conclusive proof of its safety in experienced hands

This removal of tonsils in the presence of a peritonsillar infection is routine precedure with many men and seems to be very successful, though I have never attempted it myself

To me, the work of Iglauer of Cincinnati and Batson of Philadelphia in the surgical approach to these deep abscesses of the neck, which may be the cause of dyspnea, is exceedingly intriguing and certainly simplifies the operative procedure

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UNAPPRECIATED AMERICAN HEALTH RESORTS

Bernard Fantus, M D , Chicago, (*Journal A.M.A* Jan 1, 1938), points out that physicians who visit any number of American spas and health resorts will find that there is something radically wrong with nearly every one of them

Manager and owner complain that this is due to lack of patronage by physicians But physicians find that few of the resorts are worthy of their patronage. Obviously a vicious circle exists, which, like the vicious circles of disease, can be broken only by a suitable remedy The ideal climate and the most curative mineral water are of no use to many sick persons unless there can also be secured suitable hotel accommodations and appropriate diet, and these must be available within the financial means at the command of the patient.

Physicians are disgusted with the quackish propaganda and practises of most American health resorts They and their patients know more about the European than the American spas, although as a matter of fact there are in this country practically all the climatic and balneic remedies possessed by any other country in the world This state of affairs costs Americans many millions of dollars annually There is not only a net loss to this country but also a financial loss to the patients who are sent abroad for a treatment that they could secure much more economically nearer home

American physicians are in great need of information regarding the natural remedial resources of their own states, and it should be—indeed it is—the function of the state governments to secure and disseminate this information Unfortunately, the state governments, with a few notable exceptions, have largely been derelict in this matter Mineral water resorts should be health resorts in the truest sense, and health resorts that specialize in the treatment of the diseases for which the natural resources available in the place especially fit them

Unfortunately, there are in this country few institutions of this kind, and these few are not sufficiently well known to the rank and file of the American medical profession

With over 2,000 places in the United States boasting of springs of more or less medicinal value, with the possibility of commanding watering places in almost any climate and at any season, the members of the medical profession are so poorly informed about them that, when need of spa treatment arises, they are more likely to know a suitable European spring than one in this country This is because textbooks and teachers have more to say about the latter than the former

Distrust and skepticism likewise prevail regarding our mineral spring resorts With a few notable exceptions this is well merited, for the mendacity of many of the advertisements for mineral springs rivals that of the claims for "patent medicines" in their palmiest days Unethical practice and quackery abound in and around health resorts Even the social features and amusements, in many of them, may be objectionable from a therapeutic as well as a moral standpoint.

The American Medical Association has struggled successfully with such problems as the improvement of medical education, through its Council on Medical Education and Hospitals, and with the still thornier problem of proprietary medicines through its Council on Pharmacy and Chemistry It is helping physicians to a better appreciation of dietetics and of physical therapy by the councils dealing with these matters It now remains for it to render the same service to this important as well as largely unappreciated national remedial asset.

HABITUAL ABORTION

Treatment by Injection of Pregnancy Serum

SAMUEL S ROSENFELD, M D, *New York City*

There is a veritable host of causes for abortion, miscarriage, premature labor, and habitual death of fetus What we are here concerned with is that class of cases who either habitually abort, miscarry, have premature labors or habitually give birth to dead fetı and in whom no discernible or palpable cause is either demonstrable or ascertainable For the sake of brevity in this paper, we will include all or any of these states in the general term "habitual abortion"

We are very much in the dark when we seek to cure these patients for so little is definitely known about the etiologic factors The recent literature points to hormones, vitamins, and even the psyche as the most probable factors concerned in the production of these conditions

A review of the literature shows that Sellheim[1] was the first and only author to report the use of normal pregnancy serum in the treatment of habitual abortion He was prompted to use this therapy after reading Mayer's report on the treatment of cases of toxemia of pregnancy by the injection of blood serum of healthy pregnant women To date Sellheim reports nine cases, in eight of which the treatment was fully successful, in the other, there was premature labor in the sixth month

His usual method of administration is to give injections of ten c c of the serum every two weeks from the second or third month of pregnancy He has also given it at monthly intervals and states that it is not necessary to give it throughout the pregnancy He believes that the beneficial effects are due to substances in the serum of healthy gravid women which have a quieting effect on the uterine musculature He further states that the reason for the action of the pregnancy serum has not yet been fully explained nor has the exact dosage been determined

We know that normal human pregnancy serum contains rather large amounts of the estrogenic and the gonadotropic hormones There are smaller quantities of the thyrotropic, adrenotropic and corpus luteum hormones There are undoubtedly other hormones whose presence and action have as yet been undiscovered

Frank[2] found that when rats were injected with blood extracts from pregnant women the ovaries showed either numerous large filled follicles or several corpora lutea

Guerico[3] studied the effects of the injection of human pregnancy urine on the calcium magnesium and phosphorous content of the blood of rabbits and found a marked increase in the blood magnesium but no change in the blood calcium or phosphorous

Glaubach[4] states that during pregnancy there is a physiological hyperthyroidism due to the increase in the thyrotropic hormone from the anterior pituitary gland This may become pathological and destroy the pregnancy as was demonstrated in animals in which thyrotropic hormone of the anterior pituitary or thyroxin caused resorption of the embryo and changes in the ovaries and the thyroid

Herold[5] found that the antithyroid protective material of the blood is lower than normal during pregnancy and in Basedow's disease

Putzu[6] states that the diminished excretion of hormones in habitual abortion is not the cause but is a result and is evidence of hypofunction of the whole endocrine system during pregnancy

I am very grateful to Professor George B Wallace and to Dr Allan J Stinchfield for their invaluable advice and for their supervision of the pharmacologic experiments carried out in Professor Wallace's laboratory at the Medical College of New York University

I wish to thank Drs Samuel Forer and Emanuel J Richter for their aid in obtaining the serum and for their assistance in the laboratory experiments

From the Department of Obstetrics and Gynecology, Lebanon Hospital

Starr and Patten[7] found that intramuscular injections of extracts of pregnancy urine into four persons with hyperthyroidism produced no change, however four out of five women younger than the menopausal age were benefited by such treatment.

D'Amour and Gustavson[8] and others have shown that where large amounts of estrin were administered after implantation, pregnancy was terminated by the death of the embryo Shute[9] is of the opinion that the resistance to proteolysis found in the blood of aborting women is due to estrin

I began using normal human pregnancy serum on purely theoretical grounds It seemed to me that the serum of patients who habitually abort either completely lacks or is deficient in one or more of the necessary hormonal, antihormonal, activating or inhibiting substances necessary for the normal progress of pregnancy I felt that serum from normal pregnant women contained everything essential for the normal progress of pregnancy and that these substances could be transferred by intramuscular injections These substances might be and probably are hormones or hormone activators, whose function might be inhibition of forceful uterine contractions and activation of placental fetal and uterine growth

Our own experiments *in vitro* on a pregnant cat uterus containing embryos, showed that normal human pregnancy serum caused a marked reduction in the number of uterine contractions with concomitant long relaxation periods

A strip of human uterine muscle resected at the time of cesarean section also showed a relaxing effect of this serum When serum from an habitual aborter was added there was a noticable increase in tone. We repeated these experiments on other pieces of excised uterine muscle, but unfortunately, the specimens were useless, as no normal contractions could be obtained

I was of the opinion that pregnancy serum possesses the common hemostatic property of most sera We found that it has this property but serum from an habitual aborter is just as effective

It is highly problematical whether progesterone is responsible for the good effects of this serum for Bloch in assaying the circulatory blood of pregnant women for progesterone content found none in amounts up to 500 c c

I have been treating cases of habitual abortion with approximately five c c of normal pregnancy serum injected intramuscularly once a week Should staining or bleeding occur during the course of treatment the patient is put to bed and doses up to ten c c may be given two or three times a week or even daily depending on the signs and symptoms In the absence of bleeding, patients are permitted to pursue their normal routine and duties The diet is that usually prescribed for a normal pregnant woman with the addition of cod-liver oil and viosterol However I have positive knowledge that some of the patients failed to take both the cod-liver oil and the viosterol

Patients were advised to abstain from sexual intercourse, but not all of them heeded this advice

The serum is a pooled serum obtained from normal pregnant women whose Wassermann reactions are negative The blood is obtained under aseptic precautions and centrifuged The serum is then poured into sterile tubes and kept in the refrigerator until used The patients are injected until the beginning of the tenth lunar month

Theoretically the most efficient serum should be furnished by multiparae who have no history of abortion, miscarriage, premature labor or intrauterine death of the fetus, and whose gestation period has not exceeded the eighth lunar month Due to the dearth of material we have not been able to confine ourselves to ideal donors, and yet, the results were very gratifying (Table I)

Comment

While I have no statistics at hand to prove my assertion, it is my impression that under the conventional methods of treatment of habitual abortion the great majority of patients aborted

I do not know what constituent or constituents of the normal pregnancy serum are responsible for the effects It seems to me that the major effects are due to hormones and that the hormones are of the activating and inhibitory types, and

that normal sera contain these substances in the proper amounts and proportions

It is a moot point whether the results obtained can be ascribed to any of the known hormones or their precursors individually We know that the treatment of habitual abortion with estrin and prolan alone has proven disappointing The progesterone content in the small amount of serum that we inject is either nil or infinitesimal and the effects can therefore hardly be ascribed to its action What part the thyrotropic hormone of the anterior pituitary and the thyroid itself play in this complex mechanism must also remain unanswered for the present

Much more proof than has as yet been brought forth is necessary before one can safely ascribe a detoxifying action to the serum My results with normal pregnancy serum in the treatment of pernicious vomiting of pregnancy and toxemia of pregnancy have proven disappointing

The coagulant property of the serum is probably not of great importance for the serum of aborting women is just as effective in hastening clotting time

In the present state of our knowledge one cannot prove or disprove whether habitual abortion is an allergic phenomenon and if it is, does the serum act to desensitize the allergic individual?

We are also unable to state whether or not these hormones act specifically on the development of the ovum or whether they produce a higher threshold of irritability in the uterine musculature One patient in her seventh month was having regular cramp-like labor pains After an injection of ten c c of serum these pains ceased and she was delivered at term of a normal infant

We thus see that a vast amount of research is necessary before the factors concerned in the etiology and in the successful treatment of this condition can be identified

It is highly probable that the serum from normal pregnant animals might prove as effective as human serum However, I preferred to utilize human serum for it eliminated the possibilities of allergic reactions, serum sickness, anaphylaxis, etc

I am using a weekly dose of four to six c c for I noted that this amount kept the patients sign- and symptom-free, whereas, when the dose was smaller or given at longer intervals, some of the women either stained or went into labor We noted this especially in the tenth lunar month, when we ceased injecting the serum

The question might be raised, is it possible to obtain an effect from the small

TABLE I

	Age	Gravida	Para	Bleeding or Staining Prior to Injections	Period of Gestation When Serum Treatment Was Begun	Duration of Gestation	Remarks
1	35	4	1	Bled	6 weeks	Term	
2	23	2	0	Bled	5 weeks	Term	
3	31	3	1	Bled	5 months	Term	Labor like pains in 5th month.
4	33	6	0	Bled	8 weeks	6 months	Premature separation of placenta.
5	28	3	1	Bled	10 weeks	Term	Treated with corpus luteum in previous preg
6	33	6	1	None	6 weeks	Term	
7	21	3	0	None	8 weeks	Term	B M R. Minus 3
8	28	5	2	Bled	6 weeks	Term	1st living baby
9	33	3	1	None	7 months	Term	Labor pain ceased after injection
10	33	4	1	Bled	6 weeks	Term	Pyelitis during pregnancy
11	33	4	0	Bled	10 weeks	Term	Bronchiectasis.
12	28	4	0	None	12 weeks	Term	B M R. Minus 20
13	30	4	0	Bled	4 weeks	Term	
14	34	5	1	Stained	5 weeks	37 weeks	Last injection 3 weeks before delivery
15	32	8	2	None	12 weeks	37 weeks	Last injection 9 days before delivery
16	28	2	0	Stained	7 weeks	Term	
17	22	2	0	Stained	5 weeks	Term	
18	28	6	0	Bled	6 weeks	Term	
19	24	3	0	None	12 weeks	Term	B M R. Minus 11
20	33	9	3	(Stained one day)	4½ months	Term	

Four cases are under treatment at present time. Results were successful in every case except no 4

amounts of serum that we inject? Reasoning from analogy, I believe that it is possible, for we know that similar small amounts of whole blood, sera, and placental extracts, are effective either as immunizing or curative agents, in such conditions as measles, scarlet fever, and poliomyelitis

The one failure in this series is really only a partial failure, for the patient in five previous pregnancies had never progressed beyond the eighth week and this pregnancy terminated in the twenty-fourth week Labor was caused by a premature separation of the placenta which in turn was induced by a toxemia brought on by a most stupid indiscretion in diet. In my consulting practice I occasionally see premature placental separations following Gargantuan holiday meals

I am also employing pregnancy serum in the treatment of threatened abortion and I believe the results obtained with it are far better than with the usual methods of treatment I will report these cases in a future communication

Summary

Twenty patients suffering from habitual abortion were treated with intramuscular injections of normal pregnancy serum Nineteen gave birth to normal living infants

12 E 88 St

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THE NERVOUS WOMAN'

Very frequently women of all ages will present themselves for the physician's consideration with a number of vague aches, pains, and complaints whose nature is uncertain, and whose management is a source of embarrassment to the doctor Many doctors will consider this type of patient as a nuisance, and either hand her a bag of pills (usually a sedative of the barbiturate type) or tell her not to waste her money since she is not really sick. Either procedure is wrong, believes Dr Arthur J Tronstein, of Newark, Ohio, in an interesting paper in the *Ohio State Medical Journal*

Nobody actually wants to see the doctor professionally A patient comes to the doctor because he or she is ill Whether the illness is due to some specific organic lesion or lesions, or whether it is due to psychic, or functional factors is up to the physician to decide The patient complaining of pains and vague symptoms suffers from these regardless of their source She seeks the doctor to get relief from her discomfort, and is entitled to as much study as the person with an acute appendicitis Failure to give this care leads the sufferer to seek the quack, the cultist, or other competitor of the physician It not only drives the patient from the physician's door, but leaves the patient with the feeling that nobody will be able to help him or her with any future ailments This is especially true of the woman who has always had steadfast faith in her family doctor

There are many cases of women whose complaints are so conflicting, so apparently non-organic, so trifling, so seemingly foolish to the doctor that he tends to look upon them as evils he must tolerate as part of his profession This attitude has driven many patients from the physician to the quack They really are important to both the physician and the patient, and merit careful attention by the former Many of the seemingly non-organic sicknesses presented by these women, are in fact organic, and it is only because the physician is too lazy or too busy to give them the consideration they merit.

These women are suffering, and regardless of the cause of their symptoms, the doctor rightfully is charged with seeking to allay their suffering Many of the causes are not organic, but the doctor by means of his common-sense, intelligence, scientific training, acquaintanceship with public services, and honest desire to help, can do much to benefit the woman, and at the same time advance his economic status

PUBLIC HEALTH—A CONCERN OF GOVERNMENT

SAMUEL J KOPETZKY, M D, F A C S, *New York City*
Former President, Medical Society of the County of New York

Public Health—A Concern of Government—has many implications and interpretations Let me at the outset say that I see in this governmental concern no general invitation to establish State Medicine to deliver general medical care to all our people, nor do I desire to see any part of governmentally subsidized medicine take control of, or destroy the private practice of medicine

In the past, it has been the proud boast of the medical profession that it gladly shouldered the costs to itself in delivering medical care to the indigent Most of our people were gainfully employed The seasonal and the exceptional circumstances that threw a large number of wage-earners out of work were soon passed, and the burden carried by the medical profession during their transient periods of lack of working opportunity could be shouldered by the medical profession without detriment to anybody

The trend in our body-politic now shows a definite change Under conditions whose causes and origins are not yet clearly comprehended, with a higher standard of living for our working classes than anywhere in the world, we observe a course of events consisting in the gradual passing of the smaller, self-sufficient middle class group This group comprises the small store owner, the small factory owner, and the small farmer In other words, it seems as if a great part of the formerly financially independent, self-reliant middle class were being transformed by the trend of economic events into a job-holding class Formerly, this group, by individual industry and thrift, saved, and had small property holdings It gradually "grew up" financially, culturally, and politically, and actually was the backbone of our national life. Employed by this self-reliant group were many wage-earners whose occupations were on a permanent basis, their intimate personal affairs were known to their employers, and, when sickness and disability reached them, they found aid available through the influence of their local employers Often the employer's private physician took care of them, gratis

With the growth of great business corporations, these smaller business men are being crowded out. True, many of them are absorbed into the giant business concerns which killed their individualism in commerce and industry We who have lived with, worked with, and served this class for almost three decades during which this change has taken place, can testify that there is a vast difference in the psychological and cultural make-up of this class now, from what its inherent characteristics were two generations ago This group is now mostly dependent on jobs It changes its stress in education from a search for culture and an opportunity to enjoy the rewards of individual efforts, thrift and industry, and a life amid congenial surroundings, to technical education for labor service to an impersonal business organization—the directing force of which is not always even located in the same community where the worker or jobholder lives Individual efforts to excell and progress become subservient to coordinated labor, merging and equalizing the skill and intelligence of one, with the lesser degree of these qualities possessed by another Success in the worker's sphere is cumulatively estimated by what is known as his "*production*" There is less need of skill, and more need for speed work and time delivery of products

The wage earner, according to some authorities, produces goods equal in value to his wages in about a half day's work The remainder of the day that he works, the value of the goods he produces is

Address delivered at the "Conference of the Professions on the Amelioration of Human Needs" called by the National Citizens Committee for Support of W P A, New York City, March 6, 1938

for the credit account of invested money, and for the wages which management exacts It is obvious that the wage earner therefore produces much more than he gets paid for This surplus over the wages' value, is used by invested capital to take profit, to pay rent, and to pay taxes

Since management determines the period of employment, and the up-keep of the laborer is a great concern of both management and invested capital, then it would seem logical and ethical that both invested capital and management should help toward the laborer's maintenance during those periods when it determines that his work is not needed

It seems, from the trends of events, that we are faced with the probability that hereafter there will be a definite percentage of unemployed among us These are individuals who would gladly work could they find gainful work to do In the periods when recessions in production of wealth, by the combined efforts of invested capital, management, and labor are with us, the workers in cultural fields and in the professions which sell personal services—doctors, dentists, nurses and pharmacists, are among them—are likewise deprived of gainful, individual employment Their slender private resources exhausted, these too join the army of the employable unemployed

This group of individuals, a large, inactive wealth producing agency, because it is inactive, represents actual loss in money value, in terms of wages This is rightly a concern of government

Let us look at the problem from another angle Money replaced trade and barter Money concededly is the concern of government Those whose industry, thrift and shrewdness accumulated it found that the government—comprising the individuals of a state—set regulations to control and regulate its circulation, and to prevent its being hoarded, or in other words, to prevent money from remaining idle It is the concern of government that money be continually employed, and to some extent, the government now employs it for the benefit of all its people Wage-earners are potentially money Hence it requires no great stretching of principles to assert that it is the concern of government to keep idle, employable wage-earners at work for the benefit of the whole people, just as government is concerned in keeping money in circulation

Idle labor is employable in private enterprise were the latter in need of workers Where these wage-earners are not so needed then this labor presents problems which the community must solve On the one hand, there is direct waste of the community's wealth, and on the other hand, the community is deprived of the purchasing power lost because of the lack of wages due to unemployment In some figures at hand it is shown that the W P A earned for itself, as wages, about two billion dollars This money was of course expended by the W P A workers through exercise of their purchasing power, in the communities where they resided

Now in all this I have not touched upon the medical implications, yet they are inherent in the whole problem Industry, to a degree, has considered the maintenance of the health of the worker as its concern, because kept in health, his industrial productiveness is greater It has been well said that army efficiency is dependent primarily upon its good health To keep this health level high, government, which needs an effective army, expends great sums of money for medical care The wage-earner, whether employed or not, must be maintained at a high health level, and the highest quality of medical care procurable must be made easily available to him—because he is one of the sources of wealth The healthier he is, and remains, the more productively efficient he will be—whether working on his own, or on the community's account Because the unemployment problem is national in scope, the medical care of these idle, potential wage-earners becomes a concern of national government The solution of delivering the high quality of medical care which the medical profession desires to see available to this class-group must necessarily be handled, and administered locally, with as little centralization of administration as possible

To say that the public health is a direct

concern of government is not to ask that government shall be invited to engage in a federal scheme of generalized State Medicine, with destruction of the private practice of medicine This is not needed, nor wanted When we think of public health, we imply concern over healthy living conditions, sanitary regulations of food markets and food handlers We envisage restrictive regulations to lessen the inevitable hazards of mine and factory We would imply in government "concern with health," measures for hygienic conditions in the shop, the school, and the home We all desire to have health standards safeguarded at the farm, in the period of transportation of foodstuffs, and even of individuals Here medicine and sanitary engineering merge for better public service Lastly we would have the government deeply concerned with the popularization of all prophylactic preventive health measures These we desire to be made easily available for the whole people For the sick and disabled, we want nothing so much as the ability to deliver to them a high quality of medical care Today, and before this audience, I shall not touch upon the general problem, but deal directly with the problem as it concerns the W P A —a class-group composed of wage-earners, out of gainful private work, working at useful projects under government supervision and direction We have coined a term to describe their medical-economic situation We term it the "medically indigent"

As I stated above, it was traditional with the medical profession to care for the sick and disabled who were unable to pay for such care This was our pride and boast Since, however, the trends have taken place to which I have already alluded, the very amount of this work has overwhelmed the profession It can no longer carry on its shoulders this burden We believe it is a community matter, and that the service the medical profession gives the indigents—including the medical indigents—should be met from general tax funds, wherever possible from local funds, supplemented where absolutely necessary by state aid Among the states where funds are unavailable, there and there only should federal funds be implemented The local profession should be consulted as to the medical necessity for the outlay, its scope, and the ways and means of its use They are experts in such matters

The problem is in each instance, always a local one The medical profession has an organized unit admirably fitted to cooperate The County Medical organization has both the ways and the means to set up an agency to deliver the personal, individual care for the sick and the disabled with only the highest professional standards as a criterion In New York County, this endeavor has had trial and has proven successful Quoting from the inaugural address of Dr Clarence Bandler, President of that County Society "Our County Society has been able to render valuable service to the federal government in treating injured workmen on the W P A projects" With reduction of costs, there has been wider distribution of service among the physicians employed There is less dissatisfaction than under the project-doctor system, and most important of all, the quality of medical service has been improved This has been brought about with full retention of the physician-patient relationship, and with the retention of free choice of physician by the patient

In the works progress project the medical care talked about above has to do with workingmen injured during work I would like to see these panels of free associations of physicians volunteering additionally to undertake the work of delivering medical care to the indigent, including the medical indigent I would like to see the County Society set up the necessary panels to deliver medical care for all on the W P A rolls, this care to be not restricted to injuries, but to include all that may be medically needed, including domiciliary visits In a degree, were the last-named item included in the program, it would relieve the hospitals and dispensaries of some of their overcrowding It would keep them for the unemployed unemployables, and for the actually poor and the destitute These groups are wards of local government anyway The class-group of employables in the W P A should get a personal medical service, which integrates the work of the private

medical practitioner who should be paid on a fee-basis for his service to the community When the doctor is not paid for this kind of work, he is twice taxed —once as a taxpaying citizen to support the W P A , and the second time, when he gives the money value of his medical service to these worthy people

The prophylactic and preventive health measures, properly the function of local health departments, must be coordinated in this work The private practitioner of medicine is one of the best agencies for delivering tested prophylaxis and preventive health precautions to his patient-clientele When medical service to the indigents is paid for by the community, and the private practitioner of medicine becomes the agent of the Health Department in delivering health safeguards and preventive measures to the patient-group for whom he will feel responsibility, then a truly fine working order will have become established, of benefit to the whole people For it seems almost axiomatic that when we lessen the incidence of disease in one group of the population, we thereby lessen the probability of occurrence in other groups of the public The entire community benefits

The medical problem of arranging this type of work, and allocating it, is a county medical society activity which should be utilized by government in the further development of this medical service

The county medical society has long been advocating the establishment of a central registration bureau where all indigents shall be registered, and from which they individually might get authorization through which either a clinic or a dispensary was obligated to deliver medical treatment to them Such authorization might be extended to any private medical practitioner who volunteered to do this work, on a prearranged fee-for-service basis, and deliver the required medical care from his office, or at the patient's home. We believe that thousands of dollars would thus be saved beyond the costs entailed in establishing such a registration bureau Were it established, very little additional force would be needed in utilizing it, to register the W P.A workers, and thus arrange for their general medical care.

The medical profession looks with approval upon the fine record of contributions made by the W P A toward useful projects in the health field Millions of medical, dental, and nursing treatments are on record This medical care comprised inoculations against scarlet fever, diphtheria, influenza, whooping cough, and smallpox Needed help was given toward maternity and infants' welfare, and in a long list of diseases and conditions, such as hookworm disease, heart disease, infantile paralysis, and tuberculosis In all it is a record we can contemplate with modest pride We of the medical profession fully recognize this as good work It is a contribution from the store-house of unused labor, embraced in the W P A which government has utilized for the benefit of the whole people In this work we find integrated the small private incomes of many competent doctors, nurses, and research-workers who were able to reach many people otherwise impossible for them to have served

There is one additional factor of immediate moment From the medical viewpoint we cannot ignore the prophylactic value of useful employment in general with reasonable wages as a reward A body adequately nourished naturally reduces the prevalence of physical disease Purposeful and useful occupation reduces the incidence of unhealthy mental states

Thus, useful work-projects, like those of the W P A , entirely apart from the specific medical projects, are in themselves a basic necessity for public health From the medical point of view, this is a responsibility of government to maintain

Finally, I bespeak for you the interest and concern of the medical profession The profession of medicine is expert in this field and you should call upon it for counsel and advice in planning developments in the health field The health of the worker, the conditions under which he lives and works, as well as plays, because he is a source of community wealth, naturally becomes a concern of the community government

The medical profession has repeatedly expressed its entire willingness to cooperate with the government to the fullest extent possible in keeping the wage-earner healthy, whether employed or not Such

is one of our highest functions In New York City, this is no mere wishful thinking, it has become an established fact Government and profession are working together purposefully As the need develops further evolutionary developments of plans will be brought about All this is being done without destroying private practice, and without establishing an additional bureaucracy to stand between the patient and his doctor To accomplish these desirable ends, I invite your further consideration

71 E 80 St

ON SEEKING A SECOND OPINION

An eminent man of medicine gave some good advice to a class of young medical graduates in Scotland recently, as reported in the *British Medical Journal* He is no less an authority than Sir John Fraser, KCVO, MC, MD, FRCSEd, Surgeon in His Majesty's Medical Household in Scotland, Regius Professor of Clinical Surgery, University of Edinburgh "I want to give you this piece of advice," he said, "it is based on personal experience" He went on

If you are in doubt or difficulty about a clinical problem never hesitate to ask the opinion of a colleague. One of the great pitfalls of medicine is the state which has been described as 'clinical staleness' It is an accurate and appropriate description, and here is what it implies You are concerned with the treatment of a case, things are not going as well as they should, and you feel dissatisfied and perhaps disheartened You know within yourself that the problem wants thinking out afresh, and yet your mind is so oriented by the influence of the original impressions that you are unwilling to make the new effort. You are suffering from clinical staleness, an affection to which every one of us is liable, and a malady of great significance both to you and to your patient If you are conscious of it I beg you not to hesitate, but at once to enlist the opinion of another He may not be as knowledgeable as you are, but he comes to the problem with a fresh mind, and, looking at things from a different and fresh angle, may give you most valuable help I know how difficult it may be to bring oneself to ask assistance from another, you feel that you are making confession of your own failure, and that you may prejudice yourself in the eyes of your patient and his friends I assure you that these are misapprehensions You are not belittling yourself, you are exhibiting a strength of mind which excites admiration and approval, and all my experience tells me that patients are invariably appreciative of this attitude, which says, 'I am uncertain and I want another opinion' Do not misunderstand me. This advice does not imply that you are not to know your own mind or to make your own judgments, the very reverse The advice is that, if, having done your best to arrive at a decision by all reasonable means, you are still uncertain about it, do not hesitate to ask the opinion of a colleague Choose him well, I agree, but it is very unusual to be 'let down' The right man knows the meaning of being given a confidence, and he also appreciates the significance of *esprit de corps*

WHAT THE TRAGEDY TEACHES

The blunder that released into the open market an untried elixir of sulfanilamide, with tragic results, furnishes, after all, observes the *New England Journal of Medicine*, only a more than usually spectacular example of what has been taking place for years under our present system of uncontrolled drug distribution Deaths and blindness are still continuing from the use of dinitrophenol, recklessly placed upon the market some years ago, deaths from liver damage have occurred as the result of cinchophen poisoning, acute and chronic poisoning results from the improper use of thyroid and radium preparations Still, such estimable publications as the self-styled "leading breakfast table newspaper of New England" encourage self-dosing with their indiscriminate acceptance of patent-medicine advertisements

The only remedy for this situation—a remedy that should be applied now, while our recent unhappy experience is fresh in our minds—is the enactment by Congress of an adequate and comprehensive national food and drug act This constitutes one of those instances in which a strong central control may be legitimately exercised

Dr Robert L Levy will speak at the New York Academy of Medicine on March 22 at 4 30 on 'The Diagnosis of Cardiac Diseases"

Preventive Medicine

How Intelligent are American High School and College Girls?

A Cross Section of a Girl's Thinking

B Liber, M D, Dr P H, *New York City*

A short time ago I read the following authoritative statements "In 1934 there were over 72,000 individuals in New York City alone having intelligence quotients lower than fifty It is estimated that there are at least 20,000 school children of defective intelligence in Greater New York Fourteen per cent of the residents of New York State—nearly two million persons—are *below the average without actually falling within the classification of feeblemindedness"*

At about the same time I happened to catch a radio presentation of the answers to questions addressed to many stenographers, typists, male and female employees in commercial offices, also "average" people belonging to the middle and employing classes, all of them newspaper readers None of them was able to answer any elementary question of recent or contemporary history or geography For instance, none of them knew how the United States had acquired Alaska, the Virgin Islands or the Philippines But all, without exception, answered promptly and correctly the quizzes concerning the baseball game Apparently reading is not enough It may misinform or distort the information It depends on *what one reads* and on what the writers write about.

Some highly cultured foreign-born parents—the father a medical man, the mother a dentist—felt a great discrepancy between themselves and their American born daughter of twenty, their tastes, preoccupations and aspirations, and hers She had graduated high school, read magazines, was fond of the radio, and went to movies They wanted to know whether she was mentally normal. To them she seemed deficient. But as she did not care to be examined, they brought me a batch of her correspondence, that is letters received by her from her friends As I began to read them, Alfred de Musset's *"A Quoi Rêvent les Jeunes Filles"* came to my mind but the comparison would be only a caricature I am publishing here—with the permission of everyone concerned—a few of the letters, the others being about the same

True, *the level is low* but these are typical, average, poorer, and wealthier, middle-class girls They are not feeble-minded They should be called *normal* Would they have been shop and factory working girls they might at least deal with or hint at working conditions and poverty and struggle in addition to whatever else would be of interest to them

Parents are not always good educators and the mere fact of their parenthood does not make them models of great intelligence But in this particular case there was no doubt that both the physician and the dentist were in all respects perfectly equipped and qualified to be splendid parents We do not know how far they would have been successful, but they had really never tried They admitted having *neglected* their child. They were too "busy"—as if living and rearing a child were not a business—and left her entirely in the hands of servants and under the influence of the school and of her friends Now they reap what they have sowed Do we not see the same thing in the families of the richest, even among those who have something else besides money to give or to impart to their children? Do you remember the father of the little hero in "Captains Courageous", in its movie version?

The question of raising the intelligence level of the people as a whole is related to social and economic conditions Not that it cannot be done, but it is a problem of vast implications and belongs to that part of *preventive medicine that touches the highest pinnacles of our science* But in many individual cases it is a matter of honest, dutiful, conscientious parenthood, and it can be solved.

It has been said and reiterated that a large percentage of our male population of military age has been found mentally much below the theoretically accepted adult age But if we change our idea of adult mentality, that is, if we lower our standards, those boys must be regarded as normal It is evidently the same with the young women, whether we like it or not.

Hello Mary! I know just what you'll say when you receive this letter "Well it's about time." But really, these two weeks I have been exceedingly busy I'll tell you later in this letter what with I'm sorry to hear that your

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have you received from Dorothy? Tell me in your next letter I wrote a long letter to you Write me now Oh, yes I'm crazy about the place we're going for our vacation There are about three fellows to every girl So that's keen

---

Dear Mary You requested an analysis, well here you go! You have a medium heavy pressure signifying that you are of a nature who has its full share of appetites and material interests Your wide margins show you have a good taste and a desire to spend money As your writing runs uphill, you are depressed about something, either health or some other worry your *t* shows your are persistent Your *r* shows you would be a safe person to tell a secret to Your open *o's* and *a's* show you are generous Your angular *m's* and *n's* signify the ambition and courage in the doing of some one thing Your *i* dots being comprised of dashes show you have a sense of humor You are normally affectionate. You like a caress and can give a thrilling one. Since the script is so refined I am sure the personality would be interesting, but I also find that some of the finest elements of character are not present. This is all With all good wishes for your luck and may your husband be blond and your children be as many as there are stars on the milky way

Your horoscope Born under the influence of Gemini Should marry someone born under Libra or Aquarius *Birth-stone* Emerald, Success in love. *Flower* Fleur-de-lis *Color* Yellow (brown, blue), red (rose, etc)

Your nature is inclined to be very serious, and affectionate and craves a quiet home life

With good luck.

Flanders Chain of Good Luck This letter has been sent to me so I am sending it to you Do not break the chain of good luck. Copy this in twenty-four hours and send it to five friends This chain has been started in Flanders and shall go round the world three times Do not burn it up or you will have bad luck. The fourth day after you send this letter you will have good luck. It is remarkable how this prediction has been fulfilled, so send this and four others Do not keep it in your home—Love and kisses

611 W 158 St

THE MEDICAL PROFESSION MUST BLAZE ITS OWN TRAIL

The time has come when we, of organized medicine, must assert ourselves and teach others that organized medicine will continue to care for the nation's sick as always We must shake our reticence and combat those misguided forces, or those who for a livelihood, would force upon the country socialized medicine We must adjust ourselves to changes in conditions and devise ways and means to meet these centralized forces Political and fraternal privileges for free medical care must be stopped. The low bracket income worker shall be cared for, medically, in accordance to his income and his choice The indigent, not always by his own choice, will, no doubt, be a part of our society He shall be cared for as always, and by the same token indigency shall cease to be glorified and encouraged as it has been for the past few years

The indigent, who expresses a desire for his own choice and who has been accustomed to his family physician should, within reasonable limit, have his own choice. There always will be those who express no desire and will be cared for by our municipal institutions, and properly so Let us think hard before we contract to sell our medical services in a competitive manner to any municipal or industrial organization

As Doctor Parran so ably stated, "You doctors must lift your eyes from the microscope and view through a telescope the mass medical problems of the community" We must cooperate in all community public health measures that are a benefit to society We must think for ourselves Can politicians, social workers and philanthropists devise the best method for us to care for the sick? We, ourselves, must decide on questions which are a detriment to organized medicine and work for their extermination, just as we have worked in the past against disease

We must impress, by various means, the fact that every doctor, old and young, owes a debt to his chosen profession and must fulfill his debt to his Medical Society, thereby protecting his own livelihood The physician must, and shall, give the best in himself and in others qualified, to the patient who shall have a free choice of his medical care The patient and doctors must not become numbers as in criminal institutions His rights shall not be taken from him by any centralizing force that sees nothing but an impartial statistical health report for the nation

—*President Harry C Guess, Medical Society of the County of Erie*

father is so ill I hope he has pulled out all right and is on his way to recovery I have not told your mother good bye, in fact I'm ashamed to say it, but I have not had a chance to see your mother But I will make it my business to see her before she leaves

About Dot, well she said she wrote you but did not get a reply I think it's because she sent it to your other address Kid, you surely are having the tough brakes But brace up May be when you settle down you'll be able to meet some nice friends Your last letter sure sounded down and out. I hope the answer to this one will be chucked just full of good news Scandal, if necessary Ha-ha! Just like a woman

Are you still going to school? Dot is planning going to summer school for advance I hope she does

Say, I got some new clothes Summer outfits, but the heck part of it is that I haven't been able to use any because it has been pouring almost every day Darn it!

Well, now to tell you what I have been doing to myself these last two weeks Not that you care to hear it, but nevertheless you're going to read it and I hope like it.

Excuse, have to answer phone. Oh! Nothing important. I thought it was my daily call from Joe.

Looking back into my diary at the date when your letter arrived I can relate to you my doings since then Hm—That's one good part of a diary, heh?

Wed—I went to Sherry's with mom. I forgot what they had. At nite I stayed in and read

Thu—Went downtown, I got an ensemble and few other things At nite was over my aunt's with my beloved

Fri—Nothing much. I stayed in. This day is always a busy day at home for us At nite mom had company So just fooled away the evening

Sat—In afternoon I walked to the tennis courts and back with Joe. At nite we went to the river together

Sunday—It rained all day and nite But I went out to Rosie's in afternoon We went to the park and played ball I had supper up there at nite Joe and I took a walk and then home. That's that

Monday—Was a terrible day I felt rotten. Nothing unusual It rained all day again Such weather! At nite I went to my aunt's and met Joe. Stayed till 11 p.m Another day

Tue—At noon went downtown with Lilly We had lunch and then went into the Diplomat At nite I stayed in and sewed. I made an ensemble It's right cute

Wed—In afternoon went to dancing school to rehearse. Going to have a recital At nite I read a story—I have forgotten which

Thu—I went downtown and got a dress, hose, etc. At nite met Joe again at my aunt's

Fri—Stayed in Had loads of little personal things to do At nite I listened to True Story Hour Do you ever listen to them? They are good Dot and I wouldn't miss them for anything Then the folks decided to go riding So we stopped by Dot and took her with us

Sat—Rained again Such a town! Everyone is disgusted with it. It didn't rain, it poured So I stayed in and sewed all day

My gosh, another page filled! I hope you're not asleep yet.

That nite I went to the Golden Pageant with Joe. You know what I mean. It sure was good.

Sunday—In afternoon Dot, Ruthie and I went to the Diplomat At nite went over to Joe for single reason that the folks wouldn't leave me home alone

Monday—I was a good girl for once and prepared supper I was planning on staying in but no, Dot called me up and I went to the Hotel. Dorothy did some singing there. At nite I went to dance rehearsal

Tues—Yesterday In morning I went down town and got some book, I forgot the title. In afternoon I played two hours of tennis for the first time this season. I played with Rosie. Sure love it. At nite I went to a bridge party And today I have to go to another rehearsal.

Well, thats' over with You're not a bit sorry, I know You were probably bored to death, but this is the only way I can let you know what I'm doing with myself As you see I have been quite on the go

Otherwise there is no news I see Dot only on weekends But soon we'll be together more. Swim, tennis, shows, outings, etc.

Every one of the bunch is well I'm going to have the gang up this Sunday afternoon. I wish you could be here with us Take an airplane and fly, kid! Bright suggestion. Heh? What?

This is enough boredom. I will not write on another sheet, that's all there is to it. Ta ta, old pal! I hope I get to see you sometimes in the near future Take care of yourself in the meantime. This comes from your pal

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My Dear Mary I haven't received a letter from you for a long time. Why haven't you written a letter to me? Dorothy told me that she received many long letters from you. I have two other dresses at home. I have four new dresses and one for school. I think I shall write many letters to you, every Monday I will write to you next week. I went to the show at the theater It was a very good show Next week will be a good picture. It will be pep and pep and I know it will be very funny There will be many soldiers in it. I will tell you all about it. How are your mother and father? Tell me in your next letter I am very glad that you have a good time. I was very much surprised to know that you sent Dorothy a small cabinet It is very cute. I like it very much I know you had one like it. I want to tell you that I have a red dress but it was too big and my mother sent it back and I got one like the red one. I draw my two dresses to you See picture. (Illustration, drawing)

Here is my tan and black dress for Easter And I got a scarf with it (Another drawing)

Dorothy told me she likes my blue dress best It is very pretty I wish you would see it I am wearing it. I hope my family will go to California this summer and perhaps my father will buy a new Packard car How many letters

meetings at Capitol Hill, with music, banners and all other paraphernalia necessary to impress the Legislators that the Chiropractic Bill must pass"

Let no one imagine that the projected chiropractic demonstration is just a circus Like all elective bodies, the Legislature is responsive to *vox populi* An articulate minority is more impressive than a silent majority, even when the latter is right

The chiropractors base their case on the right of their followers to enjoy the healing methods in which they have faith Medicine is perfectly willing to concede this right. It merely holds that everyone who seeks to treat the sick, by whatever method, should first be thoroughly trained in the basic medical sciences

The trouble with all the chiropractic bills which have heretofore been introduced is that they pay more attention to the interests of chiropractors and the chiropractic schools than to the public health Not one of them has ever provided for *universal examination* of applicants on the terms which osteopaths and physicians must meet

This is an essential difference between medicine and chiropractic While medicine has always sought to elevate its educational standards, chiropractic is satisfied with the minimum with which it can "get by" There are provisions in all its bills for the licensing of practitioners with no formal training whatsoever

It is to the credit of New York State legislators that heretofore they have resisted all attempts to break down the standards of medical practice by the licensure of untrained sectarian practitioners The profession should bolster up this determination by prompt action to counteract the possible effects of a lively chiropractic demonstration

From the viewpoint of practical politics, legislators have nothing to gain from capitulation to chiropractic. If the latter can muster 50,000 friends, medicine can rally 5,000,000

Above all, however, physicians should impress their representatives at Albany with the danger to public health which a chiropractic victory would entail The sick have no security unless thorough instruction in the basic sciences is obligatory upon all aspirants to the healing arts

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The Orderly Development of Medical Policy

The policy of organized medicine in our state is enunciated by the direct action of our House of Delegates after debate, due deliberation, and thoughtful consideration

Recently, in the *Journal of the American Medical Association,* there appeared an inspiring and informative editorial This was provocative of activity in the constituent county medical societies It gave expression to the adopted policy of the Board of Trustees of the A M A, and indicated quite clearly that initiative in planning and developing schemes to overcome financial barriers which stand as obstacles in the way of bringing high quality medical care to those sectors of the public needing it, should originate and start into being within the domain of the county society

Some county societies thereupon immediately set about to debate and adopt principles and resolutions They also almost simultaneously asked, by circularizing other units of organized medicine to adopt their ideas, and requested that endorsement be given them for their conceptions by the State Council

We were instructed by the Council at its February meeting to inform our members by publishing an item to indicate that the county societies "may initiate schemes that are applicable within their own counties, but that all resolutions concerned with action beyond the limits of the county should be introduced at the ensuing meeting of our House of Delegates by the county delegations"

Naturally, upon matters concerned with problems within the boundaries of

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EDITORIALS

Time and Money Wasted

There is talk in Washington of creating a commission to study compulsory health insurance, with particular reference to European experience For more reasons than one, this would be time and money wasted

All the material necessary to pass judgment on obligatory sickness insurance is already available—in data collected by the American Medical Association, in various foundations' reports and above all in international vital statistics

A new commission would merely rehash facts that organized medicine and other bodies have already assembled Unless it were familiar with medical conditions prior to the adoption of compulsory insurance in the countries studied, it could not evaluate accurately either the quality or costs of present-day service

It should be obvious that medical training and experience are necessary to study a medical system properly and judge its worth In Washington, however, there is a tendency to place such tasks in the hands of laymen The research committee of the Social Security Board is an example There is no reason to believe that the medical profession would fare any better on a commission to investigate compulsory sickness insurance Without adequate medical representation, an accurate appraisal is not to be expected

From the taxpayer's viewpoint, the projected investigation of sickness insurance would be a waste of money The country is in no condition to undertake the enormous costs of another bureaucracy at this time Business and labor are having a hard job adjusting themselves to the payroll taxes for old age and unemployment New taxes for sickness insurance would just about upset the applecart Besides, there is already uneasiness over the reserve fund piling up under the present Social Security Law

The country has had too many commissions gather facts *at the taxpayer's expense* only to have their reports moulder away, forgotten and unused With medical opposition to compulsory sickness insurance unabated and less controversial reforms in view, why start another futile study?

Chiropractic on the March

According to a bulletin issued by the American Bureau of Chiropractic, the chiropractors of this state are preparing the biggest demonstration in their history to dazzle the Legislature into granting them recognition "Der Tag" has not yet been announced, but when it dawns Albany will be invaded by over 25,000 lay friends of spinal manipulation, "who will parade and conduct mass

We shall again refer to the details of the program and arrangements Suffice for the time to indicate these names which guarantee the quality of the scientific meeting

Obviously, the meeting should be well-attended Our officers and committeemen have labored in our interests Ours should be the task to show appreciation of their efforts Only by attendance and by taking an active part in the meetings, both general and sectional, can the officers and committeemen know that they have worked purposefully

New York Meeting of American College of Physicians

Between April 4 and 8, there will be held at the Waldorf-Astoria Hotel, in New York City, the twenty-second annual session of the American College of Physicians It is with a sense of pride that we welcome this group of great clinicians to New York In the last issue was an announcement covering a general schedule which made up a postgraduate week of internal medicine (page xii)

The clinical facilities of the City will be on display The educational institutions will contribute, and the genial hospitality of New York will all combine to make the College welcome

The Medical Society of the State of New York here joins with its five component county medical societies of New York City, in extending to the American College of Physicians, cordial greetings, and welcome to our state

Tuberculosis, Benign, and Malignant

Pulmonary tuberculosis is still an important factor in the mortality rate, despite the enormous strides which have been made from both the preventive and therapeutic standpoint While the former must remain the ultimate goal in our management of this disease, the manner in which a given case of tuberculosis should be treated is the immediate concern of both physician and patient

It is known that pulmonary phthisis does not always present the same clinical pictures in all instances How to determine clinically which case requires active therapy in order to ward off a fatal outcome and which one will run a benign course is a matter of moment Ornstein, Ulmar, and Dittler presented a clinical classification of pulmonary tuberculosis[1] which was somewhat confusing in that they laid stress upon the pathologic terminology of the disease Similarly the National Tuberculosis Classification depends upon the quantitative element of the lesion,[2] but the Association and other workers in this field feel that a qualitative element also exists which may have a bearing upon prognosis and therapy but state that it is difficult to evaluate

Taylor,[3] on the other hand, considers the qualitative component as the dominant factor in attempting a classification of pulmonary tuberculosis, and remarks that "classifications depending upon autopsy material, while valuable, give the terminal stage, omitting information as to progression or regression" By means of serial roentgen studies Taylor asserts that the clinical manifestations of the disease can be divided into two groups, benign and malignant The benign lesions do not shorten life They frequently assume a symtom complex which may easily be attributed to chronic bronchitis or asthma, and the acute phase is transient From the standpoint of preventive medicine, sufferers from this variety of tuberculosis do not spread the disease The lesion is readily recognizable by serial roentgen examinations and it should be treated medically

The malignant types always exhibit cavities in the chest and have a high mortality rate,[4] unless treated surgically Active measures such as pneumothorax, pneumonolysis, and thoracoplasty are in-

1 Ornstein G G Ulmar D and Dittler E. L. *Am Rev Tbc* 23 248 1931
2 National Tuberculosis Classification, 1931
3 Taylor H K N Y State J Med., 36 181, 1936
4 Barnes H L. and Barnes, L. R *Am Rev Tbc* 18 412, 1928

a county, that unit of organized medicine is fully competent Under the authority of the A M A , to which reference has been made above, the county society can assume responsibility and leadership It can go forward in actual practically applied experimentation, and institute plans and schemes in its own medical economic field

This authorization from national headquarters can however hardly be held logically to imply that as soon as one of our county societies has thought-out a set of principles and propositions that it is incumbent upon it to at once undertake to advance its ideas to the national organization Progress is not made that way Obviously there should be time for study Certainly other and additional county societies should take the ideas, principles, and propositions under consideration and inquiry

In our House of Delegates, the whole state is represented The different sections of the state, the urban and the rural, the manufacturing and the farming sections, the practical general practitioner, the surgeon, the health departmental workers, and the institutional research-worker, all find representation Here and only here, can delegations from all the component units of the State Society meet to debate and deliberate

From the actions of the House of Delegates there results a statement of policy for our State

The action of our Council in asking publicity for this item lies therein that we stress these facts By this publication of Council opinion, we invite county delegations to formulate their plans, arrange their proposals as to state-wide policy, and bring them to our House of Delegates for deliberate consideration

Dependent upon ensuing actions and decisions taken in our House of Delegates, matters implying a nation-wide scope would naturally be brought for national consideration to the House of Delegates of the A M.A

One additional item needs stress It is of a negative character The circularization of the profession by a county society group asking support should be superseded by the more logical request for consideration and opinion *after* deliberation Asking support is too much tinged with the color of partisanship and pride of authorship The ideas and suggestions evolved by a given county society should have such inherent worth, that when studied in calm philosophic detachment, their intellectual appeal will automatically bring them support

Emotional attachments to "brain children," hastily conceived, too often show an inverse proportional allure to logic. In the development of questions of State policy, more study and less speed in action brings to the question more light In the end a safer, sounder declaration of policy will result

Our Annual Meeting

The time set for our annual meeting is decided upon so far in advance that we are wont to experience a sensation of astonishment when suddenly confronted with the realization that the date set is almost upon us It is therefore proper that we comment upon the occasion which, during the week of May 9, will mark another milestone on the path which our State Society will then have passed

In the information at hand, there is evidence of careful arrangement and thoughtful development of a program that shall show medical scientific advancement and progress, as well as features of inherent educational value to the profession itself as well as the public it serves

On the programs of the general sessions the country at large is contributing outstanding authorities, among whom Doctors Irving Abell, Charles A Gordon, George R Cowgill, Frank H Lahey, Louis A Buie, Edward A Stricker, and Russell W Bunting will be noted

From across the sea, England contributes Mr Victor E Negus of London, an eminent surgeon in otolaryngology

longer plowing a lonely furrow, a better result would be achieved than by socialized medicine" (Italics ours)

"LANGUAGE IS APPARENTLY A SWORD which cuts both ways With its help man can conquer the unknown, with it he can grievously wound himself Do not try to bring everything into line on principle, first bring into line what is breaking down Clear the mind of dogma about individualism and socialism No one wants 'socialization' as such—verbalism cannot be eaten —one wants for himself and his fellows a good job, good food, a good house to live in, a car and a chance to send his children to high school or college. To obtain these things it may be necessary to fight All right Let us fight. But let the fight be on the real situation Let us see clearly a possibility of success And let it be known that we are going after adequate goods, services, jobs, rather than after a 'classless society' or a 'co-operative commonwealth'" —Stuart Chase, "The Tyranny of Words"

"BORROWING A LEAF FROM THE Chinese, American public health officials are striving more and more to keep people from getting sick, rather than treating them after they do Both the San Francisco and the New York World Fairs will illustrate this trend most graphically The whole field of disease will be dramatized at the health show featuring the New York Exposition

'Fair leaders have recognized that health is the most important topic in the world They will present in striking form mankind's war on cancer, tuberculosis, heart disease, and a half hundred other major scourges Science's strides in battling these death-dealing forces will be shown Methods of research and experiment will be explained

"This idea of familiarizing the public with the fundamentals of health undoubtedly will spread Dramatization of the problem will make the ultimate conquest of disease easier"—Editorial, *Los Angeles Times,* January 10

HUMAN BITES

In savage fist fighting men sometimes bite each other, or a fist is cut and lacerated on the opponent's teeth The result may be fatal, for the human mouth contains infectious bacteria. Dr William H Prioleau, of Charleston, S C, remarks in the *Journal of the South Carolina Medical Association* that the wound not infrequently looks innocent and as if it would heal with ordinary surgical measures However, more often than not a miserable type of infection sets in, involving neighboring structures and generally extending up the lymphatics The hand, the site most commonly affected, frequently suffers permanent damage, life itself may be lost. Apparently the human mouth is the dirtiest of all mouths The organisms involved are usually described as anaerobic streptococci, and spirilla and fusiform bacilli of the Vincent group An immediate cauterization or debridement would seem advisable, however, these cases are not always seen just after the injury, also such a procedure would often result in serious damage to the hand

Some years ago Dr T M. Lowry investigated the treatment of these cases at the Beekman Street Hospital, New York City, and found that the methods of treatment were most diverse and the results generally unsatisfactory *Ann Surg,* 104 1103, 1926) He worked out the following method of treatment which has proven satisfactory All wounds are swabbed out with fuming nitric acid and immediately flushed with cold water Wet dressings are applied No wound is sutured Nitric acid is applied even when tendons are exposed and joints opened No tetanus antitoxin is given No anesthesia is used The same treatment is applied even in cases of several days standing

In the treatment of fifty-five cases, in ninety-seven per cent the results are recorded as good

There is no question but that these cases must be dealt with drastically if we are to prevent serious consequences Puncture wounds must be converted into open wounds Thorough cleansing must be done The application of nitric acid seems radical, but apparently is justified, as judged by the author's results, especially so as he reports that it does not permanently damage tendons or joints A wet dressing provides more adequate drainage. It would seem better to hospitalize the patient where practicable.

dicated in the treatment of these cases The increased use of collapse therapy necessitates a means for the proper selection of cases, and only by a series of roentgen studies over a minimum period of three months can a differentiation be established between the benign and malignant forms of pulmonary tuberculosis

Nutrition and Hearing

Currently, the *Journal of the American Medical Association* is publishing a series of articles concerning the present status of the pharmacology of the vitamins Within a comparatively short time, the medical profession has become aware of the role which the vitamins play in the maintenance of health While specific information is available for certain of them, a great number of unsubstantiated claims are made for others

It is of significance, therefor, that chronic progressive deafness should be studied from a nutritional standpoint The theory that a large number of cases of progressive loss in hearing were the result of metabolic disorders has been advanced by several investigators Selfridge,[1] however, studied in detail the dietary histories of his patients and correlated them with the findings of the chemical constituents in the blood Where a deficiency in vitamin C is evident, and there is an insufficient ingestion of calcium and phosphorus, disturbances in the osseous labyrinthine capsule may occur

He finds that in those patients wherein the hearing loss is in the early stage, a proper correction of the errors in diet so as to include foods rich in vitamin B, coupled with the administration of vitamin B 1, will restore most of the hearing Where there is a reduction in hearing acuity of twenty-five per cent or more, the vitamin B 2 complex was more effective Selfridge realizes that many other factors enter into the production of a chronic progressive deafness and that no one plan of attack can be formulated until more is known about the interrelationship between the endocrine glands, electrolytes, and the vitamins Nevertheless, the report and the hypothesis advanced by the author are provocative since changes in bone structure and in neural tissue do occur as the result of a vitamin deficiency, and such alterations are definitely known to be the cause of a progressive loss in hearing

1 Selfridge, G *Annals Otol, Rhinol, and Laryngol*, 46 825, 1937

CURRENT COMMENT

"The Future of the Family Doctor" is again considered, this time by Lord Horder, in an address before a London division of the British Medical Association The *J A M A* of February 26, through its regular correspondent, discusses Lord Horder's address at some length, to wit "Lord Horder said that all was not well with him (the family doctor) He found himself obstructed in his work, which was to some extent discredited He had lost caste, he was discouraged, and he felt insecure about his own future and the future of the profession The actual position was not quite so bad as this bald summary suggested, but each of the statements were true, some of them were true of all physicians and all of them were true of some Perhaps the thing that bothered the family doctor most of all was the sense of insecurity, the feeling that he did not fit into the scheme of things, that he had not found his proper niche

"Lord Horder believed that the family doctor was capable of being the most valuable member that society possessed. Society was aware of that and it was because the doctor stood so high in public esteem that, when fiction degraded his standing, the story became a 'best-seller' If coordination of medical services was to be achieved, it could be done in one of two ways As basic principles on which physicians were agreed preventive medicine and curative medicine should be available for all members of the community, that the family doctor was indispensable for securing this, that free choice of doctor and continuity of medical care must be maintained, that the doctor should have easy access to institutional facilities and to consultant and specialist help, that there should be means of making contact with the family as a unit both when fit and when any member was sick, and that the doctor should be encouraged and helped to maintain this efficiency after qualification. *With the doctor no*

pensive radios, extravagant house-furnishings and expensive clothing and frequent amusements, complaining how poor they are when the family physician, the obstetrician, the surgeon, the nurse, or the pharmacist is a dire necessity

At the moment, public opinion is not the stable intelligent sheet-anchor of character upon which the nation has depended for its sound historic decisions Two or three generations of increasing proportions of "spoiled children" have furnished influences unfortunate for the quality of personalities and group opinions The desire and planning for what they *should* have is largely replaced by the desire for extravagant indulgences many of which they should *not* have. A significant mental tangent of the times is that many persons today measure our superiority over our ancestors by the luxury which we have and they had not. The truth is that we should bow low, in spirit, in recognition of their thought, industry, and devotion to ideals that brought us these luxuries Moreover we should be ashamed that we have permitted these luxuries to so soften us mentally and physically as to convert our straight and sturdy American spines into soft affairs with all kinds of curvatures

Certain of the lower strata of politicians would be pleased to regiment medicine under any kind of law, Compulsory Health Insurance, or otherwise. The development of leaders who can cope with the world-tendency toward regimentation of patients and physicians and dividing the spoils among those who do *not* do the work, will require medical statesmanship of a high order

It is evident that great numbers of our citizens lack intelligent judgment in regard to medical and health affairs, and it becomes one of our duties as physicians to furnish them with information and guidance of thought processes, so that they may think along with us for their own benefit and that of their children and grandchildren

The poet Ovid, a contemporary of Jesus Christ wrote "Too late is the medicine prepared when the disease has gained strength by long delay" And yet after 1900 years the people still "long delay"

Seneca the great Roman philosopher (B C 3—A D 65) wrote "It is part of the cure to wish to be cured" How tardily oftentimes comes the wish!

The education of the public to seek treatment early in disease, immediately after injury, and to prevent disease by all available immunizations and by modern hygiene, is our most important and most difficult task In general the public is so ignorant and they think they know so much! The future of medicine depends to a large extent upon widespread education of the public They are ready for it—for now they are health conscious

Individual physicians could have a large influence if we could count on all giving a certain amount of time each day to wise and accurate education of the public about health matters and preventive medicine Other points we should teach are when to seek treatment and its value compared with fancy clothing, extravagant furniture, radios, automobiles, and other gratifying unnecessaries

However organized medicine *can* take up this work distributing medical and health intelligence to a larger audience and perhaps in more studiedly effective ways This we conclude is one of our tremendous tasks and necessary People are pitifully ignorant, indifferent, and really asleep to needs that we know are enormously desirable

Are we prepared to do this? We should be and can be. Perhaps we should next consider how our own education, training, and qualifications may influence the future of medicine!

The background furnished by the home of our boyhood or girlhood is an important element. Were we trained to be diligent, unselfish, thoughtful for others, and was our interest directed toward sound and constructive considerations? Or was the doctrine of self-expression invoked—in other words, "Don't lets bother about him?" It makes a difference! Even in humblest homes we have seen admirable backgrounds In all grades of luxury or lack of it occur the cold, sharp spirit of commercialism and nothing else This is *not* the ideal background for the embryonic medical man Especially as such homes prefer superficial and unstable amusements to gratifying accomplishments

Premedical education is an important phase of our preparation. Because of the prevalence of science in the studies and training in medical colleges the premedical education should be generously mixed with language, literature, history, physiography, and philosophy We must understand people

Society Activities

THE FUTURE OF MEDICINE

Presidential Address

CHARLES H GOODRICH, M D, *Brooklyn*

One of the most disquieting phenomena of recent years has been the shift from reluctance to willingness and even eagerness to accept medical relief at government expense on the part of many of our people This changed viewpoint is cited by some as a conspicuous achievement We regard it as a serious menace to the morale of the American people. This is an outstanding reason why we should discuss constructively the Future of Medicine

In Shakespeare's "The Tempest," (Act II) the King of Naples remarks to one of his courtiers stranded with him after shipwreck on an island

"You rub the sore
When you should bring the plaster"

As we begin and early proceed with utmost frankness you may recall this quotation However, later in our talk we hope to convince you of available "plasters"

"Future" in its present use means the period of years embraced in the expected life span of any human beings living today —perhaps fifty to eighty years

"Medicine" is a form of service rendered to the people of the State or Country by licensed physicians (This service is often supplemented by dentists, hospitals, clinics, local county and state departments, and various voluntary lay health and welfare agencies)

These definitions make the relation of physician and patient and the furnishing of the supplemental help when needed, sound like a simple practical formula for the preservation and restoration of health *Per contra* it is most complex And some people are trying mightily to make it more complex.

Truly the future of medicine depends upon the working together or in conflict of many diverse matters and circumstances, many of which seem unconnected with the practice of medicine and the relief of human suffering If we are to remain a Republic and a Democracy, from which we seem to be drifting very rapidly at this time, the future of medicine will depend upon the financial condition of the nation, the economic mentality of the people and their leaders, and public opinion regarding the methods of delivery of medical service.

The financial condition of the nation is bad just now and promises to be for a time. It is not because we have borrowed so much money and taxed the people so elaborately Loans can be paid by producers and taxes can be reduced if the government economizes What is discouraging to every earnest citizen who must earn his living by working, is that much of our spending purchases so little value for the nation that it is truly lost. And yet the loans must be paid and taxes levied for such expenditures—based upon what principle? In other words, our people have rapidly diminishing financial resources

The financial or economic mentality of the people has suffered degenerative changes Medical care is one of the necessities of life. (This seems proven by the desperation with which many sick persons desire the physician when they are in severe pain or prostrated by illness) Medical care steadily becomes *more expensive* to deliver because of increasing costs of education, research, new discoveries and inventions The majority of our people do not weigh values with practical intelligence. They desire much money to buy many things, many of them fanciful and merely luxurious They do not save for the inevitable emergencies They think it a bore to provide for the necessities of life They wish these given to them or purchasable very cheaply They buy unlimited drinks and foolish foods at extravagant prices—but neglect real nutrition Medical service is a necessity but they do not *wish* to be ill If they are it is somebody's fault and relief should come to them at little or no cost Yet they want the best! They will mortgage next two years salary to buy unnecessary automobiles, ex-

Read before the Broome County Medical Society, Binghamton, February 8, 1938

fluence, called to consult one of our associates while we were on vacation It happened to be Saturday noon As he mounted the steps the Doctor, golf equipment in hand, stepped out of the door and closed it. The patient stated his errand The Doctor replied "This is my afternoon for golf—my next office hour will be Monday afternoon Sorry not to be able to see you" The patient has rehearsed this story of neglect scores of times and often refers to our staff as more golfers than physicians If our traditional reputation for selflessness and self-sacrifice is to be maintained we should avoid creating the impression that we care more for our play than for the comfort or welfare of our patients Also here might be considered our conduct in hours of relaxation especially in public places

The Future of Medicine will in a measure depend on our possessing competent minds for business relations Each physician should fix standard fees for his work, based on time consumed and skill attained These should be adhered to except when the physician, with a larger sense of justice and humanics than the merchant, chooses to modify them The tendency to create fee schedules, regardless of a physician's known capacity and investment, is unfortunate for the people and their physicians Necessary as this may be as protection for physicians in some instances of mass medical service, much of the remuneration which he really earns often nestles in the pockets of those who do nothing for the patient

A larger distribution of a well-rounded ethical development may help to determine the future of medicine. Have we done our best? Many have unquestionably What proportion of us are really interested? Why not discuss ethics more frequently in our meetings? How many of us are frequent students of the code *created by ourselves?*

Thoughtful adjustments of ourselves to circumstances and conditions in our community and state will undoubtedly affect the future of medicine An individual cannot make over the community Adjustment will make him more influential in assisting others to bring about desirable changes and improvements A county society can provide leadership that will organize its cohesive elements into community efforts so vast and valuable as to be welcomed by all thinking people and assure our place in the future of medicine. Broome County Society is a grand example of what can be done by alert initiative, considerate thought and vitalized action

* * *

The Medical Society of the State of New York is thoroughly alive to the needs upon which are predicated an abounding future for medicine comparable in quality and distribution to other resultants of civilization and intelligent human endeavor What are the evidences?

I

Our relations with State officials and State Departments are cordial and mutual cooperation has proven how clearly all understand that this Society and the Departments of Health, Welfare, Education and Mental Hygiene are elements of importance of the same great endeavor, the best health and welfare interests of the people of the State

We have made plain to the Health Departments our desire to take part in a complete immunization program When invited to talk with them at Saratoga in June, we asked their aid in our program of preventive medicine The response has been cordial and telling Read what "Doctor Jones" says in *Health News*, July, 1937

At the Saratoga Conference we suggested that a joint committee of the Health Department and State Society make a two day survey of the Vaughan method of "Intensive Case Finding in Tuberculosis" (See *Jour Amer Med Assn*, September 4, 1937) in Detroit Cordially adopted, and the report of that visit with added surveys suggested by Dr Vaughan, at Battle Creek and Oakland County to study intensive modern health methods (with ample financial backing) will tend to increase cooperation and results in health work. Throughout recent months the Commissioner and his deputies have been most helpful and they fully understand that we desire to have every member of the State Society to be deputy health officers interested in our common objectives everywhere. You all know the joint endeavors in Pneumonia Control and how essentially the Health Department has helped us to begin a thoroughgoing campaign which must last long to be effective but which has already made a perceptible dent in mortality

as *people* first, as variable anatomical and physiological defectives later Our intellectual grasp of their mental dimensions, coloring, agility, and accuracy is an important element in our diagnosis, prognosis, and treatment How much cooperation can we expect? How much must we supplement it? This sense of perception depends upon our foundation of premedical education

Every opportunity for a well-rounded medical education is available in most medical schools of the first grade There are differences in methods of teaching and training More practical work is offered in some than in others However, in the main, enough is afforded to keep the student very busy for four years and very little time is wasted Speed and quantity are emphasized in some schools whereas in others, a deliberate, studious, time-consuming approach to every problem is taught. As is usual the middle of the road is probably the desirable place A very important element in medical education is the daily contact of teacher and student and the example and absorption of personal spiritual ideals which flavor a physician's service to human beings These flavors may be stimulating or depressing or indifferent. It is a great responsibility to be a teacher of medicine or a Doctor of Medicine! This transcends the material structures upon which we must primarily concentrate our attention!

During the formative years we develop certain aims and ambitions, determine character, and adopt certain moral principles The future of medicine may well depend considerably upon the quality of these developments in the young men and women of today, and after they have graduated from medical school we older fellows, with whom they must associate, have thrust upon us the responsibilities of influence previously devolving upon the college faculty How much are we doing to elevate standards of practice among younger men, so that each generation is more competent mentally, physically, scientifically, and spiritually than the last? Success lags in a family or profession where each generation fails to improve upon its predecessor! We must consciously and deliberately exert influences to improve the ambitious character and principles of our successors This is not enough, we must so conduct our lives as to render our *unconscious* influences a potent force in the professional heritage. For whether we will or no, unconscious influences, vast in extent, are ever flowing out unbidden from one's life upon society and over children which largely shape the destinies of our fellowmen Horace Bushnell talked about this eloquently over a century ago He declared that it is impossible to live at all and escape responsibility for these influences He stated that Paul of Tarsus moved the world more "by what he *was* than by what he *did*" He "fought the good fight" because "he kept the faith" Thus it may be very well for us to remember that in the future of medicine many things may depend upon our ambitions, character and moral principles If these are right, our unconscious influences will flow forth unbidden so that in community service as specialized citizens with remarkable knowledge and skill, our success as leaders may be evermore dependent on what we *are* than on what we *do*, "however mighty and effective the doings"

Our conscious and unconscious influences will alike be determined in large measure by the habits of thought and action which we develop as we study and work and play Walter Duranty recently said "the trouble with most people is that they think with their hopes or fears or wishes rather than with their minds" To think with our minds we must differentiate between the values of facts, material and historic, sentiment and emotion, and the reactions likely to be aroused by our thoughts expressed Thus we must make our habits of thought sound and true We must marshal our facts, place them in order, demonstrate their truth, and produce them with all proper sentiment, but without elaborate emotion for this may distort the truth Our professional and personal actions must be consistent with our studies and thoughts, and be worthy examples for our fellows to emulate We must live to work, to accomplish physical and mental results needed and sought for by our people. We must habituate ourselves to rest sufficient for mental and physical refreshment, and indulge in physical recreation to keep our bodies in desirable conditions of health Play should not be or appear to be an object in life which will exclude necessary work or subject ourselves or our profession to sharp criticism One of our patients, a man of great generosity and in-

because of the rare wisdom and journalistic experience of its Director, Mr Dwight Anderson, who gained sympathetic understanding of the spirit of American Medicine when for several years he directed publicity for the National Tuberculosis Association He has also a clear understanding of how the layman and especially the critical layman will react to our pronouncements and many of these have been shorn of their asperities by his blue pencil without losing vital force. He is a very modest gentleman who attributes a large measure of the success of the Bureau to the earnest cooperation of the officers and committee under whom he has served The Council Committee of the current year has been the Chairman, Dr Guy Carpenter, Dr Terry Townsend, who was Chairman last year, and Dr Thurston Welton, the Editor of the *American Journal of Surgery* The President and Secretary serve ex-officio The Council itself receives a report monthly and is in executive control of the Bureau's policies The leading activities of the Bureau are

(a) To keep our members informed of developments, political, social, and economic which affect physicians or those in which *we should be interested*

(b) To help us inform the public, in language they will understand, those facts, features, advances and conflicts of medicine which make for change—medicine being of supreme importance as a service to the people.

(c) To educate the public to understand what the physician can do for them, by informing them accurately, as occasion arises, concerning the preservation of health and the prevention and cure of disease. For this purpose excerpts from scientific articles, from addresses upon quasi-scientific subjects, from health propaganda are carefully selected and under the authoritative announcement of an officer, the Council, a Committee, or the Society as a whole, forwarded to the daily or weekly press of the State as releases Sometimes such releases are mailed to outstanding lay citizens who are known to be especially interested in health problems

Another interesting development has been the forwarding to the County Societies of Speakers' Service Bulletins furnishing outlines of addresses suggested for local or regional use by County Society speakers In some of these a sample address is furnished for use in whole or in part in case of emergencies of time

As presently managed with the utmost economy consistent with efficiency we are probably distributing to our members through this Bureau many times the value which we spend, besides transmitting to the public a clearer understanding of the problems and spirit of the profession

Among the extensive publicizing of almost every other work and social effort in the world *our* offerings are very modest and suitably restrained Carefully guarded and enlarged they may well become a tremendous force in improving the future of medicine for the people and the profession

So after this array of one-sided arguments, personal philosophy, and official records, what can we conclude?

We find that the future of medicine is trying to be born biologically of a multitude of parents The potency of the cosmo-philosophico-scientifico-politico "genes" must vary! Is there any indication at this stage of development of what "genes" will predominate? Who can say?

However, if we physicians can be exceptionally intellectual and use our intellects aright, if we can be skillful, certain, and proud of our powers while spiritually and joyfully dedicating these qualities to service to people, if we can educate a comprehending people to *understand* their needs and *prefer* them to the *frills* of life, and if we as a nation can maintain Governments whose interests in the health of its citizens commands them to the care of the independent qualified general practitioner and qualified specialists, united for the general good, there need be no fear for the Future of Medicine

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The American Association of Industrial Physicians and Surgeons will meet concurrently with the Midwest Conference on Occupational Diseases at the Palmer House in Chicago on June 6-9

The Japanese have started a popular "keep fit" movement, and it is figured that 10,000,000 are taking part in it. Health examinations form an important preliminary

We are doing our part in Syphilis Control The Legislature has created a Cancer Commission now almost ready to report. The Governor invited us to name candidates for medical posts in this commission

Our Council has a grand committee whose duties are the cooperative relationships with Health and Welfare Department of State and cooperative relationships with State and Federal Governments Several important results of their intensive activities will soon be reported and acted upon by the Council to House of Delegates

From the date of the Secretaries Conference in October we have been in touch with the Educational Department and realize how earnestly they desire our suggestions and help Several ancient errors (in words more than in deeds) have been deleted with mutual satisfaction The Educational Department has *no* desire to compete with us in the Practice of Medicine!

II

To how great a degree our program of Preventive Medicine will contribute to the future of medicine depends upon our membership and how great an interest has been aroused Certainly we have had the unrestrained and cordial help of the officers and Council, the Journal Management Committee, the Secretary, the Public Relations Bureau, the District Branches at their meetings, and the County Societies visited We steadfastly believe that a thoroughgoing campaign along this line for a decade or so may be answers to many questions which people and groups and governments are asking We have called attention (NEW YORK STATE JOURNAL OF MEDICINE, January 15, 1938) to the potential by-products of Periodic Health Examinations as alone sufficiently rewarding A number of lay audiences have been addressed besides two Woman's Auxiliary Meetings

III

Postgraduate Medical Education has for some years been an administrative feature of our Society As conducted by Dr Farmer's Committee it has provided valuable refresher courses to physicians residing in localities remote from large medical centers This activity has been continued this year as much as before and many local efforts in Postgraduate Medical Education are well conducted by County Societies. This work greatly enlarged could have considerable effect upon the future of medicine.

IV

Our House of Delegates at Rochester in May 1937 ordered the appointment of a Special Committee on Matters Pertaining to Medical Care in the State of New York Its duties specified are (a) to establish a working definition of the term "Adequate Medical Care" and (b) to formulate principals and proposals for a State Health Policy

We have been fortunate in securing the faithful, enthusiastic services of our especially talented informed, state-wide representative committee under the leadership of Dr Walter W Mott of Westchester County They are preparing a report which is already thrilling in its capacity and clarity, and which will unquestionably offer masterly suggestions for the consideration of our membership and through you all to the House of Delegates Look for this report when it comes in April and be sure that the House of Delegates know how your membership think about it Out of this Committee's work amplified by the focussed wisdom of our fifteen thousand members represented in our deliberative body there may develop an example in State Health policy worthy of emulation by some sister States All of this may well influence the future of medicine in this beloved Country of ours

V

Through the joint efforts of the Journal Management Committee, checked and instructed by the Council and the extraordinarily energetic and competent publisher, our NEW YORK STATE JOURNAL OF MEDICINE has become one of the three best State Journals in this country Some of us think it the best! This, if maintained as now and with further enlargement and improvement will be a powerful influence for the good of our State and its neighbors in the future of medicine.

VI

Our most modern effective force for broad understanding of modern medicine and its spirit and aspirations is the Bureau of Public Relations This is made possible

or insurance carrier, and authorization obtained for such treatment, together with agreement on the fee to be charged Except under very unusual circumstances, only a surgeon thoroughly qualified in the diagnosis and treatment of hernia and experienced in the injection treatment is qualified to render such treatment.

IMPARTIAL EXPERTS—If the county society has not already sent to this office a list of thoroughly experienced physicians qualified to act as impartial experts under Section 13 (d), they will please do so at once.

Any additions to or changes in lists already submitted should be sent to the undersigned for transmission to the Division of Workmen's Compensation of the Department of Labor

NEW OFFICERS—Please transmit to this office at once any changes in personnel of Workmen's Compensation boards or committees or of county society officers in charge of Workmen's Compensation

DAVID J KALISKI, M D, *Director,*
FREDERIC E. ELLIOTT, M D,
JOSEPH C O'GORMAN, M D

COMMITTEE ON LEGISLATION

Bulletin No 8

February 21, 1938

New Bills Introduced

Senate Int 953—Quinn, changing term "habit-forming" to narcotic drugs as defined in section 421 of the Public Health Law, same as Assembly Int 1016—Burgdorf With the Codes Committee

Senate Int 1111—Wicks, Assembly Int. 1463—Conway, requires, along with other qualifications, person desiring to obtain license to practice medicine shall be a citizen of the United States or so declare his intention, and requires such qualification before endorsement so to practice by applicant of another country Referred to the Education Committees

Comment Physician constituents of Senator Wicks and Assemblyman Conway suggested that this bill be reintroduced They carried it a few years ago, some of you will recall There should be no objection to the enactment of this measure because it is within the possibilities of any professional person to declare his intention of becoming a citizen of the United States if he expects to make this his home and field of practice

Senate Int. 1119—Esquirol, amends the Workmen's Compensation Law by changing provisions relating to laboratories, medical treatment, which shall include surgical, x-ray, physiotherapy, anesthesia and pathological services, to hospital charges, to violations and notices in workmen's compensation cases Referred to the Labor Committee.

Comment This bill Senator Esquirol carried for us last year but it was defeated in committee It is one of the Society's bills and it is important that you let your senators know about it immediately

Assembly Int 1259—Armstrong nurses' lien, same as Senate Int 876—Miller With the Judiciary Committee.

Assembly Int. 1294—Sherman, practice of radiology, same as Assembly Int. 157—Hawkins and Senate Int. 701—Esquirol With the Education Committee

Assembly Int. 1312—Jarema, authorizes municipalities to appoint qualified physicians from list of volunteers registered with the Health Department, at annual compensation not to exceed $750 00, for medical care of indigent persons Referred to the Cities Committee.

Comment Most municipalities have this authority now and our influence has been to discourage the appointment of physicians on salary and to promote instead the care of indigents by the case method We have abundant proof that this is the better of the two methods

Assembly Int 1340—Cheney, provides for joint appointment of one health officer by two or more local boards of health, in villages and towns Referred to the Health Committee.

Assembly Int 1379—Burgdorf, permits discontinuance of county tuberculosis hospital in a county designated to be served by a State hospital Referred to the Internal Affairs Committee

Comment As we forecast when the law authorizing the creation of State tuberculosis hospitals was pending, this bill would relieve counties from the responsibility of conducting local tuberculosis hospitals Arguments may be presented for and against this plan The State hospitals can and will be more elaborate and provide greater facilities than county hospitals, on the other hand, the patient will be farther removed from his family and the expense of his treatment and care will be a less immediate charge on his community

Assembly Int. 1501—Washburn, providing for bi-weekly reports in workmen's compensation cases, same as Senate Int. 856—Howard With the Labor Committee

Assembly Int. 1535—Holley, requires wardens, guards, and keepers of correctional institutions to keep certain records of

WORKMEN'S COMPENSATION

From the Bureau of Workmen's Compensation of the Medical Society of the State of New York under date of January 13, 1938 went the following communication to the Workmen's Compensation Boards of the County Medical Societies

RULE 21 The Industrial Commissioner has changed this rule to read as follows

"Section 13-F-2 applies only to the physician selected by the claimant to treat him as provided by Section 13-A Such physicians are entitled to a fee for attendance at a hearing when subpoenaed by any party in interest or when directed to do so by a Referee or when produced by an insurance carrier or employer *When such physician is a general practitioner his fee shall be $10 plus mileage (outside New York City) and a fee of $5 for each additional case on which he testifies at the same appearance When such physician is a specialist and is so designated and qualified and has examined, consulted or treated under his specialty, his fee shall be $25 plus mileage (outside New York City) and a fee of $12.50 for each additional case on which he testifies at the same appearance In exceptional cases involving specialist's testimony, the matter may be referred to the Industrial Commissioner, who may consider the allowance of a higher fee On and after February 1, 1938, in the event of failure of such doctor to complete and submit a verified C-4 report as required by Subdivision 4 of Section 13-A, or when the content of such report is vague, misleading or otherwise incomplete, such doctor shall not be entitled to an attendance fee, unless otherwise directed by the Industrial Commissioner"*

21-A —*"A physician who testifies at hearings or examines claimants, or participates in examinations for evidential material for compensation case hearing purposes only,* may accept fees for such services from claimants"

New matter appears in italics

REPORTS —Physicians treating Workmen's Compensation cases are again urged to send in their reports *promptly* in the interest of the injured claimant, as well as their own. *C-104* reports should be mailed *within 48 hours* and *C-4* reports as promptly as possible thereafter, and, in any event, *within 20 days* of the first report

The C-4 report *must* be notarized because it can then be used as *prima facie* evidence in the consideration of the claimant's case before the referee If the C-4 report is not properly filled out and not notarized, the physician may be faced with the necessity of appearing personally on subpoena before the Department of Labor to testify, and under the new rule he will not be paid for his testimony Furthermore, a physician's bill may be objected to on the ground that he has not promptly submitted the reports to the Department of Labor and the employer or carrier

Physicians are also requested to send in a supplementary C-4 report, indicating the progress of the case, every three or four weeks Every item in this report should be filled out accurately with as much detail as possible and necessary Physicians should realize that every compensation case has a legal aspect, making prompt and accurate reports necessary in order to protect the interests of the claimant as well as those of the physician and the employer

County societies are requested to give wide publicity to the change in Rule 21 and to urge physicians to send the necessary reports promptly and in full detail

Physicians should also be urged in prolonged cases to send in progress (C-4) reports on continuing cases every three or four weeks

UNNECESSARY TREATMENT —When an insurance carrier informs a physician that in the opinion of their medical inspector further treatment is unnecessary, the attending physician should use his judgment as to compliance with the request of the insurance company to stop treatment. Treatment should be continued when, in the opinion of the attending physician, it is necessary and justified, and an immediate report to this effect sent to the employer and insurance carrier and the Department of Labor This is not a license to treat cases interminably, but the welfare of the injured employe should be kept in mind in making a decision as to the necessity for further treatment. Consultation should be urged where differences of opinion arise

MEDICAL BUREAUS —Please review your files and ascertain if you have any applications for employers' or physicians' medical bureau licenses which have not been acted upon.

In the case of applications for Employers' Medical Bureaus, please inspect the premises of the applicant at once, unless same has already been done. The county society, through the proper channels, should then make a decision approving or rejecting the application and notify the undersigned at once All application blanks, when acted upon, should be sent to this office, together with the signatures of the committee responsible for action In case of *disapproval* the reasons for disapproval should be stated on the blank.

We are enclosing rules and regulations governing medical bureaus for your guidance.

CORRECT ADDRESSES —Workmen's Compensation boards are requested, when communicating the names of physicians applying for authorization, to treat Workmen's Compensation cases to this office and to the Compensation Medical Registrar, to give the full and correct address of the physician

INJECTION TREATMENT OF HERNIA —This committee will shortly promulgate certain rules and regulations governing the injection treatment of hernia In view of the experimental nature of this treatment, all physicians should be notified that no case of hernia should be treated by this new method unless the diagnosis and compensability of the case are first confirmed by the medical examiner of the employer

or insurance carrier, and authorization obtained for such treatment, together with agreement on the fee to be charged. Except under very unusual circumstances, only a surgeon thoroughly qualified in the diagnosis and treatment of hernia and experienced in the injection treatment is qualified to render such treatment.

IMPARTIAL EXPERTS—If the county society has not already sent to this office a list of thoroughly experienced physicians qualified to act as impartial experts under Section 13 (d), they will please do so at once.

Any additions to or changes in lists already submitted should be sent to the undersigned for transmission to the Division of Workmen's Compensation of the Department of Labor

NEW OFFICERS—Please transmit to this office at once any changes in personnel of Workmen's Compensation boards or committees or of county society officers in charge of Workmen's Compensation

DAVID J KALISKI, M D, *Director,*
FREDERIC E. ELLIOTT, M D.,
JOSEPH C O'GORMAN, M D

COMMITTEE ON LEGISLATION

Bulletin No 8

February 21, 1938

New Bills Introduced

Senate Int. 953—Quinn, changing term "habit-forming" to narcotic drugs as defined in section 421 of the Public Health Law, same as Assembly Int. 1016—Burgdorf With the Codes Committee

Senate Int 1111—Wicks, Assembly Int. 1463—Conway, requires, along with other qualifications, person desiring to obtain license to practice medicine shall be a citizen of the United States or so declare his intention, and requires such qualification before endorsement so to practice by applicant of another country Referred to the Education Committees

Comment Physician constituents of Senator Wicks and Assemblyman Conway suggested that this bill be reintroduced They carried it a few years ago, some of you will recall There should be no objection to the enactment of this measure because it is within the possibilities of any professional person to declare his intention of becoming a citizen of the United States if he expects to make this his home and field of practice

Senate Int. 1119—Esquirol, amends the Workmen's Compensation Law by changing provisions relating to laboratories, medical treatment, which shall include surgical, x-ray, physiotherapy, anesthesia and pathological services, to hospital charges, to violations and notices in workmen's compensation cases Referred to the Labor Committee.

Comment This bill Senator Esquirol carried for us last year but it was defeated in committee It is one of the Society's bills and it is important that you let your senators know about it immediately

Assembly Int. 1259—Armstrong nurses' lien, same as Senate Int 876—Miller With the Judiciary Committee.

Assembly Int. 1294—Sherman, practice of radiology, same as Assembly Int. 157—Hawkins and Senate Int. 701—Esquirol With the Education Committee

Assembly Int. 1312—Jarema, authorizes municipalities to appoint qualified physicians from list of volunteers registered with the Health Department, at annual compensation not to exceed $750 00, for medical care of indigent persons Referred to the Cities Committee

Comment Most municipalities have this authority now and our influence has been to discourage the appointment of physicians on salary and to promote instead the care of indigents by the case method We have abundant proof that this is the better of the two methods

Assembly Int. 1340—Cheney, provides for joint appointment of one health officer by two or more local boards of health, in villages and towns Referred to the Health Committee.

Assembly Int. 1379—Burgdorf, permits discontinuance of county tuberculosis hospital in a county designated to be served by a State hospital Referred to the Internal Affairs Committee

Comment As we forecast when the law authorizing the creation of State tuberculosis hospitals was pending, this bill would relieve counties from the responsibility of conducting local tuberculosis hospitals Arguments may be presented for and against this plan The State hospitals can and will be more elaborate and provide greater facilities than county hospitals, on the other hand, the patient will be farther removed from his family and the expense of his treatment and care will be a less immediate charge on his community

Assembly Int. 1501—Washburn, providing for bi-weekly reports in workmen's compensation cases, same as Senate Int. 856—Howard. With the Labor Committee

Assembly Int. 1535—Holley, requires wardens, guards, and keepers of correctional institutions to keep certain records of

persons admitted and to provide for physical examination upon admittance Referred to the Penal Institutions Committee

Comment We are particularly interested in the portion of this bill which requires that physical examination shall be made of all persons committed to correctional institutions There is no doubt but that there is value in this legislation and it should receive hearty support.

Assembly Int. 1549—Brenner, amends generally the Workmen's Compensation Law relative to insurance carriers, provides State Fund shall be administered by seven commissioners who shall have sole right to make rates for workmen's compensation insurance in Fund, rates not to be higher than necessary to provide adequate funds, and makes other changes Referred to the Insurance Committee

Comment Increases the scope and influence of the State Insurance Fund This may be another attempt to give the State Insurance Fund a monopoly in the workmen's compensation field

Assembly Int 1551—Doran, relates to care and treatment of injured employees, authorizes the Industrial Commissioner to appoint a board of medical consultants, provides licensing of compensation medical bureaus and laboratories shall be on recommendation of Industrial Council instead of County Medical Societies, and changes composition of Arbitration Committee for determining value of medical aid Referred to the Labor Committee

Comment Relieves the County Societies of approval and supervision of medical bureaus and laboratories and places that responsibility with the Industrial Council It also gives the Industrial Board the right and power to have any claimant for compensation whose case is being heard examined by a physician of their own designation, and to require a "report from such physician on the diagnosis, the casual relationship between the alleged injury and the subsequent disability, proper treatment and the extent of the disability of such claimant." It requires that all surgical or physiotherapeutic procedures must be authorized by the employer instead of only those costing more than $25 00, as the law now requires It makes more liberal the law under which insurance carriers and employers may create and conduct clinics It revises the manner in which arbitration boards shall be created and constituted, by removing "two physicians designated by the president of the Medical Society of the county in which the claimant resides and two physicians also members of the Medical Society of the State of New York, appointed by the employer or carrier," and substitutes in its place, "one representative of labor, one representative of carriers or employers, and one representative of physicians, who shall be appointed by the Commissioner to serve for terms of one year each"

* * *

Our legal advisor has called our attention to a bill which we overlooked—Senate Int. 310—McElroy, Assembly Int. 193—Monaco Referred to the Codes Committee in the Senate and the Labor Committee in the Assembly This bill would repeal section 1910 of the Penal Law which reads "Endangering life by refusal to labor A person, who wilfully and maliciously, either alone or in combination with others, breaks a contract of service or hiring, knowing, or having reasonable cause to believe, that the probable consequence of his so doing will be to endanger human life, or to cause grievous bodily injury, or to expose valuable property to destruction or serious injury, is guilty of a misdemeanor"

Comment If this were repealed, it would be possible for any hospital employees to go on strike and, therefore, we feel that it is a very bad bill

In our last bulletin we reported Assembly bill Int 1224—Averill, in relation to nurses and trained attendants To this bill we make the following comment

This bill was prepared and submitted at the request of the Department of Education Besides making a few obvious corrections, it provides conditions under which nurses educated outside the State may be licensed, it permits the Department to issue a registry of the nurses practicing in the State at its discretion, rather than annually as previously provided, and outlines extensively under what conditions and by what procedure licenses to practice nursing may be revoked or suspended

Action On Bills

Senate Int. 99—Twomey—Health Law, syphilis tests—Reported

Senate Int 790—Livingston—Charities Law, definition of dispensaries—3rd rdg

Assembly Int 127—Newell—Health Law, syphilis tests—3rd rdg

Assembly Int. 351—Crews—Hours of labor, hospital employees—has been amended so as to apply to hospitals in cities having a population of one million or more

The Legislative Committee, in conference on February 19, took the following action upon these bills

Approved

S Int. 790—Livingston—Charities Law, definition of dispensaries

S Int 876—Miller—Nurses' lien bill

S Int. 899—Rogers—Sterilization of drinking glasses

A Int 1015—Burgdorf—Definition of "cannabis"

A. Int 1016—Burgdorf—Violations of Public Health Law relating to narcotic drugs

A Int. 1219—Piper—First-aid kits for omnibuses

A. Int. 1224—Averill—Relating to nurses and trained attendants

S Int 202, *late Print 870*—Stagg—Relating to poliomyelitis

A Int. 287, *late Print 1175*—Shaw—Relating to poliomyelitis

This bill has been amended to apply only to victims of anterior poliomyelitis over twenty-one years of age The present law applies only to persons under twenty-one

Approved with Comment

S Int. 753—Feld—Practice of hairdressing and cosmetology

The Committee realizes the need for regulation among those who engage in this business, but is of the opinion that future legislation will be needed to protect customers against unwise employment of procedures which may be a definite influence on the health of the customer

Opposed

S Int 856—Howard—Treatment and care of injured employees

S Int. 889—Williamson—Hospitals to be reimbursed by State for medical care of indigents

S Int 895—Feld—Endorsement of foreign licenses

S Int. 310—McElroy—Hospital strikes

A Int 193—Monaco

Hearings

March 1

S Int 101—Desmond and A Int 124—Breitbart—Pre-nuptial examinations Joint hearing before Health Committee

Bulletin No 9

February 28, 1938

New Bills Introduced

Senate Int 1179—Esquirol, provides for regulation and licensing of hairdressing, beauty culture, and beauty parlors, creates a regulatory board, provides for sanitary inspection, and appropriates $15,000 Referred to the Health Committee

Senate Int 1222—Desmond, tests for determining intoxicated drivers, same as Assembly Int 334—Peterson With the Motor Transportation Committee

Senate Int 1224—Desmond, provides that proof of fitness for motor vehicle operator's and chauffeur's license shall include certificate of physician that applicant has been examined and has no physical defect which would render him unfit to drive a motor vehicle Referred to the Motor Transportation Committee

Senate Int 1264—Burchill, appropriates $75,000 to the tax department for carrying out provisions of proposed law to tax tobacco and tobacco products Referred to the Finance Committee

Comment In the body of the bill there is provision that this money shall be used for the establishment and conduct of dental clinics in public schools There was a similar bill before the Legislature last year which was defeated in committee The dentists, we are informed, are opposed to this bill

Senate Int. 1311—Desmond, Assembly Int 1666—Mailler, provides for hospitalization of persons injured in motor vehicle accidents who are unable to pay for such care Referred to the Motor Transportation Committee in the Senate and the Ways and Means Committee in the Assembly

Comment As indicated, this bill refers only to victims of motor vehicle accidents, and for that purpose it defines a "motor vehicle injury" to mean any injury caused by operation of a motor vehicle whether the person be the operator, passenger, or a pedestrian, and its application is limited to those injured persons who are unable to pay the expenses of hospitalization, defined as "indigent patient" It provides that when an account remains unpaid for ninety days, the hospital shall file with the comptroller and the nearest city or county commissioner of public welfare, a statement, and the comptroller shall reimburse the hospital in accordance with the per diem cost of such hospital The Commissioner of Health shall certify to the comptroller the per diem cost of all hospitals in the State as determined by him For financing the law it is provided that the Commissioner of Motor Vehicles "shall deduct the sum of two cents from the amount of the fee of every registration of a motor vehicle"

Senate Int 1373—Livingston, provides for licensing clinical laboratory technicians Referred to the Education Committee

Comment Although this bill is not

identical with the bills that have been introduced in previous years, nevertheless, the objections made to those are applicable No adequate definition of a technician can be offered, and to provide that all shall be licensed would be introducing an obstacle to scientific work as well as to the private work of a physician or other scientist. A clinical laboratory technician is defined as "any person who performs any technical laboratory procedures, including bacteriology, immunology, serology, biochemistry, hematology, histologic technique and clinical pathology which are used for the purpose of diagnosing, investigation or treating any disease, illness or infection" It would prevent the employment by a doctor of any person to be a laboratory technician except from the licensed group, and it would require that every person so licensed shall have had a four-year high school course, a college diploma, showing graduation in the subjects quoted above, or has practiced as a clinical laboratory technician for a period of at least six months prior to July 1, 1941, and for any person to practice or represent himself to be a clinical laboratory technician without having a license shall be guilty of a misdemeanor

Senator Livingston introduced the bill at the request of a group of laboratory technicians

Senate Int. 1374—Livingston, provides for licensing physical therapy technicians and sets up qualifications, no physiotherapist or technician to administer physical therapy except on written prescription of duly licensed physician, and makes other provisions Referred to the Education Committee

Comment The bill does not differ materially from bills that have been introduced in previous years, nor in our opinion does it differ enough from the present law to justify itself This bill was also introduced by Senator Livingston at the express request of a group of physiotherapy technicians

Assembly Int. 1641—Steingut, broadens and clarifies provision for nullifying registration of a physician offering, undertaking or agreeing to cure or treat a disease by secret method or who advertises by means of handbills, motion pictures, radio, magazines or newspapers, etc, or has in any way been guilty of unprofessional conduct Referred to the Education Committee.

Comment This bill was introduced at the request of the Department of Education and should receive our wholehearted support. It has been requested by the Grievance Committee and the special Deputy Attorneys General who assist in the enforcement of the Medical Practice Act.

Assembly Int 1743—Piper, makes it unlawful to dispense, furnish or supply, as well as sell, in any store, any spectacle, eyeglasses or lenses for aid, as well as correction of vision, except on written prescription from a licensed physician or duly qualified optometrist, also makes it unlawful to advertise by radio or other means prices for, discount on, or terms of payment for eyeglasses, etc. Referred to the Education Committee

Comment The optometrists are attempting a clearer definition of their practices so as to prevent inroads by commercial agencies not employing either a physician or an optometrist. Among the offenders they list many department stores, jewelry stores, and certain chain stores The bill also adds the prohibition to advertising similar to what we are endeavoring to have incorporated in our law

Assembly Int. 1744—Piper, defines "optometry" to include persons examining eyes or diagnosing any ocular condition for providing, furnishing or adapting light, devices or any other means for restoring or relief of any optical or ocular condition, deficiency or deformity, visual or muscular anomaly of the human eye Referred to the Education Committee

Action on Bills

S Int. 99—Twomey, Serological blood tests—3rd reading

S Int. 117—Feld, Practice of radiology—has been amended by deleting "and the General Municipal Law, in relation to power of municipal corporations to grant permits to physicians, dentists, podiatrists, and osteopaths to conduct places for the practice of radiology," and by adding after laboratory, "or a mobile unit." This addition, Senator Feld says, is to permit the school authorities to continue examining school children for incipient tuberculosis

S Int. 644—McNaboe, Persons committer to care of lunacy board—Reported

S Int 651—McNaboe, Creating lunacy authority—2nd reading

S Int 753—Feld, Cosmetology—Reported

S Int 790—Livingston, Definition of dispensary—3rd reading

S Int. 869—Kleinfeld, Physicians' lien—has been amended to include provision for filing a statement of services rendered and charges, also provision for discharge of lien

S Int. 880—Quinn, Examination of hospital records—Reported

S Int. 953—Quinn, Changing term "habit-forming" to narcotic drugs—Reported.

A Int. 127—Newell, Serological blood tests—3rd reading

A. Int. 1016—Burgdorf, Changing term "habit-forming" to narcotic drugs—3rd reading

A Int. 1073—Todd, Cosmetology—3rd reading

A. Int. 1079—Wadsworth, Definition of dispensary—3rd reading

Hearings

March 1—2 P M —S Int. 101- Desmond
A. Int 124- Breitbart
Pre-nuptial examinations

Joint hearing before Health Committees
March 2—1 30 P M —A Int 183—Miss Todd—Nurse practice

Hearing before Assembly Education Committee.

JAMES H BORRELL,
B WALLACE HAMILTON,
JOHN L BAUER.

TO OUTLAW QUACK MEDICINE IN THIS STATE

Creation of a consumers' bureau in the State Department of Health to protect the unwary from quack medical preparations was proposed by Assemblyman Ira H Holley (D, Manhattan), in a twenty-eight-page bill to amend the public health law on Jan 20 as reported in the New York *World-Telegram*

This measure, Mr Holley explained, would be "a little Tugwell law," similar in plan and scope to the federal legislation, but confining itself to patent medicines, drugs, cosmetics and medical devices Consumers of some of these preparations, he said, are defrauded annually of millions of dollars

Mr Holley asserted that the failure of Congress to enact a new pure food and drug act "makes it imperative for each State to protect its citizen consumers from the deluge of quack medical preparations"

Many of these preparations are inherently dangerous, the Assemblyman continued, and have caused hundreds of deaths Thousands of persons, he said, through using these panaceas, have delayed seeking proper medical attention, with fatalities resulting in many instances

The Holley measure is approved by the Public Health Committee of the New York Academy of Medicine, its sponsor said

This consumers' bureau, in addition to other duties, would have power to prohibit fictitious, false remedial claims and to bar from sale in this State any product inherently dangerous to health and life

Heading the bureau would be a director appointed by the Health Commissioner, with the approval of a majority of a committee on public health This committee, consisting of five members, would be appointed by the Governor from a list nominated by the State Board of Regents They would be persons distinguished for scientific attainments and interest in public health

HANDBOOK ON EYE HAZARDS AT A NEW LOW PRICE

To secure wider distribution of its book on "Eye Hazards in Industrial Occupations" by Louis Resnick and Lewis H Carris, the National Society for the Prevention of Blindness is now offering copies at the special price of fifty cents each as long as the supply lasts This book, which sold formerly at the actual cost price of $1 50, was published in 1924 Although some of the photographs show safety devices which have since been improved upon, the contents remain a valuable guide to safe practices in industry

"Eye Hazards in Industrial Occupations" is a handbook for safety engineers, safety inspectors, safety committeemen, industrial physicians and nurses, for those responsible for industrial operations, whether owners, managers, or members of the operating staff, for governmental officials, trade association executives, and social agency officers, and for the many others who share the responsibilities and opportunities for conserving the life, health and sight of the millions of men, women, and children employed in industry

The volume contains 247 pages, and includes fifty-nine illustrations dealing with the safeguarding of eyesight in factories, mines, shops and offices Orders or inquiries concerning this volume should be addressed to the National Society for the Prevention of Blindness, 50 W 50 Street, New York City

Public Health News

Narcotic Leakages

J Rosslyn Earp, L R C P, Dr P H
New York State Department of Health

As the production of narcotics in the world markets is limited towards a maximum estimated requirement for medicinal purposes and as the smuggling of illicit narcotics is further controlled by federal agencies, the demand turns more insistently towards legitimate stores of narcotics for which the medical profession has accepted responsibility A kind of vacuum is created around the drug cupboards in institutions and in doctors' offices by the craving of unsatisfied addicts How much leakage occurs? No quantitative answer can be given to this question from existing records But there are indications that the leakage in recent years has been important

The other day at the State Bureau of Narcotics Control, I saw a list comprising some 300 individuals from New York City, all closely related to the profession of medicine, who had been arrested for violation of narcotic laws since the year 1928 Most numerous in the list were nurses and hospital orderlies There were also pharmacists, chemists, and hospital attendants, and of course a few physicians

Nor are the thieves limited to those whose occupation brings them within range of the legitimate stores One man whose source of illicit supply had been removed got a job as a painter in a physician's office and helped himself to syringes as well as to the drugs he needed

To measure—and eventually to control—the leakage of narcotics from institutional supplies we have a law (Section 421, paragraph 8, Section 424 and 424a of Article 22) by which the Bureau of Narcotics Control in the State Department of Health is charged with issuing certification of approval to our institutions The bureau must be satisfied (1) that drugs are safely stored and (2) that an accurate record of their distribution is made and preserved, before a certificate can be issued The kind of storage afforded to their diamond mine by the seven dwarfs is not considered good enough Though custodians do not often hang their keys in quite such prominent proximity to the locks as did Dopey, keys are often easily available to several other persons besides the custodian Experience teaches that such storage is not "safe."

Certificates in accord with the law have now been issued to 225 institutions which is about one-third of the total number that must be inspected

Mr Frank J Smith who has charge of our Bureau of Narcotics has been a good deal disturbed by the occupational histories of some hospital employees who have been caught in violations of the narcotic laws "Now here's a chap," he said, taking down a folder from his files, "who has been an institutional employee from 1931 until last year when he was arrested. He has been employed in six hospitals in the last six years When caught with morphine in his possession he admitted having stolen it as well as several small pieces of equipment from one of these hospitals Since he shows no sign of addiction he is presumably supplying addicts He has letters of recommendation from personnel (other than the executive officers) of all six institutions" Mr Smith feels that there is sometimes a tendency to discharge suspicious individuals without making any formal charge He would be glad to keep an office file of characters whose activities will bear watching Or, better still, he would welcome an invitation to investigate the behavior of any suspect with the purpose of either clearing his character from suspicion or lodging a formal charge It is necessary, he feels, to devise some means of removing the inside jobbers from circulation among institutional employees

The main responsibility of his bureau, as Mr Smith sees it, is preventive and educational He acknowledges with gratitude splendid cooperation on the part of medical colleges, colleges of pharmacy, and the leaders of the nursing profession To such groups he has thankfully accepted invitations to speak on the narcotic problem He has also been asked to address high schools but these invitations he has declined because he believes that only trained educators should be trusted with adolescent education and that even for them the task of narcotic education is peculiarly delicate He is willing, however, to meet with the educators and tell them all that he knows that they may have the facts to present with their own skilled approach

THE WOMAN'S AUXILIARY

To the Medical Society of the State of New York

KINGS COUNTY A great number of the members of the Kings County Woman's Auxiliary attended the testimonial dinner and dance given Dr Chas A Goodrich on February 22 at the Hotel Astor in New York City

Among the guests from other Counties were Mrs Francis R. Irving of Syracuse, State President of the Woman's Auxiliary, Mrs Carlton M Potter, State Treasurer, Mrs Louis A VanKleeck, State Finance Chairman, Mrs Henry L Hirsch, State Secretary, Mrs Carl Boettiger, State "Hygeia" Chairman, Mrs Luther H Kice, State Legislation Chairman, and Mrs John J Buettner, State Organization Chairman

Several of the speakers commended the members of the Woman's Auxiliary for their support of the dinner as well as their cooperation with the Medical Society in legislative matters

The opinion seemed unanimous that the dinner was splendid, the Speakers interesting, the entertainment good, and that the excellent dance music ended all too soon In short, "A good time was had by all"

SARATOGA COUNTY Mrs G Scott Towne, President, presided at a meeting of the Woman's Auxiliary of Saratoga County on February 1 at the home of Mrs A. J Leonard Dr Walter S McClellan addressed the group on venereal diseases The Chairman on Legislation, Mrs Thomas E Bullard urged all doctor's wives to become law-minded Mrs Joseph Lebowich, Chairman of Health and Education, reported that a program is in the making aiming to aid in the control of syphilis She will represent the Auxiliary at a meeting with members of various county organizations to make definite plans for a county-wide program

SUFFOLK COUNTY The Executive Committee of the Woman's Auxiliary to the Suffolk County Medical Society met at a luncheon meeting at the "Bonnie-Mart," Patchogue, on February 15

The President, Mrs Stanley P Jones, presided at the business meeting Mrs Grover A. Sillman, Legislation Chairman, gave a report on several important bills in Albany, which are now under consideration, relative to the Medical Profession Mrs Jones announced that two films on syphilis and tuberculosis are now available for public showing Dr Elizabeth C Wells of the Public Health Department at Riverhead will give all information concerning the use of the films and every civic group is urged to plan a showing of these important pictures

Mrs S K Oxholm gave a very interesting discussion of the thirteenth Woman's Patriotic Conference on National Defense which was held in Washington on January 25 to 27

* * *

Do you recall in your childhood the special occasions when you were allowed to sit at the table when only adults were present? How excited, interested and attentive you were to all that was said and done

With similar emotions this Chairman sat and listened at the conference of the County Legislative Chairmen of the Medical Society held in Albany on February 9

It was the first conference that a chairman of the Woman's Auxiliary to the Medical Society of the State of New York had been invited to attend This was indeed both an honor and a privilege For the Woman's Auxiliary, while on the threshold of its third year, is still an infant.

The many bills studied at this conference and reasons for any action taken thereon, could not but result in a better understanding of the scope of work undertaken by the Legislative Committee of the Medical Society

Therefore, with a more thorough and comprehensive knowledge of pending legislation, we shall continue the legislative program of the Auxiliary with added interest as well as enthusiasm With the activities of this program, however, the meaning of the word "Auxiliary" must be always kept in mind

(MRS L. H) HENRIETTA STEWART KICE
Legislative Chairman

Public Health News

Narcotic Leakages

J. Rosslyn Earp, L.R.C.P., Dr.P.H.
New York State Department of Health

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The other day at the State Bureau of Narcotics Control, I saw a list comprising some 300 individuals from New York City, all closely related to the profession of medicine, who had been arrested for violation of narcotic laws since the year 1928. Most numerous in the list were nurses and hospital orderlies. There were also pharmacists, chemists, and hospital attendants, and of course a few physicians.

Nor are the thieves limited to those whose occupation brings them within range of the legitimate stores. One man whose source of illicit supply had been removed got a job as a painter in a physician's office and helped himself to syringes as well as to the drugs he needed.

To measure—and eventually to control—the leakage of narcotics from institutional supplies we have a law (Section 421, paragraph 8, Section 424 and 424a of Article 22) by which the Bureau of Narcotics Control in the State Department of Health is charged with issuing certification of approval to our institutions. The bureau must be satisfied (1) that drugs are safely stored and (2) that an accurate record of their distribution is made and preserved, before a certificate can be issued. The kind of storage afforded to their diamond mine by the seven dwarfs is not considered good enough. Though custodians do not often hang their keys in quite such prominent proximity to the locks as did Dopey, keys are often easily available to several other persons besides the custodian. Experience teaches that such storage is not "safe."

Certificates in accord with the law have now been issued to 225 institutions which is about one-third of the total number that must be inspected.

Mr. Frank J. Smith who has charge of our Bureau of Narcotics has been a good deal disturbed by the occupational histories of some hospital employees who have been caught in violations of the narcotic laws. "Now here's a chap," he said, taking down a folder from his files, "who has been an institutional employee from 1931 until last year when he was arrested. He has been employed in six hospitals in the last six years. When caught with morphine in his possession he admitted having stolen it as well as several small pieces of equipment from one of these hospitals. Since he shows no sign of addiction he is presumably supplying addicts. He has letters of recommendation from personnel (other than the executive officers) of all six institutions." Mr. Smith feels that there is sometimes a tendency to discharge suspicious individuals without making any formal charge. He would be glad to keep an office file of characters whose activities will bear watching. Or, better still, he would welcome an invitation to investigate the behavior of any suspect with the purpose of either clearing his character from suspicion or lodging a formal charge. It is necessary, he feels, to devise some means of removing the inside jobbers from circulation among institutional employees.

The main responsibility of his bureau, as Mr. Smith sees it, is preventive and educational. He acknowledges with gratitude splendid cooperation on the part of medical colleges, colleges of pharmacy, and the leaders of the nursing profession. To such groups he has thankfully accepted invitations to speak on the narcotic problem. He has also been asked to address high schools but these invitations he has declined because he believes that only trained educators should be trusted with adolescent education and that even for them the task of narcotic education is peculiarly delicate. He is willing, however, to meet with the educators and tell them all that he knows that they may have the facts to present with their own skilled approach.

THE WOMAN'S AUXILIARY

To the Medical Society of the State of New York

KINGS COUNTY A great number of the members of the Kings County Woman's Auxiliary attended the testimonial dinner and dance given Dr Chas A Goodrich on February 22 at the Hotel Astor in New York City

Among the guests from other Counties were Mrs Francis R. Irving of Syracuse, State President of the Woman's Auxiliary, Mrs Carlton M Potter, State Treasurer, Mrs Louis A. VanKleeck, State Finance Chairman, Mrs Henry L Hirsch, State Secretary, Mrs Carl Boettiger, State "Hygeia" Chairman, Mrs Luther H Kice, State Legislation Chairman, and Mrs John J Buettner, State Organization Chairman

Several of the speakers commended the members of the Woman's Auxiliary for their support of the dinner as well as their cooperation with the Medical Society in legislative matters

The opinion seemed unanimous that the dinner was splendid, the Speakers interesting, the entertainment good, and that the excellent dance music ended all too soon In short, "A good time was had by all"

SARATOGA COUNTY Mrs G Scott Towne, President, presided at a meeting of the Woman's Auxiliary of Saratoga County on February 1 at the home of Mrs A J Leonard Dr Walter S McClellan addressed the group on venereal diseases The Chairman on Legislation, Mrs Thomas E Bullard urged all doctor's wives to become law-minded Mrs Joseph Lebowich, Chairman of Health and Education, reported that a program is in the making aiming to aid in the control of syphilis She will represent the Auxiliary at a meeting with members of various county organizations to make definite plans for a county-wide program

SUFFOLK COUNTY The Executive Committee of the Woman's Auxiliary to the Suffolk County Medical Society met at a luncheon meeting at the "Bonnie-Mart," Patchogue, on February 15

The President, Mrs Stanley P Jones, presided at the business meeting Mrs Grover A Sillman, Legislation Chairman, gave a report on several important bills in Albany, which are now under consideration, relative to the Medical Profession Mrs Jones announced that two films on syphilis and tuberculosis are now available for public showing Dr Elizabeth C Wells of the Public Health Department at Riverhead will give all information concerning the use of the films and every civic group is urged to plan a showing of these important pictures

Mrs S K Oxholm gave a very interesting discussion of the thirteenth Woman's Patriotic Conference on National Defense which was held in Washington on January 25 to 27

* * *

Do you recall in your childhood the special occasions when you were allowed to sit at the table when only adults were present? How excited, interested and attentive you were to all that was said and done

With similar emotions this Chairman sat and listened at the conference of the County Legislative Chairmen of the Medical Society held in Albany on February 9

It was the first conference that a chairman of the Woman's Auxiliary to the Medical Society of the State of New York had been invited to attend This was indeed both an honor and a privilege For the Woman's Auxiliary, while on the threshold of its third year, is still an infant.

The many bills studied at this conference and reasons for any action taken thereon, could not but result in a better understanding of the scope of work undertaken by the Legislative Committee of the Medical Society

Therefore, with a more thorough and comprehensive knowledge of pending legislation, we shall continue the legislative program of the Auxiliary with added interest as well as enthusiasm With the activities of this program, however, the meaning of the word "Auxiliary" must be always kept in mind

(MRS L H) HENRIETTA STEWART KICE
Legislative Chairman

Medical News

Cayuga County

DR. FREDERICK SEFTON, of Auburn, who died on February 3 at the age of seventy-eight, had practiced medicine there since 1891, specializing in nervous and mental troubles From 1886 to 1891 he was senior medical officer and superintendent of the New York State Asylum for Insane Criminals He was president of the Auburn Savings Bank and active in many other Auburn institutions and organizations

Dutchess County

THE DUTCHESS COUNTY MEDICAL society will begin its sixteenth educational campaign against cancer March 16, with a dinner meeting, Dr Helen L Pallister, chairman of the cancer committee, made known at the meeting of the society on Feb 9 Dr Louis Kress, assistant director of the New York State Institute for Malignant Disease, will be the speaker The campaign will continue through April and May

Dr James J Short, of the Post Graduate hospital, New York city, was the speaker at the February meeting His topic was "Studies in Obesity"

AT THE REQUEST OF THE Dutchess County Medical Society, the Board of Supervisors went on record on February 14 endorsing the drive for the eradication of syphilis and other social diseases, and promising continued county support.

A letter from Dr Howard P Carpenter, secretary of the Society, set forth the general work which has been done, and urged that the drive be continued.

The public health committee recommended that (1) Treatment of indigent persons infected be continued, (2) Treatment be confined to the class of cases as limited by the Society, and that (3) The offer of the Society to aid in checking bills of doctors be accepted and that a system of tickets be established.

The matter was referred to the public health committee to put the recommendations into operation

Erie County

DR CORNELIUS J CARR, seventy, and Dr Hiram A Kendall, seventy-two, both of Buffalo, who died on February 12 and February 14 had each practiced medicine more than forty years

Kings County

THE SOUTH BROOKLYN MEDICAL Society, on February 10, at the newly opened Red Hook-Gowanus Health and Teaching Center, adopted a resolution criticizing extension by the city of free medical service, especially in the treatment of social diseases

The motion called for the appointment of a committee to petition Mayor LaGuardia, and Health and Hospital Department authorities, to have physicians perform such medical services in the privacy of their own offices for a fee equal to what it costs the city for such treatments

Some seventy-five attended the meeting and branded the free service as constituting socialized medicine "without benefit of payment to the medical profession, which has always given to the needy of its skill and charity"

Dr Pasquale J Imperato of the society's council explained that fulfillment of the group's proposal would have the two fold effect of returning the practice of medicine to the profession "until socialized medicine becomes an eventuality, if ever," and also removing the stigma of charity and shame many persons feel in attending free institutions

Most doctors, he claimed, would be glad to co-operate in the present drive to reduce social disease by treating cases in the privacy of their own offices for a fee matching or even lower than the expense now borne by the taxpayers

Dr Rodolph Cutino, president, presided at the meeting, at which Dr Emily Dunning Barringer, attending physician at Kingston Avenue Hospital, Dr Augustus L Harris of Cumberland Hospital and Dr John Sturdivant Read, former president of the Kings County Medical Society, also spoke on aspects of social diseases

ON FEBRUARY 17, the Society took a stand against the Health Department's announced plan to abandon the complement fixation test to detect social disease taints in patients committed to city institutions

Until a better method is devised, this blood test should be continued, physicians who are members of the society agreed It also advocated adoption of the same scientific methods that now govern use of this test in research laboratories of the city and at Kingston Avenue Hospital

DR WALTER S TERHUNE, eighty-four, practicing physician in Brooklyn for more than sixty years, died on February 10 at

his home In 1927 Dr Terhune was one of seven in a class of fifty-two to receive a golden anniversary diploma from the New York Homeopathic Medical College and Flower Hospital, where he had received training, in recognition of fifty years of practice.

DR A BOYCE MARION, who was for nearly fifty years a general practitioner in Brooklyn, died on February 16 in the Swedish Hospital of pneumonia after an illness of a week

DR. M E BINET, PRESIDENT of the Vichy Medical Society of Vichy, France, and authority on gastro-intestinal ailments, was the guest speaker at a meeting of the Williamsburg Medical Society in the Leon Louria Memorial Auditorium of the Jewish Hospital, St Mark's and Classon avenues, on Feb 14

Dr Binet read a paper on chronic colitis He was introduced by Dr Anthony Bassler of the New York Chapter of the National Society for the Advancement of Gastroenterology, which jointly sponsored the meeting with the medical society

Following Dr Binet's talk, a discussion was conducted by Dr Albert F R. Andresen, Dr Walter S McClellan and Dr Roy Upham

Montgomery County

THE MEDICAL SOCIETY OF THE COUNTY of Montgomery met on February 16 at Amsterdam in St Mary's Hospital, Dr Edward A Bogdan presiding The speaker was Dr F A E Alexander He had for his subject, "Use of Common Depressant Hypnotic for Pre- and Post-Anaesthesia" Dr R C Simpson, Dr C A Spence, Dr H M Hicks, Dr W H Seward, Dr Roger Conant and Dr J A Shannon took part in the discussion

New York County

DR. MARION B SULZBERGER, assistant professor of clinical dermatology and syphilology at the New York Postgraduate Medical School, Columbia University, will speak at the New York Academy of Medicine on March 26 at 4 30 on "The Recognition and Management of Common Skin Diseases in General Practice"

THE BUREAU OF SOCIAL HYGIENE of the Health Department of the City of New York, announces a short, practical course in the diagnosis and treatment of Syphilis and Gonorrhea and other genitoinfectious diseases to be conducted by its own personnel in its own clinics Application blanks may be secured from the Director, Bureau of Social Hygiene, 125 Worth Street, New York City

A SCIENTIFIC SESSION OF THE New York Heart Association will be held on March 29, at 8 30 P M, in the New York Academy of Medicine This is a joint meeting with the Committee on Cardiac Clinics of the New York Heart Association, Dr Alfred E Cohn, Presiding Officer There will be two papers presented "Studies of the Circulation in Chronic Constrictive Pericarditis Before and After the Resection of the Pericardium" by Harold J Stewart, M D, Associate Professor of Medicine at Cornell University Medical College and Attending Physician, New York Hospital, "Studies on the Pathology of Vascular Disease" by Milton C Winternitz, M D, Professor of Pathology at Yale University School of Medicine

Niagara County

THE NIAGARA COUNTY Medical Society met on February 8 at the Nurses' Home of DeGraff Memorial hospital Dr Clayton W Greene, Buffalo heart specialist, spoke on "What Can We Do for Angina Pectoris Coronary Occlusion"

Queens County

A "BEEFSTEAK AND BARN DANCE" of the Medical Society of the County of Queens was given at the Medical Society's building on February 26

DR MARSHALL PEASE will speak at the Medical Society's building on March 18 at 4 30 on "Rheumatism in Childhood"

"LEGISLATIVE PROPOSALS FOR THE Elimination of Social Diseases" was the subject of an address by Dr Walter Lynn, chairman of the legislative committee of the Queens County Medical Society, at a meeting of the Queens Youth Assembly, Queens County Medical Society, and Queensboro Tuberculosis and Health Association at Jamaica Town Hall on February 10

Dr Lynn, just returned from Albany, spoke on the bills before the State Legislature to control syphilis Dr Herbert Silvers spoke on his work on the treatment of venereal diseases Dr M L Ogan, Jamaica district health officer, presided

A motion picture, "For All Our Sakes, sponsored by the American Social Hygiene Association depicting gradual control of communicable diseases, was shown.

The meeting was one of a city-wide

series in connection with the Health Department campaign to combat social diseases

Rensselaer County

THE RENSSELAER COUNTY Medical Society, meeting at the Health Center in Troy on February 8 instructed its traffic committee to ask Dr Walter D McKenna, commissioner of public safety, to liberalize enforcement of the city's new parking regulations in so far as they affect doctors

While the traffic situation in Troy has improved, the group feels the present parking restrictions are working hardships upon practicing physicians

The doctors believe they should be permitted to park their cars close to their offices during office hours, being extended this privilege as public servants who always must be ready to handle emergency cases They further feel there should be no time limit on their parking as, they point out, their cars should always be accessible

One doctor declared that on three different occasions he had been compelled to walk three blocks to his garage to get his car in answer to emergency calls from hospitals The time element is important, especially in emergency cases, it was pointed out, and doctors should not be hampered in their work.

The society will not ask the city to extend the parking privileges to physicians and surgeons, except to those on official duty Doctors making social calls should not be given privileges above those enjoyed by the other citizens, they agreed

Under a ruling by Dr McKenna, doctors already have the privilege of parking their cars for indefinite periods when making calls on patients, it was announced

A paper on the workmen's compensation laws as they relate to physicians was read by Dr Richard P Doody Another paper on "Pagets Disease and Hyperthyriodism —A Differential Study" was read by Dr C J Handron and discussed by Dr M. E DeLuca and Dr H T Wygant.

Schoharie County

AT A SPECIAL MEETING of the Schoharie County Medical Society held in the Library of the Lark Street School, Cobleskill, February 17, the following very excellent papers were read and business conducted

1 "Dental x-ray of Interest to the Physician," D L Bassett, D D S
2 "Pneumonia" Meleatus Bruce M D
3 "Syphilis," David W Beard, M D

On motion duly made, seconded and carried, the Chairman of the Economics Committee was requested to contact our Senator and our Assemblyman and urge them not only to favor but to work for the enactment of the Doctor's Lien Law

On motion the "Report of the Sub-Committee to Study Policies Relating to Standing Orders for Public Health Nurses" was approved with the following amendment—

When a county nurse first makes a call on a prenatal case, she must instruct the patient to visit and engage a physician. If on her second call, the patient has neglected this duty and has not seen a physician, the nurse shall not make another call until assured the patient has visited a physician, and she may then make future visits only on the instruction of the physician so engaged. The nurse must not under any circumstances take blood pressure or make urinalyses unless so instructed by the physician in charge —Reported by H L ODELL, M D, *Secretary*

Ulster County

UNLESS EMPLOYERS OF Ulster county allow their employees to select their own physicians under the terms of the State Compensation law, they will be reported to the State Department of Labor, it is announced by a committee of the Ulster County Medical Society Certain employers, it is said, have refused to permit their employees to pick their doctors as provided by the law

Wayne County

DR LUTHER H OEHLBECK, x-ray specialist at Clifton Springs Sanitarium, spoke at the meeting of the Wayne County Medical Society on February 8 in Lyons, on "Roentgen Rays as a Palliative and Curative Therapeutic Agent"

Westchester County

INVESTIGATION OF THE growth, sale and use of marijuana will be undertaken by the Westchester Medical Society

Physicians are alarmed over the increasing use of this drug, and the monthly meeting of the society at New York Hospital, White Plains, on February 15 adopted a resolution for the investigation

The investigation will consider the source of the Mexican weed both locally and from outside the County as it affects Westchester residents The physicians will sift reports that high school students are smoking marijuana and that "every backyard" in some sections of Westchester cities and villages contains a patch of the narcotic weed

Hospital News

Rate Cuts Urged for Hospital Insurance

A SHARP WARNING WAS sounded, at the first national meeting of hospital insurance heads in New York City, on February 17-18, that the present rates must be cut, or the government may enter the field in competition and set up its own system of hospitalization

The possibility that some sort of government control would supersede the present voluntary hospital care insurance systems unless their rates were lowered to permit more of the public to participate, was held up to the national conference of hospital insurance executives by C Rufus Rorem, of Chicago, director of the committee on hospital service for the American Hospital Association Mr Rorem disclosed that the National Security Board, through its bureau of research and statistics, was contemplating a study of hospital care insurance, and that similar studies were being made by private insurance groups

City, State and Federal units of government, he said, were interested in the prospects that their free hospital wards could thus be relieved to some extent of patients who were able to pay a fraction of the cost of their hospitalization, and that tax loads would thus be lightened At present, he said, one-third of all the patients in hospitals were charity cases, whereas only approximately one-tenth of the population was on relief, indicating that many of the charity patients would have been able to pay at least a small fraction of the cost of their hospitalization He estimated that perhaps one per cent of the annual family income, or a minimum of $12 could be applied to hospital insurance

A "Disastrous" Possibility

"At the present time," he said, "a large number of people are being admitted to government hospitals—Federal, state or local—at the expense of the taxpayers

"If the rates of the voluntary plans were somewhat lower, say an average of 1 per cent of the family income, the taxpayer would be relieved literally of millions of dollars by having a substantial proportion of people in government hospitals cared for through voluntary plans"

Referring to the contemplated study of hospital insurance by the Social Security Board, he said

> It is up to the voluntary plans to bring their rates within the ability and willingness of the average man to pay them, if government interference is to be avoided Government co-operation might be desirable, but a plan dictated by government officials would be disastrous It is hoped that the voluntary hospital plan executives throughout the country will see to it that their experience is capitalized rather than neglected by other voluntary plans yet to be organized.
>
> I believe that public interest is subjecting the movement to a scrutiny not anticipated, some of which is sympathetic, some critical. Unless plans are made available with lower rates for the lower income groups, the government may find it necessary to establish a hospital insurance plan of its own.

The Hospital Pharmacy

IN MANY INSTANCES the hospital pharmacy is in the position of a neglected stepchild It is quite true that in the small institution the maintenance of a pharmacy is economically an unsound policy and these carry only stock solutions in a drug storage room, sending all prescriptions to a licensed pharmacist for compounding The large hospital maintains a regular pharmacy with a qualified pharmacist in charge

The hospital in between these extremes, that of average size, is the one that really offers a serious problem, notes the Editor of *Hospital Management*, since many prescriptions must be compounded and large quantities of stock are consumed, yet the volume of work is not sufficient to warrant a full-time pharmacist. In some cases the problem is solved by employing a registered pharmacist on a part-time basis, but all too often prescriptions which require compounding are sent to an outside pharmacy while stock solutions, ready made prescriptions and similar items are in charge of an intern, or some other person of responsibility

We consider this to be a serious and dan-

gerous situation, declares this editorial authority We question both the advisability and the legality of allowing any drugs to be compounded or issued except under supervision of a person who has had the requisite training

Mistakes have been made in such simple dispensing as stock solutions and ready made prescriptions Certainly such control is illegal We believe that the law is the same in all states, requiring that only a licensed pharmacist shall dispense drugs and that the original prescription be kept on file in the pharmacy

It is, therefore, our belief that compounding and issuance of all drugs should be under control of a licensed pharmacist in every hospital regardless of its size In the small or medium sized hospital this can always be arranged with a local pharmacist who will either carry the stock for the hospital or spend part of each day in the institution's pharmacy and control it It is true that this will add slightly to the cost, but the added safety is well worth the extra expenditure and the pharmacy can always be made to pay dividends

The American Hospital Association has made the first effective move toward recognition of the problem by organization of a subsection on pharmacy The American Pharmaceutical Association also has a well established subsection on hospital pharmacy The committee on pharmacy of the A H A in its second report, 1937, has called attention to "unsatisfactory conditions," and there can be no doubt that remedies will be found

Improvements

A $3,000,000 Hospital for the New T B Therapy

Plans to build a nine-story $3,000,000 tuberculosis hospital with accommodations for 530 patients in Jamaica, Queens, are announced by Dr S S Goldwater, Commissioner of Hospitals The building is to be started this year, at Parsons Boulevard and Goethals Avenue, adjoining the Queens General Hospital It will be known as the Triboro Hospital for Tuberculosis

Commenting on the fact that the hospital would be erected in the city, in a thriving community, Dr Goldwater explained that modern treatment of tuberculosis was based on active therapy rather than the negative steps formerly used

"In the early stages of the knowledge of tuberculosis," he said, "the treatment consisted largely of aiding nature to overcome the disease Choice of climate was believed to be of fundamental importance The principal aids were rest, fresh air and plenty of nourishing food Sanatoria were usually located either at the seashore or in the mountains

"As the knowledge of tuberculosis progressed, more intensive forms of medical treatment were gradually added until at present active measures of therapy are frequently resorted to, including surgical operations

"It has been found that active therapy can best be carried out in well equipped hospitals situated in communities where skilled surgeons and other medical authorities are available"

The new hospital will be of light gray brick with limestone trim The walls of the upper floors will be made of clear glass Most of the patients will be accommodated in six-bed wards, all of which will lead to balconies

On each floor will be three glass enclosed solaria, one at the center and one at each end Atop the wings will be open and closed roofs

It is expected that the hospital will be completed within a year after ground is broken It will be administered as a part of the Queens General Hospital but will have its own medical staff

Construction of a new building in the Riverside Hospital group on North Brother Island in the East River to expand the city's facilities for the treatment of pulmonary tuberculosis will be started soon, it is announced by Dr S S Goldwater, Commissioner of Hospitals

The addition will be a new building, to contain pathological and bacteriological laboratories, an x-ray department, operating and treatment rooms, a receiving ward and general ward accommodations for 150 beds With the addition Riverside will become an up to-date tuberculosis hospital of about 500 beds The building will consist of three floors and a basement.

Newsy Notes

CARL P WRIGHT, superintendent of the General Hospital of Syracuse and executive secretary of the New York State Hospital Association, urged State legislators on Feb 7 to defeat a bill which would repeal the section of the penal law which makes hospital strikes illegal

The bill was introduced in the Legislature by Senator Francis L McElroy of Syracuse

Wright said McElroy, a Democrat, joined with Assemblyman Frank Monasco, American Laborite of Brooklyn, in sponsoring the measure The penal law was invoked once to end a strike in the Brooklyn Jewish Hospital, he explained

"We regard this bill which the C I O has attempted to slip through the Legislature as one of the most iniquitous measures in years," Wright said "With all regard for the rights of organized labor, I am convinced that all thinking workers will recognize that consequences involved in tying up a hospital are far different from any ordinary labor troubles, since the lives of helpless patients are involved."

MATERNITY CASES AND VISITS to very young children formed the largest part of the work done last year by the 265 nurses on the staff of the Henry Street Visiting Nurse Service, according to a summary by Miss Katharine Faville, General Director

Operating from twenty-one centers throughout Manhattan, Bronx, and Queens, the Henry Street nurses made 545,000 visits during 1937

A SWINDLER POSING AS AN intern of the Bronx Hospital has been canvassing the Bronx asking for one dollar subscriptions for a mythical publication of the hospital The Bronx *Home News* has warned everybody who is approached to notify the hospital at once

At the Helm

THESE HOSPITAL OFFICIALS HAVE BEEN CHOSEN

Dr J Woods Price, to be president of the Saranac Lake Society for the Control of Tuberculosis, succeeding Dr Lawrason Brown, who died on Dec 26

Francis C Leupold, to be superintendent of Jamaica Hospital

Dr Allen Kane, to be director of the new division of tuberculosis of the New York City Department of Hospitals

Dr James D Hague, to be chief resident physician at the Monroe County Hospital

Walter L Johnson, to be chairman, and James H Carter, to be president of the trustees of Ossining Hospital, both reelected

Dr Frank A Calderone, to be district health officer in charge of the lower East Side health center in New York City, at 72 Cannon St, serving a population of about 300,000

Mrs E J Ashwell, to be president of the trustees and managers of the W C A Hospital at Jamestown, reelected

Milton J Fletcher, to be president of the directors of the Jamestown Hospital Service Corporation, reelected

Sister Domenica Maria, to be superintendent of Seton Hospital for Tuberculosis, Spuyten Duyvill Parkway, Bronx

Sister Agnita Miriam, to be superintendent of the New York Foundling Hospital at 175 E 68 St., New York City

Allan B Williams, to be president of the directors of the Olean General Hospital, reelected

Dr I E. Van Hoesen, to be president of the medical staff of the Memorial Hospital of Greene County

G L Cook, to be president of the Tompkins County Memorial Hospital Association, reelected.

Milton Solomon, to be president of the crippled children's division of the Jewish Sanitarium and Hospital for Chronic Diseases in Brooklyn

Frank B Twining, to be president of the managers of the Leonard Hospital in Troy, reelected

Lewis S Greenleaf, Jr, to be president of the Associated Hospital Service of the Albany district, reelected.

Dr Joseph P Lasko, to be president of the staff of Leonard Hospital at Troy

Dr Ray Palmer Baker, to be president of the directors of the Samaritan Hospital at Troy, reelected

Medicolegal

LORENZ J BROSNAN, ESQ
Counsel, Medical Society of the State of New York

Surgeon's Right to Discontinue Operation

A few weeks ago, a case was passed upon by an Appellate Court in a neighboring state in which the decision was one which should be of interest to all who practice surgery *

The action in question was brought against Dr O, on behalf of an infant, J H, and her father, L H The child it seemed had since the age of three suffered from head, nose, and throat trouble, which apparently had threatened to involve her lungs When she reached the age of nine, her mother took her, on the suggestion of the family doctor, to Dr O, a specialist and surgeon in such cases After thorough examination, he advised that "the child had an infected left antrum and he would have to perform a radical operation—make a hole in the mouth and cut away and remove the diseased tissue. Also, he would have to give five or six bronchoscopic treatments after the operation to clear up the chest."

The mother postponed the operation for a time by trying changes of climate for the patient, but about two years after the original consultation with Dr O arrangements were made for him to operate on the child A fee for the operation was agreed upon Dr O after postponing the operation for a few weeks in order for the patient to be put in a fit condition for the contemplated surgery had the child taken to a hospital Dr O was instructed by the parents "to act in his own best judgment." The mother signed a written consent to operation after its character had been explained

The operation was begun under an anesthesia and after it had progressed about thirty-five minutes, the surgeon recognized a condition described as "quite dangerous" and as "a crisis of pneumonia" so he deemed it inadvisable to continue with the operation The procedure thereupon was ended, before any attempt had been made to actually remove the diseased tissue In five days the child was taken home Thereafter the surgeon examined and treated the child from time to time for a period of about two years At the end of that time, the patient's mother discontinued Dr O's treatments and employed other physicians During the latter part of the said period of time he administered numerous bronchoscopic treatments to the child.

At sometime during the period after the attempted operation Dr O, according to the mother, stated to her "I would still like to go on with the work, the work still remains, the left antrum is still infected, I will continue with the operation—since that time the other side has been infected, that is, the right antrum" The mother however never permitted Dr O to make a further attempt at operation

Nearly six years after the operation, an action was brought by the child and her father against Dr O for damages based chiefly upon an alleged breach of contract It was contended on the part of the plaintiffs that the defendant, without right and illegally, had refused or neglected to complete the performance of the operation and remove the diseased tissue

Upon the trial the witnesses who testified in behalf of the plaintiffs brought out the facts to have been substantially as set forth above At the conclusion of the plaintiffs' case on defendant's motion the case was dismissed, and judgment was entered in favor of the doctor

The plaintiffs took an appeal from the judgment of the trial court and the Appellate Court affirmed the holding below In so deciding the Court said

> The undisputed proof, put in by the plaintiff, shows that the surgeon in so acting was within his rights, and performed his duty to his patient, considering that he found in the course of the operation that to continue it would endanger her life.
>
> Where, as here, the duly authorized representative of an infant patient has selected a surgeon to perform an operation under anaesthesia, and has appointed no other person to represent her during the period of unconsciousness, the law will, by implication, constitute the surgeon the representative of his patient and will cast upon him the responsibility of so acting in her interest that she shall receive the full benefit of his professional judgment and skill to which she is entitled, and this implication, which protects the surgeon while acting within its scope places no duty upon him to perform an operation that involves risks or results of a kind not contemplated

The Court in support of its decision, quoted from an earlier case as follows

> The question however, is one to be settled, not by authority, but by reason, and its im-

* Hanig v Orton, 195 Atl 812

portance is such that it touches at a vital point the interests of the entire public, any member of which may at any time suffer in life or health by the establishment of a rule that will paralyze the judgment of a surgeon and require him to withhold his skill and wisdom at the very juncture when they are most needed, and when, could the patient have been consulted, he would manifestly have insisted upon their being exercised in his behalf

With respect to the contention that defendant had failed in his obligation to continue the operation at a later date the Court said

The answer to that contention is that it ignores the undisputed facts The proofs show that the defendant properly continued from time to time to treat the child in both respects for a considerable period, until the child was removed from his supervision and treatment by the mother who engaged other doctors to continue such treatment. That this action of the mother was against the wishes of the defendant was disclosed by the proof (likewise put in by the plaintiffs)

Now the rule is that whenever, as here, one party to a contract prevents the other from carrying out the terms thereof, the other party may treat the contract as broken and abandon it. Such an abandonment is merely the acceptance of a situation created by the wrongdoer

Claimed Loss of Sexual Powers Following Herniotomy

A young man in his early twenties was referred to a physician who specialized in surgery with the request that he be operated for hernia The history received was that a number of weeks before the injuries had been sustained while the patient, in the course of his work, had engaged in lifting a heavy machine. The doctor found that the man was suffering from a bilateral inguinal hernia, and a few days later he had him hospitalized and under a spinal anesthesia the surgeon performed a herniotomy following a technic described as a modification of the Willys-Andrews herniоplasty After two weeks the patient left the hospital apparently with an uneventful recovery, and thereafter returned to the office of the surgeon on three occasions for routine examinations, covering a period of two months His recovery seemed to be complete and entirely satisfactory

About five months later a malpractice action was instituted against the physician who performed the operation in which the charge was made that in its performance he had in some manner injured the plaintiff and caused total loss of sexual power In the bill of particulars served somewhat later, the charge was made that defendant had injured the supply of nourishment to the testicles and the genital organs resulting in their complete destruction.

The case came on for trial before the court and a jury and the testimony in the case required four days for presentation Certain doctors who had examined the plaintiff prior to the operation, testified that his testicles were normal at that time, although at the time of trial there was no doubt as to the fact that the said testicles had become atrophied to about the size of a pea The defendant himself in his testimony conceded that when he saw the patient the testicles were normal in size There was also testimony that the plaintiff, when he went to the defendant, was suffering from a direct hernia on one side and an enlarged ring on the other side, in the face of defendant's testimony that the plaintiff had suffered from direct hernia on both sides and that said condition was the condition which he had operated upon

Plaintiff produced expert testimony supporting the theory that the operation which was performed upon him was not in general use at the time the defendant performed it and that it was one which incurred greater than usual danger of constriction of the spermatic cords Plaintiff's expert testimony was to the effect that during the operation both spermatic cords were constricted which led to causing atrophy of both testicles It appeared from the said expert testimony that at the time of trial the said testicles were completely atrophied and that there was no testicular tissue remaining which forever disbarred the plaintiff from sexual intercourse and consequently from procreation There was also testimony that the atrophy of the testicles would result in glandular changes to the detriment of the plaintiff

The defendant and his witnesses testified upon the trial that the operation performed by him was a proper one and that the atrophy complained of was due not to a constriction of the cords, but probably to some infectious disease, it being the contention of the defendant that had he constricted the cords as alleged, there would have been noticeable postoperative symptoms which were not in fact present

At the conclusion of all the testimony the Court submitted the issues in the case to the jury and a verdict was rendered in favor of the defendant thereby completely exonerating him of the charges of malpractice which had been brought against him

Plaintiff took an appeal to the Appellate Division of the Supreme Court from the judgment in favor of the defendant, and the said Court affirmed the ruling of the Trial Court A further application was made for leave to appeal to the Court of Appeals which was likewise denied, the jury verdict thereby remaining undisturbed by the Appellate Courts

Medicolegal

LORENZ J BROSNAN, ESQ
Counsel, Medical Society of the State of New York

Surgeon's Right to Discontinue Operation

A few weeks ago, a case was passed upon by an Appellate Court in a neighboring state in which the decision was one which should be of interest to all who practice surgery *

The action in question was brought against Dr O, on behalf of an infant, J H, and her father, L H The child it seemed had since the age of three suffered from head, nose, and throat trouble, which apparently had threatened to involve her lungs When she reached the age of nine, her mother took her, on the suggestion of the family doctor, to Dr O, a specialist and surgeon in such cases After thorough examination, he advised that "the child had an infected left antrum and he would have to perform a radical operation—make a hole in the mouth and cut away and remove the diseased tissue Also, he would have to give five or six bronchoscopic treatments after the operation to clear up the chest"

The mother postponed the operation for a time by trying changes of climate for the patient, but about two years after the original consultation with Dr O arrangements were made for him to operate on the child A fee for the operation was agreed upon Dr O after postponing the operation for a few weeks in order for the patient to be put in a fit condition for the contemplated surgery had the child taken to a hospital Dr O was instructed by the parents "to act in his own best judgment" The mother signed a written consent to operation after its character had been explained

The operation was begun under an anesthesia and after it had progressed about thirty-five minutes, the surgeon recognized a condition described as "quite dangerous" and as "a crisis of pneumonia" so he deemed it inadvisable to continue with the operation The procedure thereupon was ended, before any attempt had been made to actually remove the diseased tissue In five days the child was taken home Thereafter the surgeon examined and treated the child from time to time for a period of about two years At the end of that time, the patient's mother discontinued Dr O's treatments and employed other physicians During the latter part of the said period of time he administered numerous bronchoscopic treatments to the child.

At sometime during the period after the attempted operation Dr O, according to the mother, stated to her "I would still like to go on with the work, the work still remains, the left antrum is still infected, I will continue with the operation—since that time the other side has been infected, that is, the right antrum" The mother however never permitted Dr O to make a further attempt at operation

Nearly six years after the operation, an action was brought by the child and her father against Dr O for damages based chiefly upon an alleged breach of contract It was contended on the part of the plaintiffs that the defendant, without right and illegally, had refused or neglected to complete the performance of the operation and remove the diseased tissue.

Upon the trial the witnesses who testified in behalf of the plaintiffs brought out the facts to have been substantially as set forth above. At the conclusion of the plaintiffs' case on defendant's motion the case was dismissed, and judgment was entered in favor of the doctor

The plaintiffs took an appeal from the judgment of the trial court and the Appellate Court affirmed the holding below In so deciding the Court said

> The undisputed proof, put in by the plaintiff, shows that the surgeon in so acting was within his rights, and performed his duty to his patient, considering that he found in the course of the operation that to continue it would endanger her life
>
> Where, as here, the duly authorized representative of an infant patient has selected a surgeon to perform an operation under anaesthesia, and has appointed no other person to represent her during the period of unconsciousness, the law will, by implication, constitute the surgeon the representative of his patient and will cast upon him the responsibility of so acting in her interest that she shall receive the full benefit of his professional judgment and skill to which she is entitled, and this implication, which protects the surgeon while acting within its scope, places no duty upon him to perform an operation that involves risks or results of a kind not contemplated

The Court in support of its decision, quoted from an earlier case as follows

> The question however, is one to be settled not by authority, but by reason, and its im-

* Hanig v Orton, 195 Atl 812

their names! To make everything easy and save time, the chief agent notarized some petitions before they went out, and before a name was written on them Under questioning, she admitted that she did not know any of the persons who signed a petition she circulated herself, altho she swore that each signature was that of the person it purported to be As far as could be discovered during the inquiry, less than one per cent of the persons who signed the petitions were known to the individual circulators, so that a circulator's affidavit to the contrary was plainly worthless and not in compliance with Colorado law

That a slight doubt was felt about their own petition by the chiropractors was evidenced by the fact that before they turned it in, they struck out almost 3000 names, "for reasons best known to themselves" as the Colorado Secretary of State remarked in his decision.

So the gallant piratical craft of the chiropractors, breezing along full sail toward the November election, split wide open from stem to stern The Secretary of State, George E Saunders, has denied the proposed amendment a place on the November election ballot. True, his decision is still subject to review by the state courts, but competent attorneys have assured the State Medical Society that the decision will stand.

Colorado Doctors Have Made History

The Colorado doctors have done something more, too, than to halt this assault, iniquitous as it was Henceforth, declares the *Rocky Mountain Medical Journal,* it will not be possible for small groups of self-seeking individuals, who happen to have a few thousand dollars to spare, to buy a place on an election ballot by the simple means of employing petition circulators at so much per signature to catch as catch can every person walking the streets who is willing to sign his name Up to now this happy-go-lucky way of imitating legislation has never been challenged, but it is plainly out of line with the law "Until the present protest," we are assured, "led by the Colorado State Medical Society, was presented, no person or group ever attacked an initiative petition on the very substantial ground that circulators who stand upon street corners or in public markets and buttonhole every passer-by cannot truthfully swear to the required oath." So the doctors' victory makes history in Colorado

We may well recognize the fact also that if the chiropractors had won, they would have carried the campaign to other states, so that the Colorado men of medicine have been fighting the battle for all of us Now, says their editor, they are "confronted chiefly with the problem of paying the bills!"

Tablets for the Sore Throat of "Flaming Youth"

A PATIENT OF AN ENGLISH physician, a few weeks ago, on getting into his car, suddenly heard a hissing noise in his waistcoat pocket, and found himself on fire As the story is told in the *British Medical Journal,* he noticed two tablets of potassium chlorate which he had bought fall out in flames and set fire to the seat of the car He had a paper packet of twenty-five tablets in his pocket, and is not sure if he may not have had some matches there too, but thinks not. The doctor who tells about it recalls the case of a naval officer who had a similar experience a few years ago when he fell off a bicycle and some potassium chlorate tablets in a cardboard box in his pocket ignited He was severly burned. The editor of the *Journal* notes that a similar incident was recorded in its pages in 1929

A warning should be given to motorists and others not to carry the tablets loose in their pockets, says the English physician, Dr E F St. John Lyburn, of Hastings, and he adds that pharmacists usually instruct purchasers to handle them carefully "It is a simple matter to demonstrate the danger," he remarks, "by striking one of these tablets on the friction paper of a box of safety matches The paper, which contains phosphorus, causes friction, and the tablet is seen to flame up"

The tablets will also ignite under friction in the warm pocket without contact with matches or friction paper Potassium chlorate, adds the doctor, is also used in making detonators and explosives

A casual reading of the American drug-store journals reveals that they contain many hints to the wide-awake clerk, showing him how to "push" certain articles and make the unsuspecting customers buy two products instead of one Here, then, is a grand opportunity to sell with each packet of potassium chlorate tablets a handy fire-extinguisher

Across the Desk

Smashing Victory of the Colorado Doctors

THE INSPIRATION OF THE TOWERING peaks of the Alps, it is said, has filled the souls of the Swiss with such a passion for independence that they have been able for all these centuries to keep free. If true, is it not equally possible that the lofty crests of the Rockies, piercing the blue of Colorado's sky, should steel the spirits of her sons against the efforts of those who would rob them of their rights?

Explain it as we like, however, Colorado's embattled physicians have just won a notable victory over powerful forces that were making a bold attempt to break into the field of medicine without even the most elementary qualifications Another group has learned the danger of attacking the medical profession

The story of this threat to legitimate Medicine in Colorado was related in this department a few weeks ago under the heading "Freedom, What Crimes are Committed in thy Name!" For the hostile movement in Colorado proposed to add a "Health Freedom" amendment to the state constitution that would have raised merry hades, as it were, with medical practice and hospital service all over the state It was designed, so we are told in the *Rocky Mountain Medical Journal,* by a group of Denver chiropractors, and, if adopted, "would have repealed the Basic Science Law, and made it forever impossible to enact another" It would have knocked so many holes in the Medical Practice Act that it would look like a Swiss cheese, for "it would have permitted any sort of so-called healer, chiropractor, naturopath, yogi, quack, and what-have-you, to practice in every hospital that receives the slightest tax support." And not only so, but it would have let all these assorted "healers" into workmen's compensation and all other insurance practice, and no company could bar them out.

Things Looked Squally

Things looked pretty squally, for the chiropractors had got 52,000 names on their initiative petition for the "Health Freedom" amendment, where only 37,417 were required by law It seemed like a sure bet that this would put their measure on the ballot next fall—and then anything might happen

But right here is where the Colorado State Medical Society stepped into the picture, and things began to stir A committee of the society retained an able legal firm, and a formidable army of attorneys, detectives, investigators, handwriting experts, and clerical assistants fought the battle for eight long weeks Under their searching scrutiny the great petition began to crumble away

It turned out that the 52,000 signatures were obtained by a paid agent, who received three cents apiece for them, and paid two cents of it to circulators who secured them in any way they could. They went from door to door, or stood on street corners persuading passers-by to write their names on the lists

One circulator also testified that "she obtained the signatures for a great many people at the Loop Market with whom she was not acquainted, and that she did not and does not know that they were the persons whose names they purport to be."

Great Plan Piled up on the Rocks

That was the rock, in fact, upon which the great petition met shipwreck, for Colorado law requires that to each petition "shall be attached an affidavit of some qualified elector that each signature thereon is the signature of the person whose name it purports to be." The affidavits were supposed to be affixed to the sheets by the circulators who secured the signatures, and in some cases this was done, but when the investigators tried to find the circulators, most of them had disappeared and could not be traced

Those who were found confessed they did not know the people who signed, and many sheets were found to be sworn to by the chief agent in the central office, who had not even seen any of the signers write



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Books

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The International Medical Annual. A Year Book of Treatment and Practitioner's Index Edited by H Letheby Tidy, M D and A. Rendle Short, M D Octavo of 605 pages, illustrated Baltimore, William Wood and Company, 1937 Cloth, $6 00

Many of the leading physicians and surgeons of England again review the more important developments of the past year in this fifty-fifth appearance of the Medical Annual A book of this sort is difficult to review for it covers the specialties as well as the major fields To those who are anxious to keep abreast of advances and who feel that other reviews may not include what they seek, this volume will certainly prove useful

ANDREW BABEY

Textbook of General Physiology By T Cunliffe Barnes, D Sc Octavo of 554 pages, illustrated Philadelphia, P Blakiston's Son & Co, Inc, 1937 Cloth, $4 50

This recent book on general physiology by T Cunliffe Barnes, thoroughly up to date and supplemented with a wealth of references, is a highly commendable piece of work The method of presentation which departs from the more conventional pedagogical method and includes many brief allusions to recent research, should encourage the tendency of the undergraduate to seek information from original sources

The subjects of water metabolism and physical models of living systems have received special attention, and controversial evidence has been included to illustrate the unsettled nature of many physiological problems

The book may be divided roughly into two parts—the first dealing with the physical chemistry of living systems and the second with the external and internal factors which regulate the organism

Many of the illustrations in the book deserve special mention, not because of their contribution to art, but because of the contribution which art in its simplest form makes to the teaching of physiology Such illustrations as the one for the chloride shift, or the one showing the aspects of the cytochrome-oxidase system, change abstract ideas into concrete pictures for the average student

As a student textbook this work may be criticized by some physiologists on the ground that it leaves the student with a confusion of theories and ideas instead of a clear understanding of various subjects On the other hand, this fault may prove a virtue under the guidance of a good instructor through encouraging the student to read more original papers and to develop the ability to evaluate evidence for himself.

J RAYMOND JOHNSON

Skin Diseases in General Practice. Their Recognition and Treatment. By H Haldin Davis, M D Third edition Octavo of 400 pages, illustrated New York, Oxford University Press, 1937 Cloth, $6.25

The third edition of this book has been extensively revised The author writes, as his title indicates, for the general practitioner, and from this standpoint it may be considered a very helpful book.

The introductory chapter gives the anatomy of the skin, and a description of both primary and secondary lesions in as short and understandable a form as is possible. The next few chapters dispose of "Diseases due to Common Pyogenic Organisms", "Eczema", and "Syphilis", etc Following this the sundry common diseases are described according to their topographical distribution, which is a great aid to the one not well versed in dermatology All descriptions are in an easy reading style, not encumbered with involved pathological description, and are followed by suggestions or outlines for treatment It is to be noted that the author is not a faddist on diets, particularly in his treatment of eczema We would say that his therapy seems to be quite rational, although some of his drugs are peculiar to his own country, and are rather unfamiliar here

In the outline of treatment for syphilis, the reviewer feels that following the formulae laid down by the Cooperative Clinics is much safer and more satisfactory than the less than minimal treatment suggested by this author

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*Proc Soc Exp Biol and Med., 1934 32, 241 245
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N Y State Jour Med., June 1935, Vol 35, No 11
Arch Otolaryngology, Mar 1936, Vol 23, No 3
Laryngoscope, Jan 1937, Vol XLVII, No 1, 58-60

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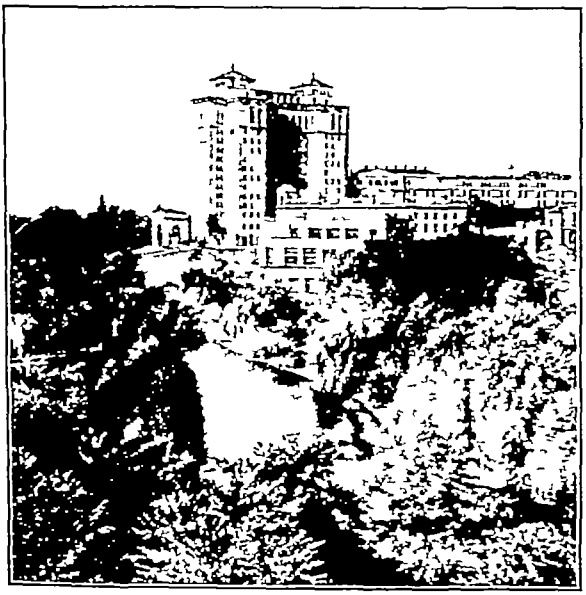
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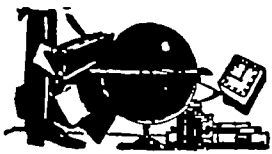
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Another student activity is the school paper or magazine Many a successful writer has made the start on a school publication For that matter, however, everyone, even in the most every-day business life, has more or less writing to do, and work on the student periodicals, in school and college, gives ease, fluency, and facility in handling our sometimes rather balky language The pleasure of being able to dash off a rattling good story or a humorous or serious bit of verse is also one of the joys that help make life worth while.

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Travel and Resorts

Bermuda's St George Reopening With Gala Pre-Easter Season Planned

Completely redecorated and with many added improvements the St George Hotel Beach and Golf Club will reopen Monday, March 14 for the Spring and Summer, with an extensive program planned for the pre-Easter holiday season, it has been announced by Robert D Blackman, General Manager of the Furness-Withy properties in Bermuda One of Bermuda's most popular resorts, the St. George is a resort within itself, combining all the vacation features of the island and embracing one of its finest beaches—St. Catherines

Ultra modern in equipment and furnishing, the hotel itself is a vast rambling structure overlooking the blue waters of St. George's Harbour on one side and the rolling juniper hills on the other Only a short distance away is the quaint 17th Century town of St George's, one of the features of the islands St George's swimming pool is the largest in Bermuda, while its golf course, designed by Devereux Emmett, is one of Bermuda's most picturesque.

Sherlock Holmes Irked His Author

Conan Doyle hated his brain-child, Sherlock Holmes, according to Hesketh Pearson, noted British biographer

This paradox, which parallels Ford Maddox Ford's revelation that Joseph Conrad hated the sea, and Rudyard Kipling's statement to a Canadian newspaper man that "I know nothing about India," appears in a recently published travel book, Skye High, in a dialogue between Mr Pearson and Hugh Kingsmill, who toured Scotland together over the line of the London, Midland and Scottish Railways

"While on the subject of Sherlock Holmes," Mr Pearson remarked, "did I ever tell you that his creator, Sir Arthur Conan Doyle, hated him?"

"How d'you mean?" asked Mr Kingsmill

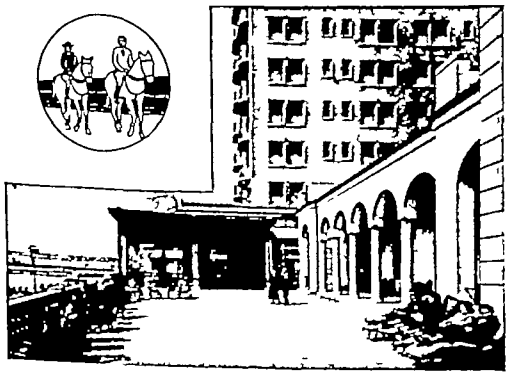
"I once wrote a longish article on the Holmes saga for G K C 's paper, in which I said that Holmes was among the few immortal characters in English literature one would like to

(*Continued on page xlv*)

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(Continued from page xliii)

meet. Doyle was apparently much pleased, because he wrote to thank me very heartily for what I said, but he also confessed that he was sick to death of Holmes and sometimes wished he had never created him"

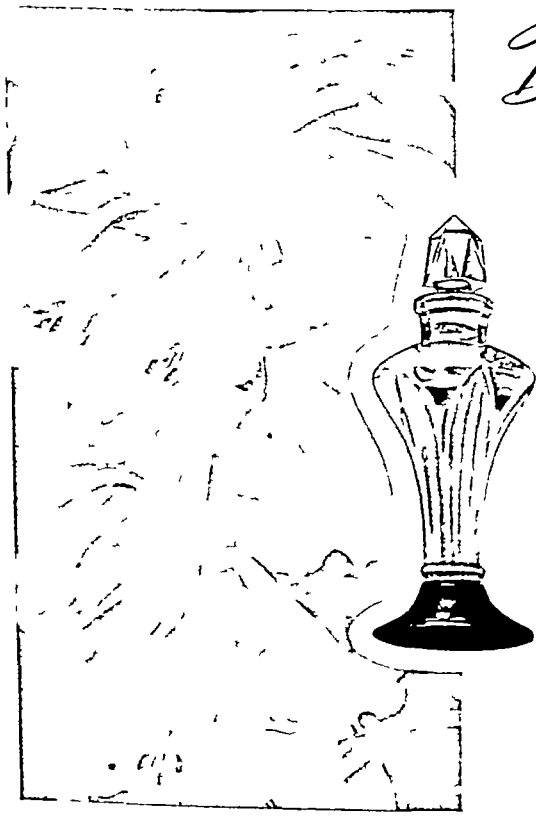
"Because the popularity of Holmes had prevented a proper appreciation of his serious historical romances, meaning, I suppose, The White Company, Sir Nigel, etc He added that Sullivan had suffered in the same way, his popular stuff, done to Gilbert's words, had killed him as a serious musician"

"But what," Mr Kingsmill asked, "did you reply to Doyle?"

"I accused him of ingratitude He had been able to give endless pleasure to thousands of people, myself among others, who had amply repaid him He was in fact a very lucky author I dismissed his 'serious historical romances' as uninteresting, like Sullivan's serious music, and begged him to give us some more of another character, in certain respects better even than Holmes himself—Brigadier Gerard"

Hesketh Pearson, actor, war-time army cap-

(Continued on next page)



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(Continued from page xiv)

tain, and biographer, set out with Mr Kingsmill to tour Scotland, following the same trail as Boswell and Johnson They did not make the tour in stage coaches, however, but aboard the modern trains of the L M S, remarks C. M Turner of the Associated British and Irish Railways

* * *

Kingston, Jamaica

The "dual personality" of this island in the heart of the Caribbean is something which visitors from northern countries find hard to believe until they have seen with their own eyes.

Jamaica has the unique distinction of being a beach playground, circled by broad and glistening coral strands, on the one hand, and a land of towering mountains, on the other Of the mountains, comparatively little of their attractiveness has been publicized, and some of them are almost inaccessible.

Like the other smaller islands of the West Indies, this isle is the very top of a submerged range of mountains, which rise out of the sea as the last vestiges of a remote age. The contour of the land was quite aptly described nearly 400 years ago by its discoverer, Columbus, who, in telling his queen, Isabella, about it, crumpled a piece of paper in his hand to make an impromptu relief-map

With hotels and guest houses at altitudes as high as 4,000 feet, Jamaica has the most developed mountain resorts in the West Indies A military cantonment, Newcastle, is also situated high in the mountains, which offer exquisite scenery and a remarkably equable climate The mean temperature varies only slightly throughout the year at altitudes of 2,000 and 5,000 feet, according to a report contained in the official Guide to Jamaica, just published by the Jamaica Tourist Trade Development Board, which states that at 2,000 ft., the mean is 72 degrees Fahrenheit, while that of 3,000 feet is only 62 4 degrees Blue Mountain Peak, the highest point in Jamaica, is 7,388 feet above sea level

* * *

Decoration Day Air Trip To Bermuda

During the Decoration Day week-end the Imperial Airways flying boat Cavalier, regularly engaged in the Bermuda-United States air service, will make a special flight from Port Washington, Long Island, to Bermuda, allowing time for the passengers to spend three nights and two and a half days in this Atlantic paradise.

The Cavalier will leave Port Washington on Saturday, May 28th, at 9 30 a m, arriving in Bermuda at 2 30 p m, five hours later She will leave Bermuda early Tuesday morning, May 31st, making it possible for business men to be at their desks in New York by lunch time on Tuesday

The projected air cruise will be limited to 21 passengers, the capacity of the Cavalier The round trip rate will be $150

ANNUAL MEETING NUMBER

NEW YORK STATE JOURNAL OF MEDICINE

Vol 38—No 7 APRIL 1, 1938 PAGES 483 to 600

IN THIS ISSUE

Dermatitis due to Bismuth Compounds — Associated with Cutaneous Sensitivity to the Arsenobenzols—Report of Two Cases
James W Jordon, M D and Harold L. Walker, M.D

Cure of Hydrocele by Injection *Louis H Baretz, M.D, F A C S*

Tuberculosis Case Finding Among Children—The Importance of Certain Age Groups *William J Ryan, M D, F A C P*

Anesthetic Practices—Organization in a Teaching Hospital
E A Rovenstine, M.D

Teaching Neurology to Undergraduate Medical Students
Lloyd H Ziegler, A M, M.D

Preventive Medicine—Every Day Prevention in Mental Health
B Liber, M D, Dr.P H

ANNUAL REPORTS TO THE HOUSE OF DELEGATES

PROGRAM OF THE 132nd ANNUAL MEETING
OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

COMPLETE CONTENTS—PAGES II and IV

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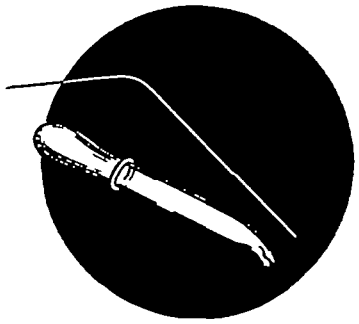
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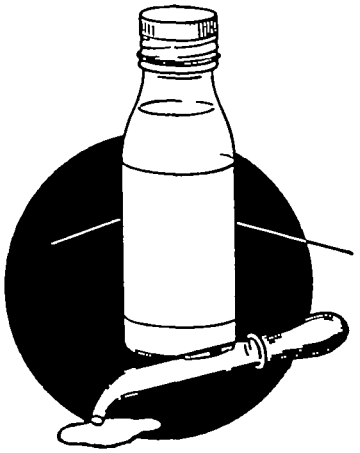


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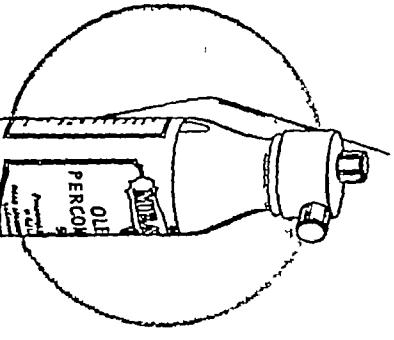


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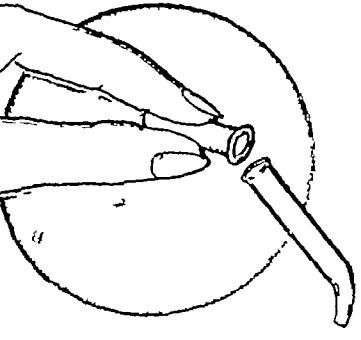
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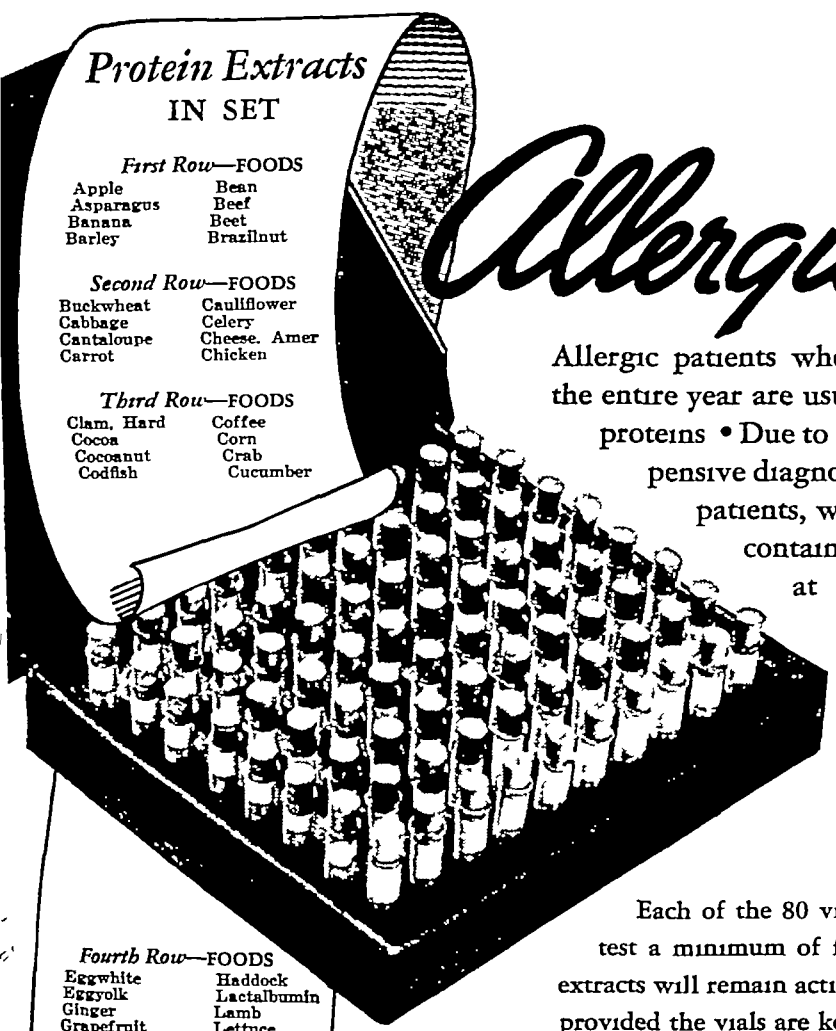
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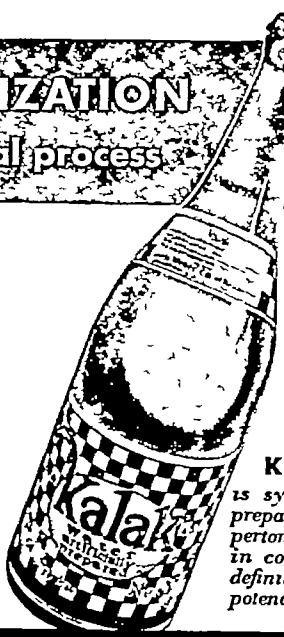
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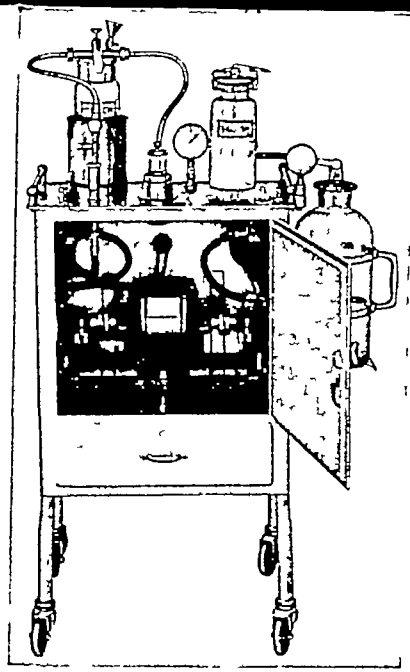
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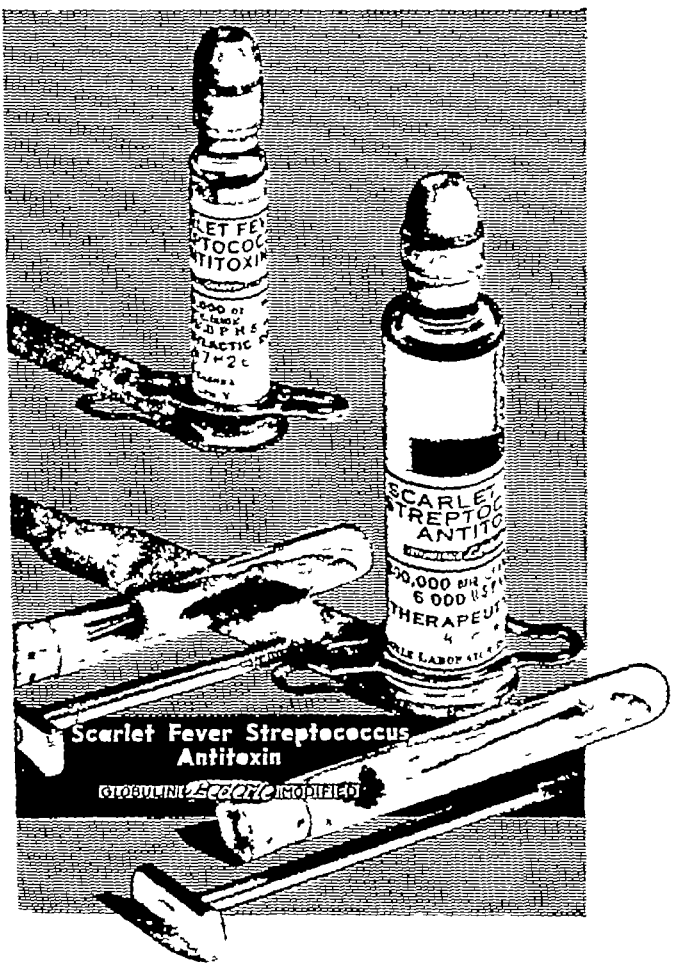
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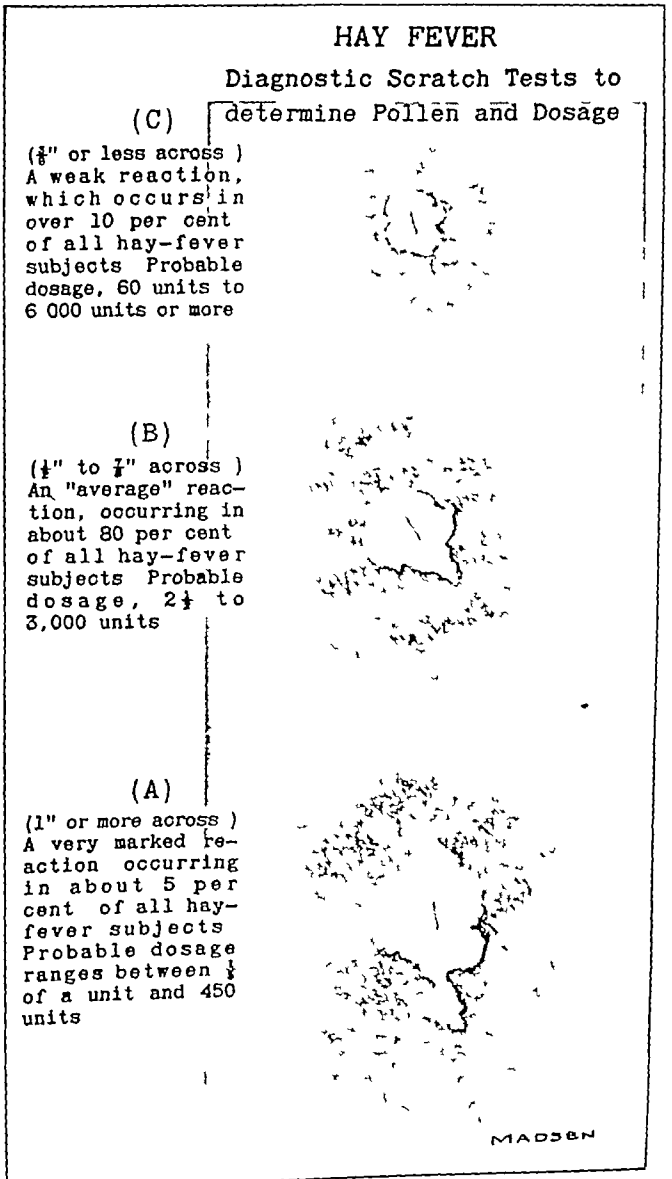


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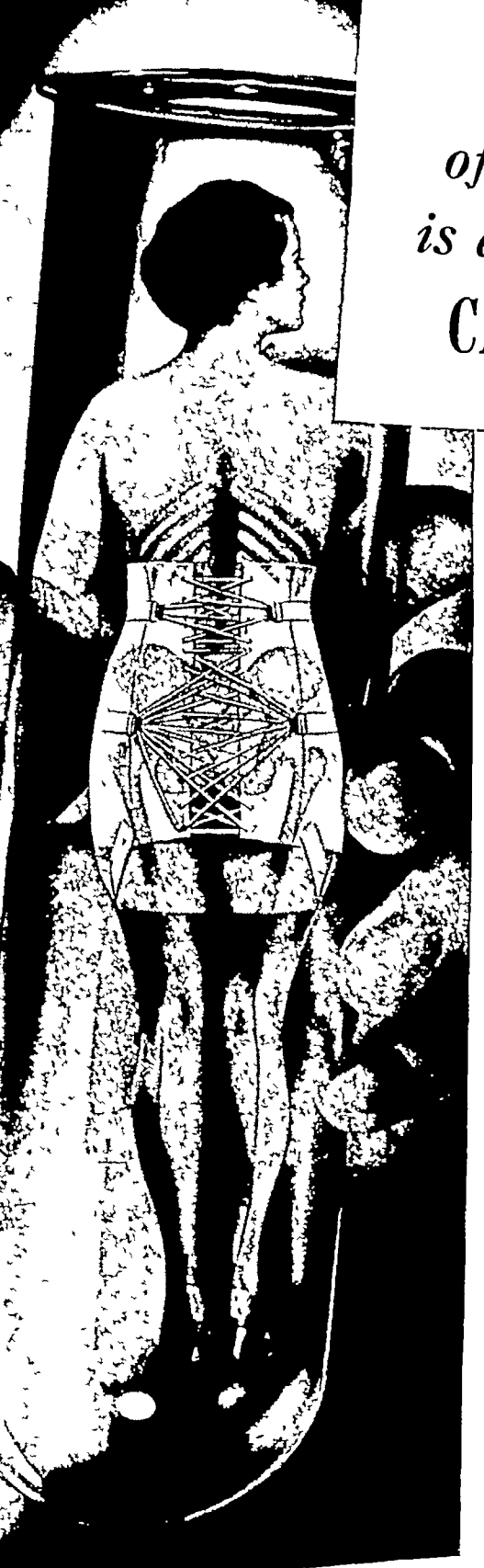
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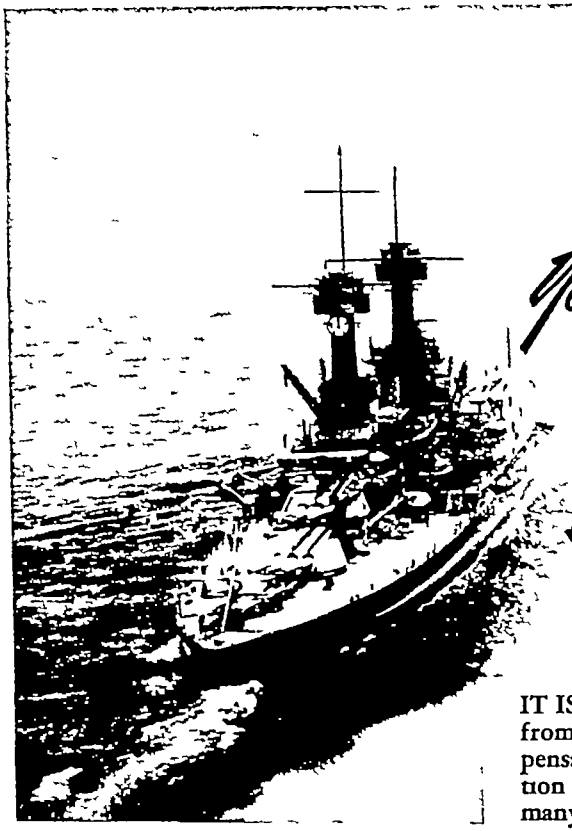
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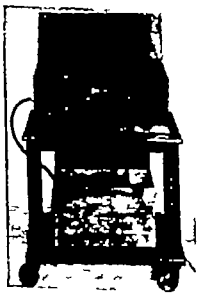


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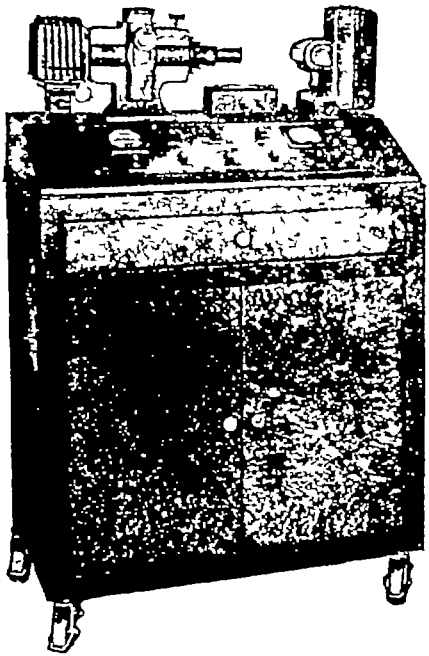
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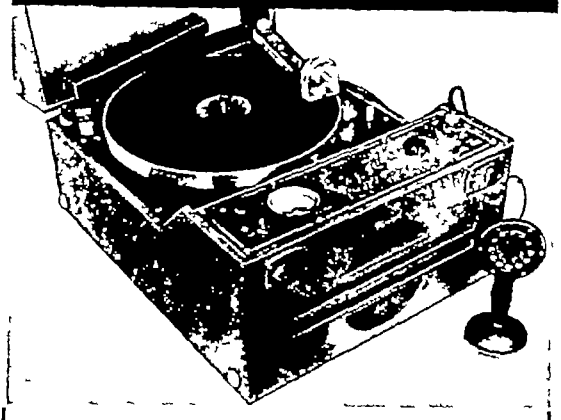
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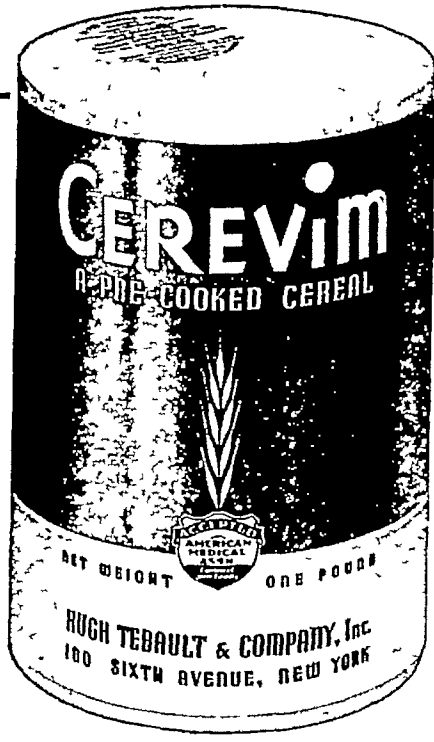
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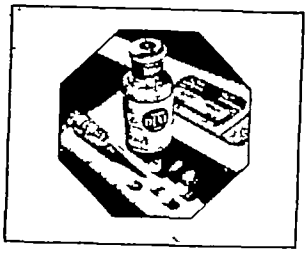
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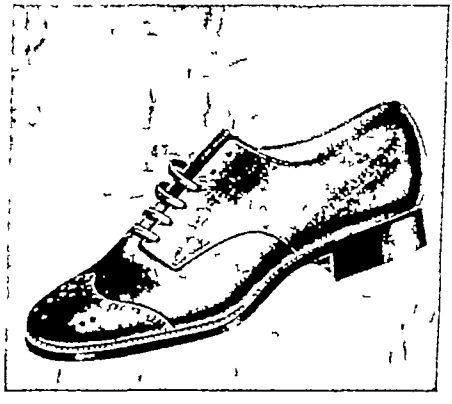
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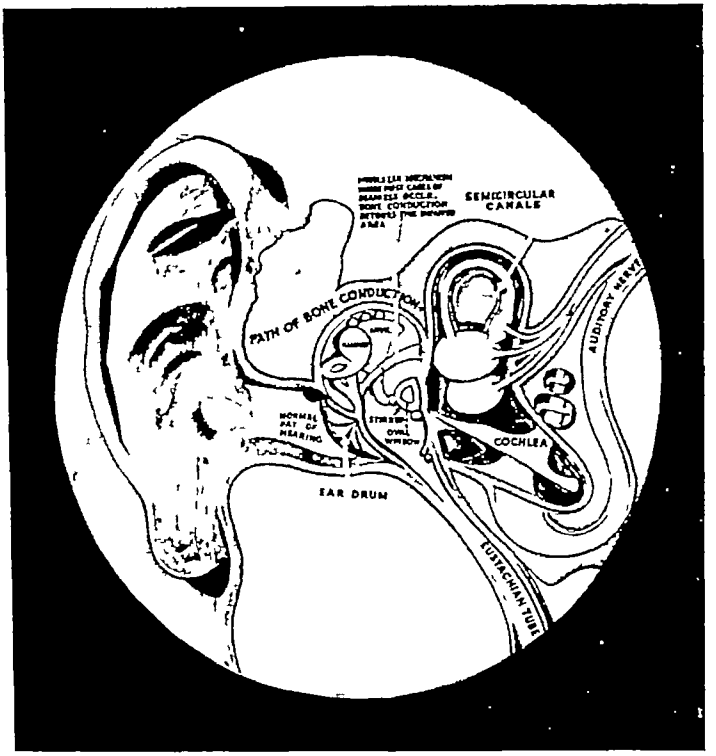
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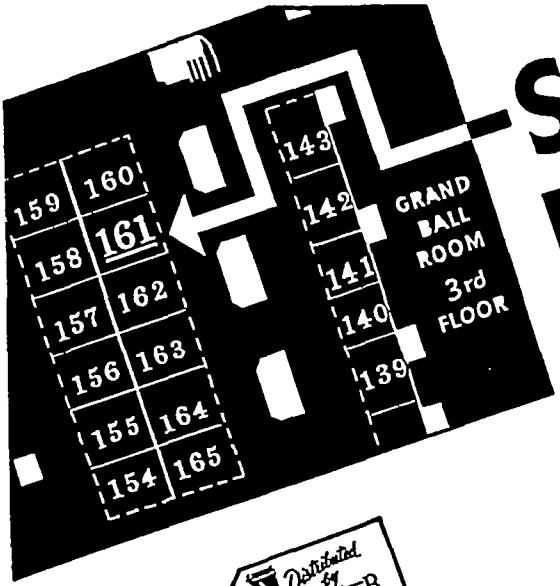
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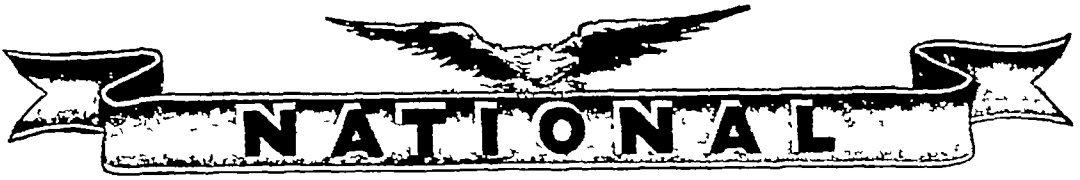
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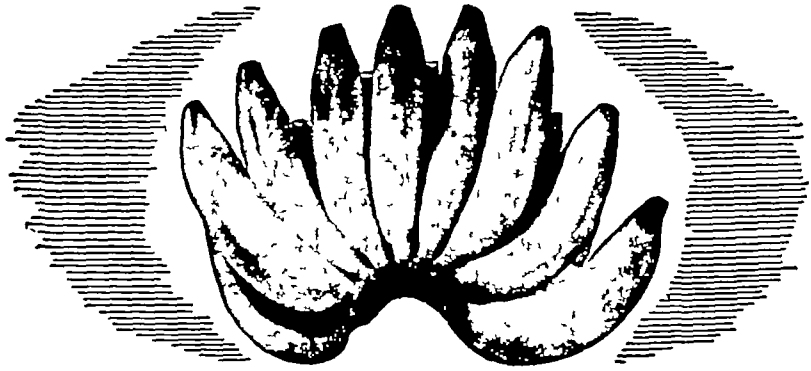
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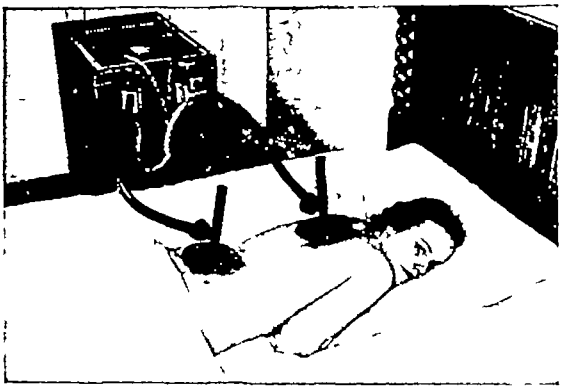
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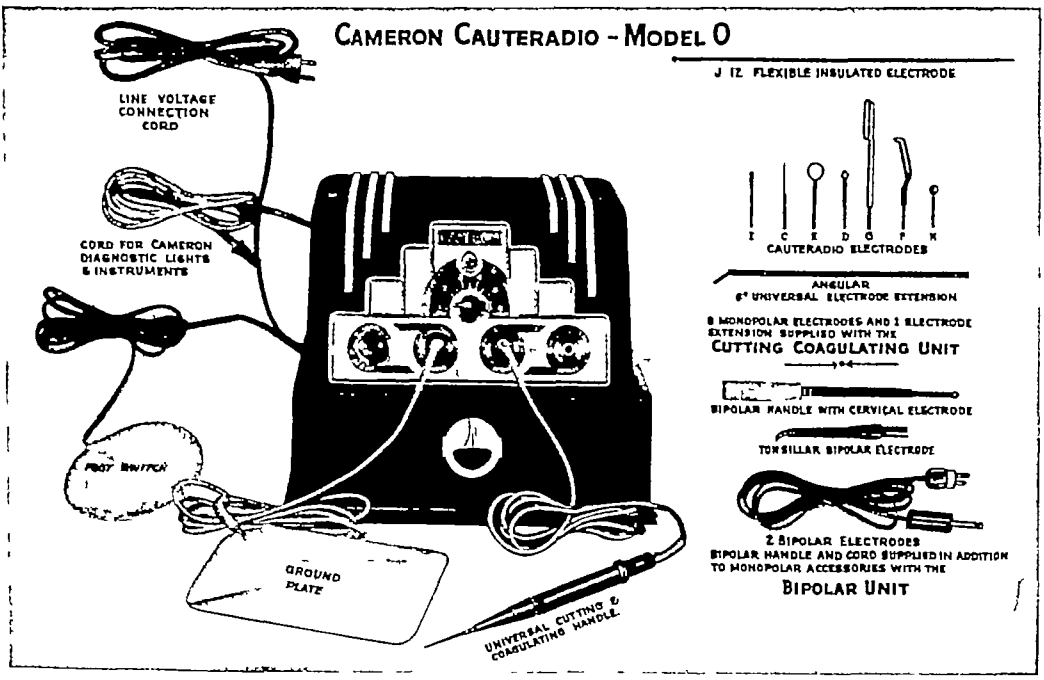
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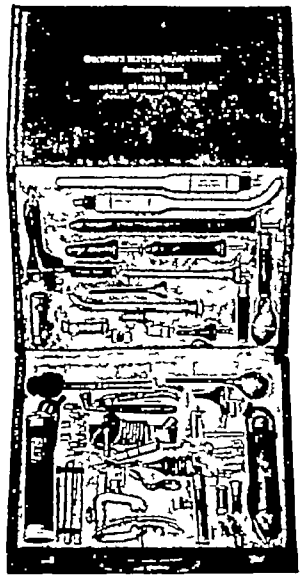


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The Cauteradio provides the Physician, Surgeon and Specialist with an Electro-Scalpel and Coagulator for office use at a reasonable price. The Model "O" is thoroughly practical for all minor surgery and light major surgery of the eye ear, nose, throat, skin, vagina and rectum. It is completely equipped for monopolar cutting, monopolar coagulating, bipolar coagulating desiccating, dehydrating and fulgurating in the office and clinic.

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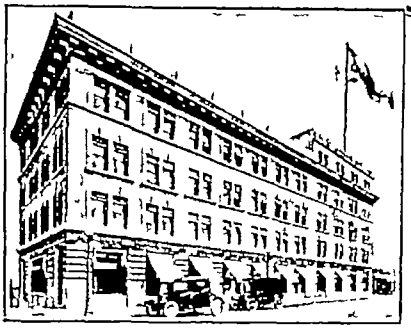


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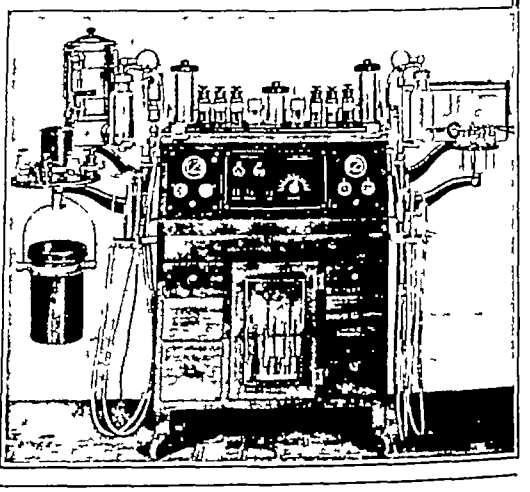
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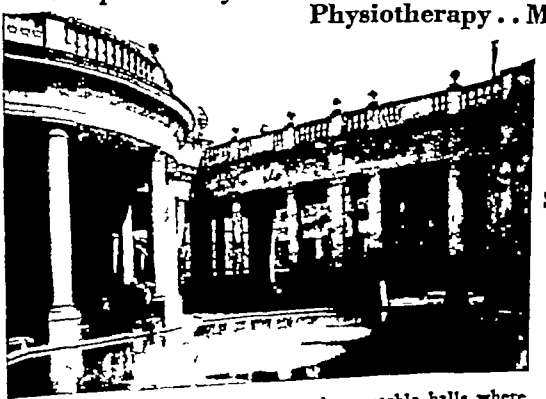
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Complementary cures **Irradiated Mud Packs . . Mineral Baths . . Oxygen Baths Physiotherapy . . Mechanotherapy . . Douches . . Massage**



A corner of one of the seven spacious marble halls where patients take the *cure* at Montecatini Spa, Italy

Season: April 1 — November 30

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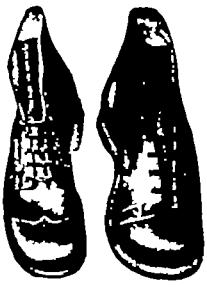
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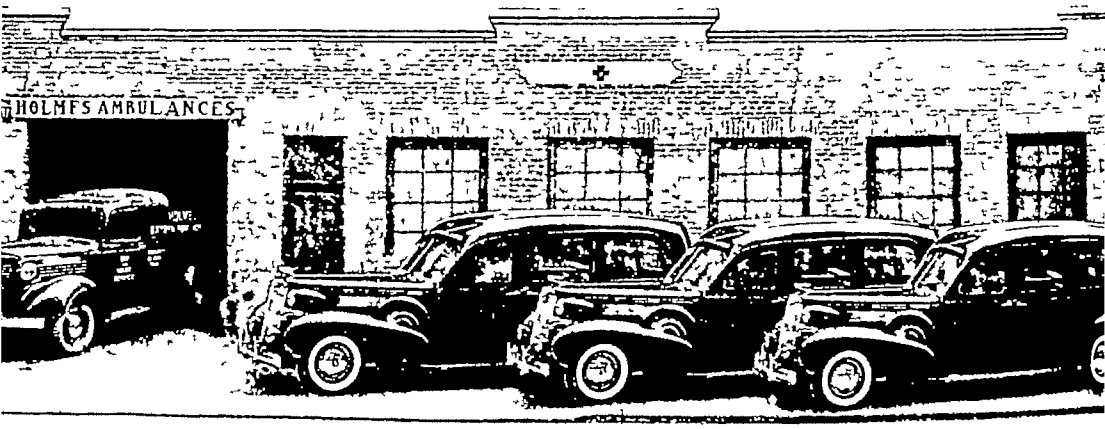
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41



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VEGEX *vs.* IRON AND COPPER

Alone, With Dried Whole Milk

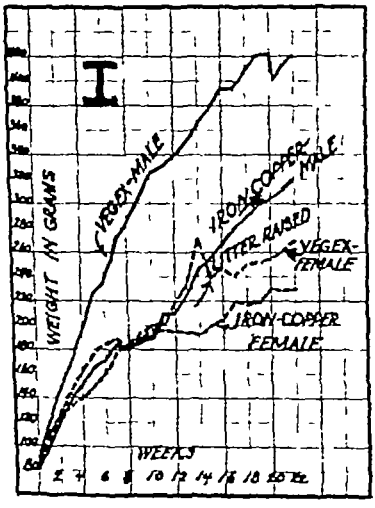


CHART I shows typical average animals on dried whole milk with Vegex and with iron and copper

CHART II shows where B_1 and riboflavin were added and the negative controls In both cases many of the animals did not last the sixteen weeks test.

In previous Vegex advertising in the Journal of the American Medical Association, we gave growth and hemoglobin count results with test animals (Albino rats) using dried whole milk, (a) with Vegex, (b) with added copper and iron, (c) with added B_1 and riboflavin crystals and (d) controls

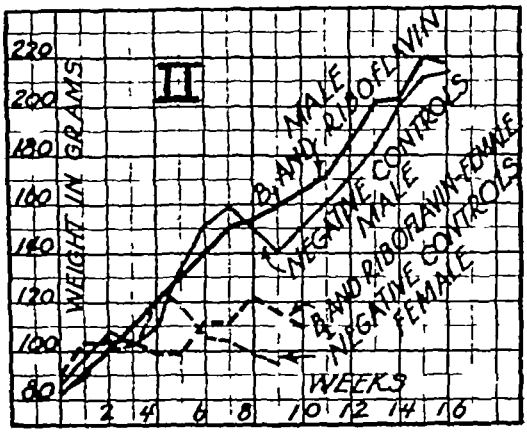
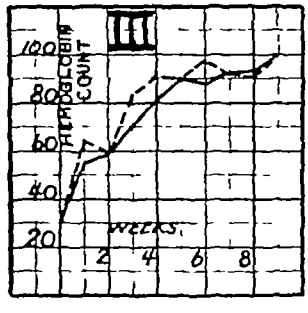


CHART III is a composite hemoglobin test of all the males and all the females in chart I The animals on Vegex had a hemoglobin count at the end of eight weeks of 96, with copper and iron 89, and the B_1 and riboflavin less than 10 These tests further show what milk needs for normal nutrition and that Vegex makes up milk s deficiency in some of the B vitamins and its deficiency in iron and the needed copper supplement.

One teaspoonful of Vegex supplies an average of 3 milligrams and three teaspoonfuls 9 milligrams of iron, together with the supplement of copper which seems adequate in the tests shown here A standard adult allowance for iron is about 12 milligrams daily Then Vegex supplies the extrinsic and intrinsic factors and is potent in all the known B vitamins



The Vitamin B Complex

The committee on nomenclature of the American Society of Biological Chemists in 1929, gave the designation G to what Dr Goldberger and his associates had termed the P-P (pellagra preventive) factor' Throughout the pellagra sections, 'G means this factor Riboflavin is devoid of it and should be separated from further designation as G

The entire B complex is needed to get the full results from any of the factors contained in it Vegex is high in the vitamin B complex. It is palatable and easily borne for use by the pediatrician or the adult patient

Samples for professional or clinical use will be sent on request.

VEGEX for B VITAMINS

VITAMIN FOOD CO., INC.

VEGEX, INCORPORATED

122 HUDSON ST, NEW YORK, N Y

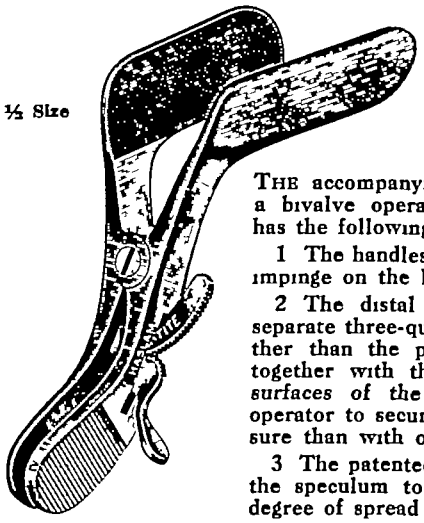
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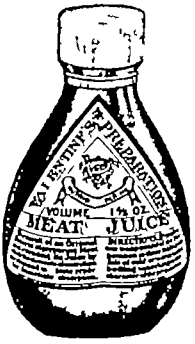
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VEGEX *vs.* IRON AND COPPER

Alone, With Dried Whole Milk

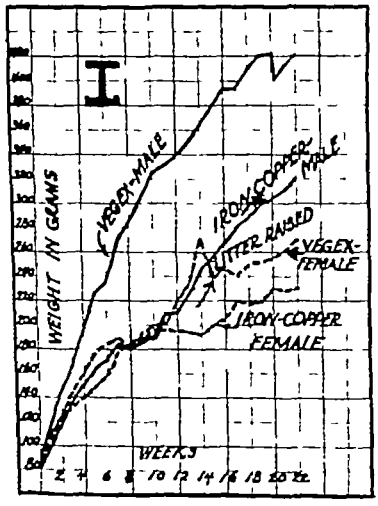


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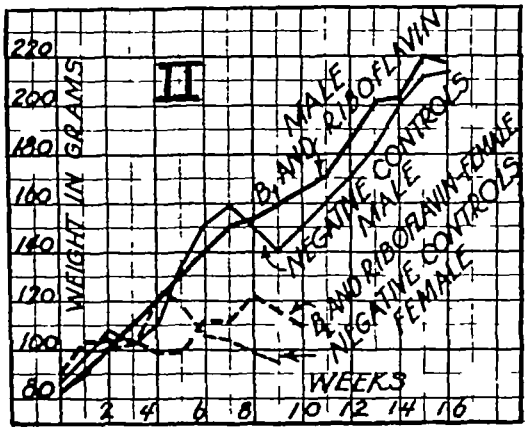
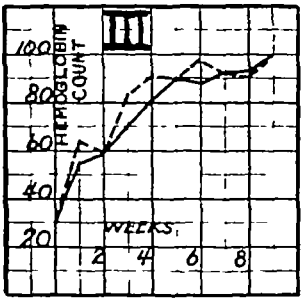


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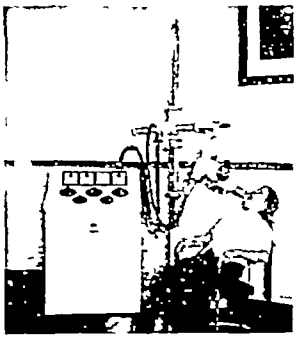
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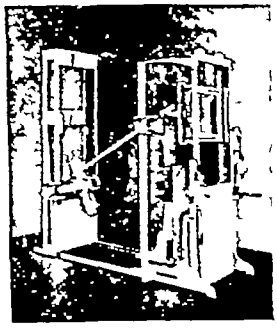
Check personally the features that make our equipment of great practical and economic advantage and which are built along lines of recognized treatment methods and safety You ll find us in the Grand Ballroom



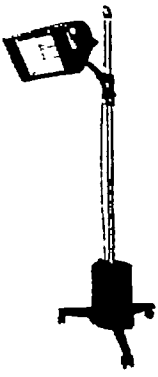
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●

BASIC OPERATIONS IN COMMERCIAL CANNING PROCEDURES

II THE BLANCH

● Previously, we have described the rea sons for the thorough cleansing of raw food materials prior to canning and the methods by which such cleaning is effected Another basic operation in the commercial canning procedures for many vegetables and some fruits, is known as the "blanch" (1)

In essence, the blanch is an operation in which raw food material is immersed in warm or hot water, or exposed to live steam The blanch serves a multiple pur pose.

First, blanching serves to soften fibrous plant tissue By so doing, it contracts or expands these tissues and thus insures a proper final fill in the tin container Sec ond, during the blanch, respiratory gases contained in the plant cells are liberated This release of gas prevents strain on the can during heat processing and favors de velopment of a higher vacuum in the fin ished product

Third, the blanching operation inhibits enzymes naturally present in the raw foods and prevents further enzymatic action In hibition of enzymes — particularly those inducing oxidative reactions, yields prod ucts of superior quality and nutritive values Fourth, the blanch may serve as an added cleansing measure and also remove "raw" flavors from certain foods. A final function of the blanching operation is to fix or set the natural color of specific products

In commercial canning practice, blanching is usually accomplished in equipment es- pecially designed for certain types of prod ucts In general, the raw products after thorough washing are conveyed through water or steam by various mechanical de vices capable of adjustment so as to subject the raw materials to a particular tempera ture for the proper period of time.

Such, in broad detail, are the purposes and mechanics of the blanch, a basic operation in many commercial canning procedures.

AMERICAN CAN COMPANY

230 Park Avenue, New York, N Y

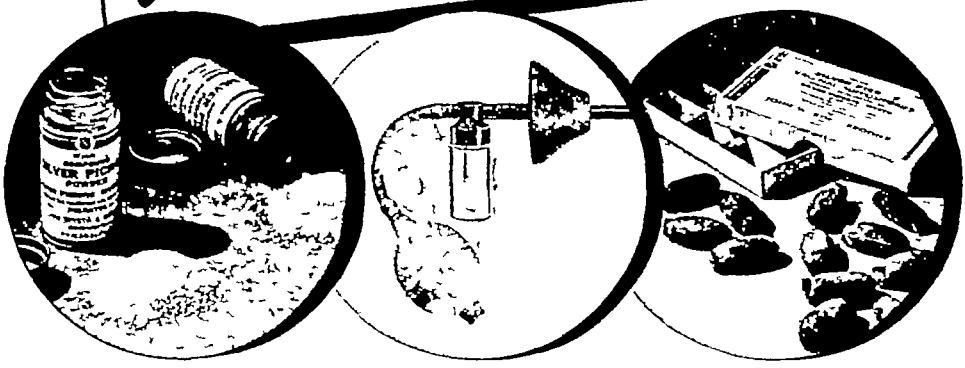
(1) 1937 Appertizing or The Art of Canning
A. W Bitting
The Trade Pressroom San Francisco

This is the thirty fourth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached We want to make this series valuable to you, and so we ask your help Will you tell us on a post card addressed to the American Can Company, New York, N Y, what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association

A Complete Treatment for TRICHOMONAS VAGINITIS



Complete remission of symptoms and disappearance of the organism from the vaginal smear is usually noted after two insufflations with Wyeth's Compound Silver Picrate Powder and supplementary use of twelve Wyeth's Silver Picrate Vaginal Suppositories.

Convenient · Simple · Effective

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WYETH'S COMPOUND SILVER PICRATE POWDER
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100% SHOCK PROOF X-RAY

1

FLUOROSCOPIC

Left figure shows arrangement for vertical fluoroscopy

2

RADIOGRAPHIC

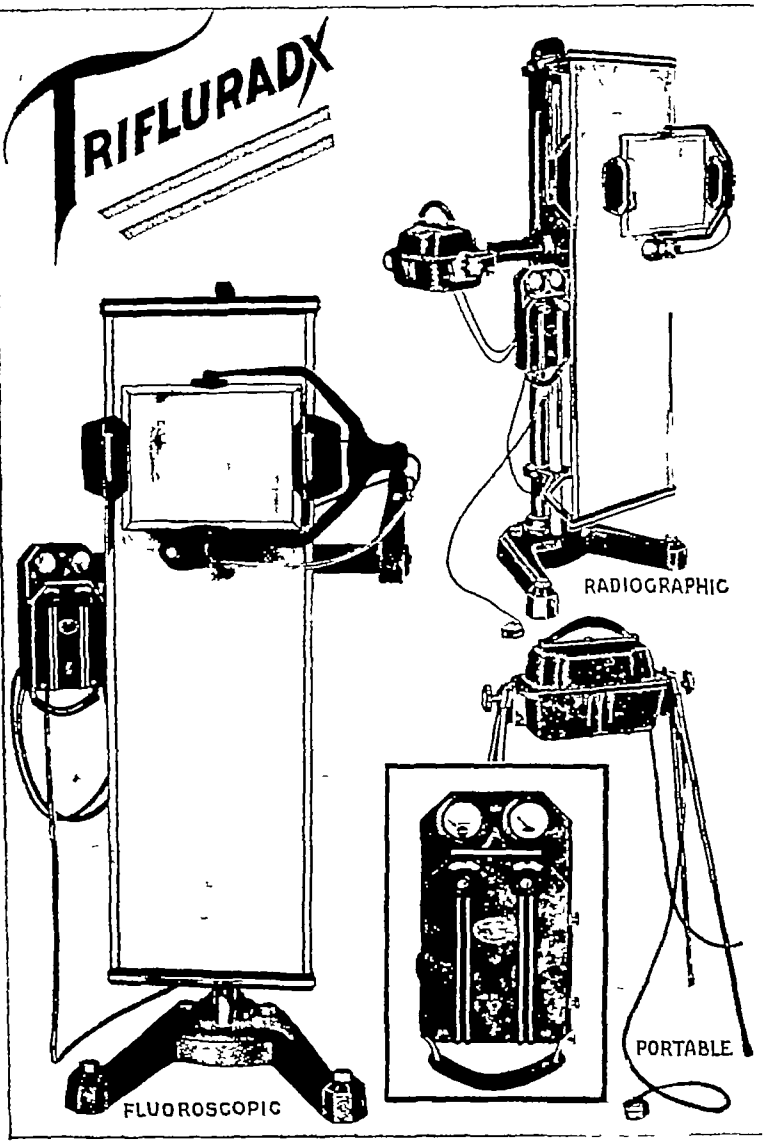
Upper right—arranged for radiography Full range vertical travel Mobile mounted on rubber-tired castors on floor locks Safety tube immersed in oil

3

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THE SEALTEST SYSTEM OF LABORATORY PROTECTION
Sealtest

Sealtest, Inc., 120 Broadway, New York

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DERMATITIS DUE TO BISMUTH COMPOUNDS

Associated With Cutaneous Sensitivity to the Arsenobenzols —Report of Two Cases

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Since bismuth has assumed an important position in the treatment of syphilis, cutaneous eruptions due to sensitivity to its compounds have been reported from time to time The eruptions have been of a wide clinical variety Urticaria, toxic erythema, purpura, scarlatiniform eruptions, exfoliative dermatitis, morbilliform eruptions, pityriasis rosea-like eruptions, lichenoid eruptions, herpes zoster, and erythematous plaques have all been reported due to injections of bismuth compounds

A number of bismuth compounds have been incriminated as a cause of bismuth eruptions Galliot,[1] Vigne,[2] Hudelo et al,[3] Pinard and Marassi[4] have reported eruptions following the use of bismuth hydroxide Schamberg and Wright,[5] Mulot,[6] Skolnik and Aleshire[7] have reported eruptions following the use of salicylate of bismuth Hopkins,[8] McCafferty and MacGregor,[9] Grund,[10] Skolnik and Aleshire[7] described cases of dermatitis following bismuth tartrates Fouquet and Machtou,[11] Lepinay,[12] and Vigne[2] report eruptions following bismuth quinine preparations and Galliot[1] has seen an eruption following benzobismuth Since numerous compounds, containing a diversity of chemical substances held in combination with the bismuth, have produced dermatoses, it is impossible to attribute these eruptions to any one agent present in bismuth compounds

Both inorganic and organic arsenic, including the arsenobenzols, have been frequent causes of cutaneous complications Like the bismuth compounds, the arsenicals are capable of producing a wide variety of cutaneous eruptions

Various forms of intolerance to both arsenical and bismuth preparations have occasionally been described Galliot[1] reported two patients who had gastrointestinal reaction when an arsenical compound was given and urticaria when bismuth hydroxide was administered A third patient reported by him had nitritoid crises when arsenicals were given and localized dermatitis from benzobismuth Weissenbach and Basch[13] reported a patient with exfoliative dermatitis caused by arsphenamine who developed nausea and vomiting when a bismuth compound was given Schamberg and Wright[5] recorded the case of a man who developed a localized dermatitis from contact with neoarsphenamine and who, following sixteen injections of bismuth salicylate, developed urticaria, cyanosis, and shortly died Vigne[14] had a patient who

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reacted to arsphenamine Following bismuth hydroxide, the patient developed generalized edema, urticaria, acetonuria and died Nicolas, Gate, and Lebeuf[15] report a patient who had a generalized scarlatiniform erythema from an arsenical preparation and subsequently a generalized lichenoid eruption developed when a bismuth preparation was given Lortat-Jacob[16] states he has seen an arsenical erythroderma followed by a bismuth erythroderma Fouquet and Machtou[11] reported two patients who had a dermatitis from an arsenical compound and a generalized eruption when quinobismuth was given Michel[17] reported a patient who developed a dermatitis from both neoarsphenamine and a bismuth compound Tzank and Sidi[18] described the case of a man who developed a generalized erythroderma from arsphenamine, a bismuth compound, and a mercury compound Schoch[19] described two patients who had an arsenical dermatitis Upon subsequent treatment with potassium bismuth tartrate, one patient developed a generalized pruritus and the other a mild dermatitis He believed his cases due to the use of a syringe contaminated with arsenic

It is apparent from previous reports in the literature that intolerance of various types to both arsenical and bismuth compounds is occasionally encountered and in isolated instances may manifest itself by severe cutaneous sensitivity to both compounds We wish to report our observations on two such cases

Case 1 L V, an Italian male, age forty-two, first presented himself to the outpatient clinic of the Buffalo General Hospital in January 1931 A routine Wassermann and Kahn test done at that time were strongly positive He gave a history of having had a chancre eighteen years before for which he received sixteen intramuscular injections of an unknown drug There were no physical findings suggestive of syphilis A diagnosis of latent syphilis was made and treatment recommended The patient went to his private physician who gave him combined arsphenamine and bismuth treatment. This was well-tolerated for the first five treatments Following the sixth treatment the patient again presented himself at the hospital, this time with a severe generalized papulovesicular exfoliative dermatitis, which was diagnosed as an arsphenamine exfoliative dermatitis The dermatitis subsided at the end of six weeks Six months later he was given one intramuscular injection of camphobismol (1 Gm) The next day the patient developed a generalized dermatitis and two days later was admitted to the hospital At this time, he presented a generalized papulovesicular exfoliative dermatitis. This lasted approximately four weeks Following recovery, patch tests were applied with camphobismol (5%), neoarsphenamine (33⅓%), and bismuth salicylate (10%) The patch test with neoarsphenamine was strongly positive (marked vesiculation) The tests with bismuth salicylate and camphobismol were negative. Two weeks later treatment was again started with gradually increasing doses of camphobismol (025 to 1 Gm.) The patient received twelve such injections and no further dermatitis resulted He was later given fifteen intramuscular injections of bismuth salicylate of 12 Gm. each, without further incident. At a later date, the patient was again patch tested with 33⅓ per cent neoarsphenamine and the test was strongly positive. Desensitization to arsphenamine was attempted and he was first given 0002 Gm. of arsphenamine and one week later 0004 Gm No dermatitis resulted. The following week by error, the patient received 3 Gm of arsphenamine This was followed by a severe generalized exfoliative dermatitis which lasted approximately three months Three months later, intramuscular bismuth therapy was again started and the patient received five intramuscular injections of bismuth salicylate 12 Gm each Following the fifth injection, a vesicular dermatitis appeared on the hands and feet which gradually spread over the entire body The dermatitis assumed a chronic eczematoid form and did not subside for eight months

Case 2 J I, a Slavic male, age forty-four, first came to the outpatient clinic of the Buffalo City Hospital during March 1934 At this time he had a generalized, bilateral, symmetrical, discrete papulosquamous syphilis His Wassermann and Kahn tests were strongly positive He was given three intravenous injections of arsphenamine (4 Gm each) during the first week. Following the third injection, a generalized urticaria developed This subsided in a few days and treatment was resumed with 4 Gm. arsphenamine and 12 Gm bismuth salicylate weekly Following the third combined treatment, the patient developed a generalized papulovesicular exfoliative dermatitis lasting ten weeks Three months later, he was given an intramuscular injection of bismuth salicylate (12 Gm) The next day

an acute generalized vesicular dermatitis developed requiring three weeks to heal Following recovery, patch tests were applied with bismuth salicylate (10%) and neoarsphenamine (33⅓%) The patch test with the neoarsphenamine was strongly positive (vesicular) The test with bismuth salicylate was negative Two months later he was given an injection of neoarsphenamine (.025 Gm) and a mild generalized erythematous dermatitis developed

Comment

Sensitivity to arsenobenzols and bismuth compounds seems well-established in both our patients They had strongly positive patch tests to 33⅓ per cent arsphenamine, indicating some degree of cutaneous sensitivity to arsenical drugs Both patients developed their first attack of exfoliative dermatitis during combined treatment with an arsenical and a bismuth preparation The first patient developed a second severe generalized dermatitis when 3 Gm of arsphenamine was accidentally administered and no bismuth given On two other occasions, a generalized dermatitis developed when only bismuth was administered The capacity of the skin to react in an eczematous manner to injections of bismuth compounds in this patient showed a peculiar variation The first attack of dermatitis following bismuth came with the first injection of camphobismol, after recovery from an arsphenamine dermatitis A long period of cutaneous tolerance to bismuth compounds then developed This was later followed by a second dermatitis during bismuth salicylate therapy Abramowitz[20] found patients with phenolphthalein eruptions frequently exhibit a refractory period or negative phase of temporary desensitization during which the drug may be ingested with impunity In this connection, Sezary[21] states that patients with a bismuth dermatitis often become desensitized and that further administration of the drug does not produce a second dermatitis Fouquet and Machtou[11] observed a patient similar to ours who developed a generalized eruption following the third and twentieth injection of quinobismuth

The second patient developed an urticarial eruption following the third injection of arsphenamine, an exfoliative dermatitis when combined treatment with arsphenamine and bismuth was given, and exfoliative dermatitis when bismuth salicylate was given alone, and a mild generalized erythema when a small dose of neoarsphenamine was given alone

These two cases and the reports of other investigators make it evident that intolerance to arsphenamine as shown by gastrointestinal, nitritoid or cutaneous reactions may predispose to or be accompanied by untoward reactions to bismuth compounds This intolerance may be evidenced by gastrointestinal or cutaneous disturbances and in isolated instances if bismuth therapy is administered result in protracted illness or death

We believe that sensitization to arsphenamine was the primary condition in both our patients, although both patients were taking combined treatment when the first attack of dermatitis developed This belief is based on the relative rarity of bismuth dermatitis as compared with arsphenamine dermatitis and also the observations of Sezary[21] Moore and Keidel[22] report twenty-one cases of arsphenamine dermatitis in 47,000 injections, an incidence of about one in 2,400 injections Vigne[2] states that he saw nine cases of exfoliative dermatitis in 76,478 bismuth injections, an incidence of one in 8,479 injections Sezary[21] found exfoliative dermatitis almost twice as frequent when combined treatment with arsenicals and bismuth was given as when arsphenamine was given alone He found, however, that sixty-six per cent of the patients who received further arsenical treatment following a dermatitis developed a second dermatitis

When further bismuth therapy was given, only three per cent of these patients developed a second dermatitis He believes that in the later three per cent of the patients, the first dermatitis was due primarily to bismuth In our two patients, a second dermatitis was evoked by both bismuth and arsphenamine

Primary sensitization to an eczematizing agent is commonly followed by sensitivity to other chemically related substances and not uncommonly followed by true polyvalent sensitivity to many substances of diverse chemical structure This condition is not only seen in sensitivity to simple chemical substances but also with fungo toxins Stokes and Kulchar[23] have

pointed out that focal infection plays a part in predisposing the skin to an arsphenamine dermatitis White and Taub[24] believe sensitivity to fungo toxins exerts an important influence in the development of sensitization dermatoses of nonfungus nature We previously found that patients presenting a contact dermatitis due to various substances frequently exhibit sensitivity to soaps [25] Bloch[26] has found that thirty-five per cent of eczematous individuals react to more than one of ten common cutaneous irritants We have recently seen a patient who, during bismuth salicylate therapy for cardiovascular syphilis, developed an acute mycotic infection of the feet with a dermatophytid on the hands Bismuth salicylate was well-tolerated until the sensitivity to the fungo toxin developed Following recovery from the mycotic dermatitis a severe generalized exfoliative dermatitis developed when further treatment with bismuth salicylate was given Patch tests to bismuth salicylate were negative

Thus the event of one allergic phenomenon, such as an eczematoid dermatitis, whether due to substances taken internally such as arsphenamine, quinine, etc, or to substances contacted externally such as primrose, soaps, etc, frequently heralds a series of outbreaks due to substances either related or unrelated chemically

Therefore, following a severe dermatitis such as our patients exhibited, caution should be used in giving further treatment of any kind

The negative patch tests in our two cases of dermatitis following bismuth compounds demonstrate again that the patch test is of limited value in determining the causative agent in eczematoid eruptions except when due to external contact substances It is generally accepted that when an eruption is eczematoid in nature, the epidermal cells, and perhaps, the vessels in the upper corium are the sites of sensitization (Bloch,[27] Wise and Sulzberger,[28] Sezary and Mauric[29]) so that applications of the offending antigen from without (patch test) cause an eczematous response There are numerous reports in the literature demonstrating that this is frequently the case in eczematous drug eruptions due to such drugs as quinine,[30] formalin,[31] codeine,[31] and opium,[32] where the sensitizing substance has been taken internally and carried by the blood stream to the sensitized epidermal cells producing an eczematoid response in the skin from within and, when patch tests are applied, an eczematous response from without However, the applicability of the patch test in determining the cause of a dermatitis due to some substance taken internally, such as a drug, is limited by failure to test the skin to metabolites of the drug Lichtenstein[33] has found that in cases of exfoliative dermatitis due to gold compounds, patch tests with gold sodium thiosulphate gave positive responses (ability to ionize to monovalent gold ions in the skin), while patch tests to gold succinimide failed to give a response (inability to ionize)

In the case of an arsphenamine dermatitis, patch tests may be negative when cutaneous sensitivity exists [34] The patch test is further limited by the possibility of fluctuating cutaneous allergy and a negative allergic phase following the outbreak of a severe dermatitis It is probable that in certain cases of patch testing—negative arsphenamine dermatitis and bismuth dermatitis—the dermatitis is not caused by the intact arsphenamine or bismuth molecule but is due to split products of their metabolism Many bismuth compounds contain their molecular structure—salicylate, quinine, etc—drugs which commonly produce cutaneous sensitivity If it be true that arsphenamine and bismuth eruptions may be due to their metabolites and thus give a negative patch test of the whole compound, it is logical to expect the same phenomenon in related cutaneous eruptions where the offending substance is taken internally and carried by the blood stream to the integument

Summary

1 Two cases are reported of dermatitis due to both arsenobenzols and bismuth compounds

2 From these two cases and the reports of other authors, it is evident that sensitivity to arsenobenzols may predispose to or be accompanied by sensitivity to bismuth compounds

3 These two cases again suggest that the patch test is of limited value in es-

tablishing the cause of an eczematous dermatitis except when produced by external contact substances, since a negative allergic phase may exist following a severe dermatitis and since the dermatitis may be due to split metabolic products of the drug which were not used in patch testing

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Discussion

DR PAUL GROSS, *New York City*—This paper, based on exceptionally careful observation and thorough work up, brings out several important facts First, it sheds some light on what might be termed chronic arsphenamine dermatitis Although there are still a number of things to be clarified about the mechanism of the combined arsphenamine and bismuth allergy, the observations of Drs Jordon and Walker will leave no doubt about its existence. Undoubtedly the authors are on the right track if they suggested that the interaction between the bismuth and the body cells results in the formation of the allergenic substance Similar thoughts have been expressed by R. L Mayer in reference to the substances belonging to the Chinon group

The second fact really demonstrated is the unique position that arsphenamine dermatitis occupies within the large group of dermatitis medicamentosa I mean to say, it is the only eczematoid dermatitis caused by a drug without known preceding sensitization from without to within I do not want to open the question of the role of the paravenous injection as a sensitizing factor Naturally, what is said about arsphenamine holds true for gold and other heavy metals which seem to have an especial affinity to the epidermal cells Other eczematous drug eruptions are spoken of and at least in my experience may be explained by the well-known phenomenon of sensitization from without to within, viz Quinine hair lotion, quinine by mouth, tincture of iodine dermatitis, K. I by mouth, and many other examples known from the literature I don't think the term "drug eruption" should be applied to these occurrences which clearly belong to the contact dermatitis group

To clarify further the position of arsphenamine dermatitis, it will be useful to make a clear distinction between the exfoliative erythrodermia resulting from chronic (or acute) arsenical poisoning and the erythematovesicular edematous dermatitis resulting from arsphenamine hypersensitivity The presenters have left no doubt in their description about the clinical picture of eczematoid dermatitis in their cases

It is only one step further to state that arsphenamine dermatitis not only presents the clinical but also the biologic characteristics of eczematoid dermatitis

In our particular subject it should, therefore, not be a surprise to find a multiple allergy so frequent and important a feature of allergic eczema Dr Kesten and I carried out animal experiments, dealing with multiple sensitization, several years ago at Columbia University Neoarsphenamine was one of the substances we used in a series of experiments, the results of which have not been published yet.

Of course, before we assume multiple

allergy, i e, sensitization to as different substances as arsenic and bismuth, we ought to exclude definitely the possibility of group reactions

After all, the benzol ring is present in both arsphenamine and salicylic acid Many commercial bismuth preparations contain compounds to diminish the pain of intramuscular injections These facts must be considered in the performance of patch tests

The negative tests which the authors obtained in the bismuth compounds used in their two cases may be compared to some of the negative patch tests in contact dermatitis

But it is more desirable and fruitful to use these findings as a starting point for further research, this may reveal other important factors in the production of arsphenamine dermatitis, to mention only the question of hepatic insufficiency, salt and water metabolism, etc

The authors should be congratulated for presenting such an excellent and most stimulating paper on a subject of great importance

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THE PSYCHIATRIST'S RESPONSIBILITY TO THE CRIMINALLY INSANE AND TO SOCIETY

Foster Kennedy, M D, New York (*J A M A*, Feb 26, 1938), points out that there are three protagonists in law trials in which an alleged insane person is either in the box or at the bar the judge, the alleged insane person and the doctor

There is an unseen fourth the public, made articulate by the press Our forefathers fought for the recognition of individual rights Such marked individual consciousness for the respect of the rights of the individual has been won that the safety of the mass has been neglected Society, in short, in America has been failing to protect itself against rampant individualism, as expressed by the man of violence.

During the last year there were over eleven thousand homicides in this country This represents a fifth of the total loss of the American forces sustained through both natural causes and at the hands of the enemy in nineteen months of first-class modern warfare The police force and the law courts are tardy instruments in the apprehension of the perpetrators of the majority of these crimes, but when they have been apprehended the medical man is often made another brake on the slow wheel of justice, abetted by the sentimentality of the press by being asked to testify in and out of season to the lack of responsibility of the criminal Law is an instrument for the protection of society It is not a clinic.

The real point at issue in a trial in which the defense is a plea of insanity is not whether or not the mind was unsound but whether it was sufficiently unsound as to be unable to determine right from wrong, or the nature of the act If not, was the accused a victim of so uncurable an impulse to commit the crime as to ignore the ordinary social inhibitions and be forced thereby heedlessly to jeopardize his own safety? Irresistible impulse has a place in medicine. It is right that it should have a place in law But it is rare in medicine and still rarer in the courts

The whole system whereby a defendant employs and pays for *medical opinion* in the courts is wrong and should be abolished. The author can see no reason why a defendant should have any more constitutional right to pick his medical expert than he has to pick the policeman who arrests him or the judge who presides at his trial Acquittal on account of a *mental disease* or semimental disease is often a feeble release of wolves to prey on the people and should no longer be tolerated.

The following program is surely one for ardent hope 1 That in all cases of felony or misdemeanor punishable by prison sentence, the question of responsibility be *not* submitted to the jury, the jury will thus be called on to determine only *that the offense* was committed by the defendant 2 That the disposition and treatment (including punishment) be based on a study of the individual offender by properly qualified and impartial experts cooperating with the courts 3 That no maximal term be set to any sentence. 4 That no parole or *probation be granted* without suitable psychiatric examination 5 That in considering applications for pardons and commutation, careful attention be given to reports of qualified experts A sixth recommendation might be included in this program that there be chosen a panel of qualified *medical opinion*, if possible from university and major hospital staffs, who would advise the conscience of the court These physicians would receive adequate remuneration from no private individual or corporation but from the state, and only from the state

CURE OF HYDROCELE BY INJECTION

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In the writer's original paper[15] published in 1935, the title used was "The Treatment of Hydrocoele By Injection" Several investigators thereafter reported a similar success by this method, and since many of the injected cases have been followed for four to five years, I feel today that the title "The Cure of Hydrocele By Injection" is beyond criticism

Skepticism for any new procedure is a natural and healthy characteristic of the experienced and well-informed physician and surgeon And so it should be New methods, new drugs, new procedures, operative or otherwise, have come and gone, with the production of a temporary flurry of enthusiasm, often followed by a keen disappointment, and then a resulting skepticism for any future new methods However, the increasing reports of glowing success in the hands of careful and reliable workers with this injection treatment, have taken this subject out of the experimental field and firmly established the treatment as a method of choice for hydrocele

Kilbourne and Murray[14] state "The treatment has avoided hospitalization It has avoided confinement to bed It has avoided surgical complications It has not kept the patient from work"

F W Solly [20] "The advantages of the injection method over the surgical are obvious Results are so uniformly satisfactory both to the patient and doctor that we believe this treatment will soon largely replace the surgical operation for hydrocele."

Ewell, Marquandt and Sargent [16] "After three years of experience in a goodly number of types of hydroceles, we feel that the injection method of treatment is safe and efficient in a great majority of cases In 75 cases, there were four recurrences"

M Mayer [21] "It is our opinion that the modern treatment of hydrocele by injection meets the requirement of decreased risk, lessened morbidity and increased economy"

Theory of Injection

If the entire endothelium of a hydrocele sac could be damaged, thus causing an outpouring of fibrin ferment, theoretically the fluid should clot and cause obliteration of the sac

The rational is the introduction of some fluid into the sac sufficiently irritating to produce an inflammatory reaction in the serous lining which will cause opposite walls to adhere Since endothelium is of mesodermal origin, the repair process following this reaction leads to the production of fibroblasts and ultimately to the occlusion of the sac by fibrous tissue

Ewell and his coworkers[16] believe that "the resulting fibrosis of the tunic wall following injection so interferes with the blood and lymph supply of the endothelium that in some way it alters the process of fluid formation or reabsorption"

History of Injection

The treatment of hydrocele by injection is not a novelty Iodine and phenol were used as far back as fifty years ago The method was sane and scientific, but the solutions used were far too irritating Many physicians in active practice today must recall their own experiences with phenol or iodine—the reactions, the pain and sloughing which resulted There naturally followed a period of modification of the irritant used—glycerin and alcohol, forty per cent alcohol, alcohol and phenol, port wine, milk, NaCl solution (1-8 inc.) * All of these gave questionable

The writer is grateful to the staffs of the Jewish Hospital of Brooklyn and also the Kings County Hospital for their kindly cooperation.

*A detailed account of the history of these injection methods was reported by the writer in a previous article.[15]

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results with severe pain, reaction, and frequent recurrences so that the return to surgery was a matter of course

Operative Treatment

The surgical treatment for hydrocele has been quite successful Yet one must consider the economic problem with hospitalization, the possibility of mortality with any surgical procedure, the unavoidable morbidity, and the complications that frequently ensue Most of us who have come in contact with postoperative hydroceles have heard the patient woefully say, "Doctor, this is two months after my operation and I still have a large swelling" The hydrocele has been cured but a chronic epididymitis and thickened tunica have remained

As quoted by Ewell et al [16] "Sanford reported 5% recurrences following the radical operation for hydrocele Barney in a collected series of 412 operated cases reported 22 relapses (5 33%)"

Campbell [1] in 1927 reviewed 502 cases of hydrocele operated upon He reported a mortality of two cases due to pneumonia There was infection either superficial or deep in fifteen per cent of the cases The average stay in the hospital was 9 2 days There was occasional recurrence of hydrocele Complications were infection, hemorrhage, and involvement of the testis

Any method of treatment which will avoid hospitalization and the above complications will naturally prove to be a method of choice

New Injection Solutions

With the success of the use of sclerosing solutions in varicose veins, investigators were encouraged to attempt a modified injection method for hydrocele

The ideal solution would (1) Avoid pain, (2) Prevent reaction, sloughing or infection, (3) Not incapacitate the patient, so that the treatment may be an office procedure, and (4) Produce certainty of results

In 1928 Pybus[9] of England used quinine and urethane in two cases with satisfactory results

In 1929 Sharma[10] of India used quinine without reaccumulation of fluid

In 1931 Porrit[11] of England, and in 1934 Floyd and Pittman[12] of this country used sodium morrhuate with good results

In 1935 the writer[15] reported forty-one cases injected with quinine and urethane with equal success

Since then Ewell, Marquandt and Sargent,[16] Kemble,[17] Keitzer, Krug, Blavier[18] of France, Duray[19] of Belgium and Morton[21] have reported their results with similar enthusiasm Most of these used quinine and urethane

The writer has found the quinine and urethane solution (13 3% quinine) most satisfactory in his series

Technic

Since the onset of studies with hydrocele in 1932, the writer has had increasingly better results, because of what appears to be improved or modified technic

Success depends upon two factors

1 The sac must be completely emptied, thus assuring a concentrated injecting medium, undiluted by hydrocele fluid, the medium will thus come in actual contact with the endothelial walls of the sac

2 Sufficient fluid must be injected to thoroughly bathe the entire sac lining

The following technic was employed in the series of fifty-nine cases herein reported

1 The patient lies in a supine position

2 Use similar technic as tapping a hydrocele A small area of scrotum is anesthetized with novocain and a small trochar is used to aspirate the hydrocele fluid

3 The trochar is fixed in position to the scrotum with a Kelly clamp, thus insuring the fixation of the instrument so that its tip is always within the sac (*Fig 1*)

4 Empty the sac completely If uncertain, irrigate the sac until the return flow is colorless

5 Palpate the testis and epididymis for pathology

6 Inject slowly the solution of quinine hydrochloride with urethane (13 3%) using larger quantities with the larger sacs An ordinary intravenous needle #18 gage fits snugly within the trochar, and its point does not come in contact with the sac, thus preventing trauma

7 Withdraw needle and trochar and gently massage

8 Cover site with collodion

9 No suspensory or support is necessary unless patient is actively engaged in work

10 Patient may proceed with usual duties unless these are unusually vigorous

11 Patient returns in one week for observation

12 Do not retap an apparent recurrence at this time This is reactionary fluid and need not be disturbed unless the scrotum is tense.

13 If the swelling does not gradually decrease within two to three weeks, a second tapping and injection is performed

sacs may be injected at the same sitting without harmful effects

Congenital hydrocele without hernia will frequently subside by simple tapping, but where unsuccessful, the injection treatment will give excellent results

This method may be safely applied also to spermatocele, cysts of the epididymis, hydrocele of the cord, and other similar closed sacs

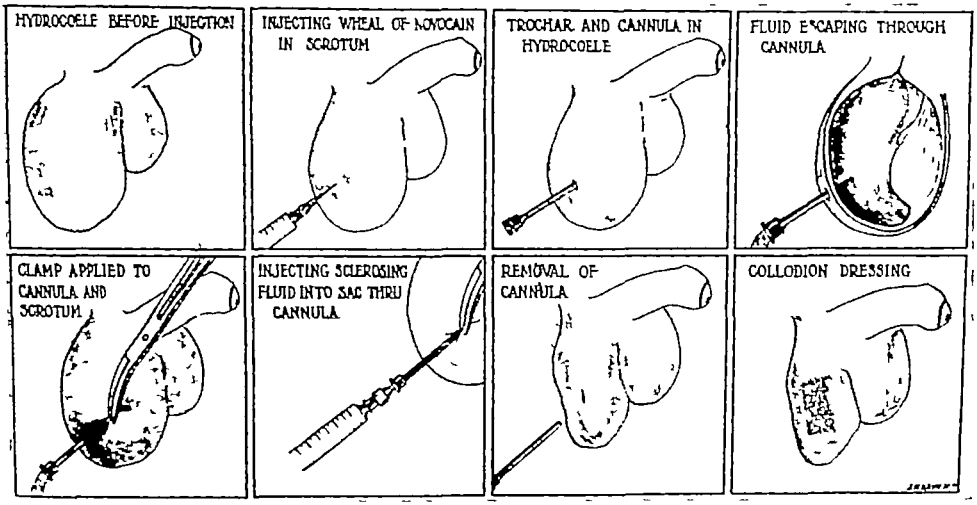


Fig 1 Steps in cure of hydrocele by the injection method.

Application

This method is applicable to the so-called essential or simple hydrocele which is the type commonly seen

Failure may be anticipated in the presence of certain contraindications to injection, viz

1 An associated congenital hernia The injected fluid would produce no ill effects but obviously would not eliminate the sac where there is direct communication with the abdominal cavity

2 Injury to epididymis or testis during tapping or production of a hematoma due to bleeding from a large scrotal vessel, should delay the injection for fear of inciting a marked infection (trauma plus irritant)

3 The pre-existence of an infectious epididymitis, tuberculosis or otherwise, a traumatic epididymitis, hematocele, neoplasm, etc

4 Old hydroceles with thick walls appear to react poorly to this treatment

Multilocular hydroceles Two or more

Quantity of Injection Fluid

The average hydrocele, containing a moderate amount of fluid, was injected with four c c of quinine hydrochloride with urethane The smaller sacs took a correspondingly smaller dose A large sac of 1000 c c received eight c c, and no further injection was required

Pain

Several patients complained of pain at the time of injection, which was usually dull and of short duration (½-3 minutes) The pain was localized to the scrotum or testis or radiated to the inner thigh or groin, or up toward the kidney One patient complained of epigastric distress

In some cases there was discomfort for one to two days

In no case was the pain an annoying factor, nor was the patient incapacitated and unable to continue with his daily routine

Reaction

Injection outside of the tunica produces no sloughing as is common with phenol

The usual reaction produces a swelling of three to six days duration with little or no pain This is a reactionary fluid and not a recurrence of the hydrocele As a rule the swelling gradually subsides

Where the scrotum is unusually tense, convalescence may be aided by a simple tapping

Reinjection

If the reactionary fluid above described be tapped within one week, it is found to be milky, and the sac may be reinjected However, I believe that if left alone, this fluid would be absorbed, and cause a complete obliteration of the sac If after two to three weeks fluid has recurred, a reinjection is advisable Success is usual with one to three injections, and success after one injection is not uncommon

Results

In the preliminary paper,[15] *q v*, the writer published in detail a series of cases with follow-up after observation from three months to three years.

To date 59 cases have been injected, of which forty-two have been completely followed Of these, twenty-nine (70%) gave perfect results The failures, for the most part, occurred at the beginning of the series, before satisfactory technic had been developed

The largest hydrocele was over 1,000 c c in a physican of seventy-eight years The smallest was in a spermatocele The average sac held about six oz

Summary

With increasingly larger numbers of cases successfully injected by others as well as the writer, it would appear that this is a rational method for a successful ambulatory cure of most cases of hydrocele.

Operation for hydrocele should eventually be entirely supplanted by this procedure because of (1) its simplicity (2) the absence of pain, harmful effects or invalidism (3) the apparently permanent cure (4) the avoidance of hospitalization and its concomitant economic loss (5) the elimination of surgery and its associated danger

25 Eastern Parkway

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Discussion

Dr. A L Parlow, *Rochester*—I would like to take this opportunity of congratulating Dr Baretz on the thoroughness with which he has presented the subject of the cure of hydrocele by injection and on the excellent clinical results he has obtained In a previously published paper on this subject he gave a most interesting historical summary

Most of us recall the unhappy experiences that followed the injection of hydrocele with iodine and phenol, which solutions became popular and unpopular during the early twenties With the success attendant with the injection treatment of varicose veins, herniae, etc, it was only natural that the investigator would again search for a solution to be used in the treatment of hydrocele Various solutions have been used including sodium morrhuate, and quinine and urea hydrochlorate However, the most ideal solution was described in 1932 by Kilbourne and Murray These investigators found that quinine hydrochloride (13 33%) and urethane (6 66%) met the desired requirements Since then Baretz, Mayers, and other workers have reported similar opinions

In the Department of Urology at the Strong Memorial Hospital (Rochester), we have treated a series of cases of hydrocele by the injection of sclerosing solutions and have obtained results that compare with those described by Dr Baretz We agree that the treatment of hydrocele by injection is a most valued addition but are of the opinion that the injection treatment will not entirely supplant the operative treatment We base this conclusion on the fact that we have had an occasional case who, having failed to obtain a cure of hydrocele in a reasonable period of time following injection of a sclerosing solution, demanded operative relief We do consider that it is most essential that the diagnosis of hydrocele be definitely established before the injection of the sclerosing solution. Our experience with the injection treatment of spermatocele has been most unsatisfactory The injection of the spermatocele sac has been followed by an inflammatory reaction with marked accompanying pain and elevation of temperature lasting for several days In addition to these symptoms, one case developed a postinjection epididymitis although the epididymis was not injured at the time of the injection. It is our present belief that excision is still the method of choice in the cure of spermatocele

In conclusion, let me say that I agree with Dr Baretz when he states that the cure of hydrocele by injection is an excellent procedure, that the results are apparently permanent, and that the economic saving is of tremendous advantage to the patient. Nevertheless, it is my present opinion that cure of hydrocele by injection has certain disadvantages and, therefore, cannot as yet entirely replace the operative treatment

TAX DEDUCTION FOR MEDICAL EXPENSES?

On a theory that a man's family is of as much importance as a man's cow, Senator Bone has introduced a bill in the United States Senate which would permit an income taxpayer to deduct from his taxable income the medical and dental expenses incurred by himself and family, according to a report in the *New York Times* At present, if a taxpayer's cow is injured or is taken ill, veterinary charges may be deducted, or if the cow dies, its value is allowed as a deduction, under existing law Senator Bone's proposal would provide for deductions up to $250 per year for medical, dental, hospital and nursing bills actually paid, and a further deduction of not more than $100 for funeral expenses incurred would be permitted. The bill also would allow money spent for the education of a taxpayer's children in grade and high schools, up to $250 per year, to be deducted from taxable income

Senator Bone said that President Roosevelt has "expressed his sympathy with the general purposes of the bill" The Senator pointed out that in view of the proposal sponsored by Senator La Follette to broaden the base of income taxation to include smaller incomes not taxed under the present laws, "it seems only fair to provide this very legitimate reduction for vitally necessary family expenses in order to protect those smaller incomes" The bill was introduced on the closing day of the last session of Congress, and held over in the portfolio of the Committee on Finance for consideration at the new session—*Westchester Medical Bulletin*

MORE RADIUM NEEDED

More than double their present supply of radium is needed for treatment of cancer by leading United States hospitals in the East and Middle West, according to hospital authorities interviewed in a regional survey

The survey, which covered leading hospitals and medical institutions from New York City to Minneapolis and St. Louis, is being conducted by the Eldorado Radium Corporation.

Approximately eighty-two grams of radium are now held by the 213 hospitals in forty-seven cities surveyed About 109 more grams are needed to meet treatment demands, authorities of these hospitals estimated With radium now priced at about $25,000 a gram, the present holdings of these hospitals have a market value of approximately $2,050,000 The additional supply which hospital authorities estimate is needed would cost at present prices about $2,725,000 Fewer than 100 of the hospitals owned any radium at all

TUBERCULOSIS CASE FINDING AMONG CHILDREN

The Importance of Certain Age Groups

WILLIAM J RYAN, M D, F A C P, *Pomona*
Medical Director, Summit Park Sanatorium

The work of tuberculin-testing and x-raying of school groups has now progressed sufficiently, it would seem, for us to begin to establish a fair evaluation of its significance in this all important problem of the control of tuberculosis There are some who would consider it as having but a small place in the tuberculosis control program, while others, it would appear, are concentrating the major efforts of this epidemiological problem to the school student and the young child

We may first assume that there is no other test in medicine which is more specific than the tuberculin test

Now, what is the significance of the results of tuberculin testing in a given community?

1 It is reasonable to assume that the incidence of positive reactors to tuberculin among the young is the best criterion as to the amount of infection in a given community

2 If this be true, there is considerable evidence to indicate that there has been a rapid diminution of the incidence of infection during the past ten years Myers, Douglas, and ourselves, as well as many others, have demonstrated this fact

In our investigation, the students of two high schools in Rockland County with a student population of approximately 700 each were tuberculin tested in 1931 and again in 1935 While the age groups, the amount and source of the tuberculin given were constant, from 1931 to 1935 the percentage of positive reactors was reduced by one-half—namely from about fifty per cent to a little over twenty-five per cent This rapid reduction in the incidence of tuberculosis infection in the young as reported by so many observers is, in our mind, difficult to entirely explain, for example, in our particular communities, no unusual program had been carried out to uncover and isolate disseminators of tubercle bacilli during those four years, in which there was such a tremendous reduction in the incidence of infection

On the other hand, it would appear, at least in many communities, that the number of recorded tuberculosis cases is constantly on the increase, perhaps not due to an increasing morbidity but rather to a more intensive case-finding program

Isolation of carriers of bacilli by hospitalization, in addition to the increased use of ambulatory artificial pneumothorax treatment, which changes many patients from open to closed cases, has been no doubt a factor in the prevention of spreading bacilli to their human associates Again, the improved technic of milk pasteurization and more complete eradication of bovine infection by tuberculin-testing may be additional factors in the reduction of the amount of infection

As to the wholesale tuberculin-testing and x-raying of the public school children, we will first present briefly the results of our study in Rockland County

The work was instituted in the Spring of 1931, selecting the seventh and eighth grades and all the four year high school students

Procedure

5 Mg of old tuberculin was administered by the Mantoux method To January 1937, 10,033 pupils or eighty-five per cent of the total school population gave consent and received the tuberculin test Of this number, 4544 or forty-five per cent were positive to tuberculin, all of whom were x-rayed with portable equipment on celluloid films All students with questionable x-ray shadows in their films were re-x-rayed at the sanatorium with high-powered equipment

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 25, 1937

Results

Of the 10,033 pupils examined, there were found

Manifest disease	102 or 1.0%
Childhood type healed	479 or 4.8%
Observation	455 or 4.5%

From these figures, it would seem that one per cent of over 10,000 children was a large percentage to find with active disease This number, we now believe, was indeed far too high, subsequent re-examinations placed a great many of those cases in either the observation or apparently healed group In fact, of the entire number, a recent review covering the period from one to seven years reveals the fact that but ten (one-tenth of 1%) were in need of any kind of treatment It is interesting to note that no deaths from tuberculosis have occurred in this group of students since the survey was begun

One hundred and six parents of the children whose x-rays revealed massive infection were also x-rayed—forty-four fathers and sixty-two mothers But two active cases were discovered, not a very productive finding, although a total of thirty-eight films showed the presence of some abnormal shadows, the majority of whom were classified as minimal arrested or the healed childhood type of tuberculosis and of but little clinical significance It was, however, quite possible that some were the original disseminators of the tubercle bacilli

In addition, there were x-rayed 609 members of the faculty, most of whom were classroom teachers, five active and seventeen arrested cases were uncovered

In comparison, we now wish to briefly present the results of 1,091 definitely known contact cases who were examined during the past five years There were none included in this group who were referred by physicians, on account of having or being suspected of having tuberculosis They were merely those apparently well who were urged to report for examination because of having been at sometime exposed to an open case of tuberculosis

The following were the findings

Far advanced		7
Moderately advanced		15
Minimal		82
Childhood and arrested adult type		35
Negative		952
Cases with positive findings	(13%)	139

It is, therefore, obvious how important it is to thoroughly examine the contacts before attempting to explore new and less fruitful fields

Summary

The methods which have been used in the past to detect early tuberculosis have proven far from satisfactory This is evidenced by the fact that eighty per cent of the sanatoria beds in this country are occupied by patients who are either in the moderately or far advanced stage of the disease

Further education of the public, as well as of the medical profession, in the symptoms and signs of the disease has failed to accomplish the desired results, and the reasons are obvious to those of us who are engaged in the clinical side of tuberculosis, namely that early tuberculous lesions frequently cause none of the more common symptoms such as cough, loss of weight, fever, hemoptysis, and malaise It is, therefore, apparent that some other course must be pursued

It is our belief that with the present status of the tuberculosis problem confronting us, a very large percentage of the general population will eventually be x-rayed or fluoroscoped for the detection of tuberculosis With the increased use of the Roentgen ray by the general practitioner in his office, the time is not remote when he will play the important part in the diagnosis of this disease, but he needs special instruction in the radiographic interpretation of the chest

While we have been skeptical in the value of fluoroscopy as a means of detecting early pulmonary pathology, and are still without experience, it would appear from numerous reports that in skilled hands x-ray screening is proving of great value and is being convicted of but three to four per cent error

The progress made in the examination of high school and college students together with the further investigation of their homes for the source of infection is indeed commendable, but we are of

the opinion that this procedure of itself is entirely inadequate to make an appreciable "dent" in the tuberculosis morbidity and mortality

We are in favor of continuing this investigation where funds and personnel are available, the educational value to the public alone would warrant it, but some other new methods must be pursued

It is generally understood that concerted activity should be directed toward the known-contact group, since continued investigation at this source will bear the greatest fruits for the amount of effort and money expended

It has been laid down as an axiom by Danish tuberculosis specialists that until the possibilities of all contact cases have been exhausted, a community or school survey must be regarded as an expensive luxury

Our next step should be to concentrate our efforts on those engaged in industry, particularly special groups of young women, as well as those of the male population who mainly come in the age-group of relatively high morbidity and mortality The time is ripe when we should investigate this field more intensely

It would, therefore, appear that wholesale diagnosis of early pulmonary tuberculosis hinges, at the present, on radiological examination of the lungs of as many persons as possible, the apparently well included.

While it may be impractical, I am inclined to agree with the British tuberculosis medical officer whose assistant erred and radiographed an apparently well person The young assistant expected to be severely censored by his superior, but instead the reply of the physician was "Young man, you have no cause for regret, we have just proved that another Englishman is free from tuberculosis"

AMERICAN ASSOCIATION FOR THE STUDY OF GOITER

The American Association for the Study of Goiter, pursuant to its accepted invitation and to correspondence with the Honorary Presidents and Attending Members of the First and Second International Goiter Conferences, announces that the Third International Goiter Conference is to convene in Washington, D C, September 12 to 14

The subjects proposed for discussion are as indicated in the accompanying tentative program

Physicians and others in the United States and in other countries desirous of participating in the Program are requested to submit titles at their earliest convenience Since the time which it is possible to allocate on the program is obviously limited, it will be necessary for the Program Committee to exercise its best judgment in the selection of speakers and to insist without exception that the speakers conform to the time allocated to them.

Manuscripts of addresses, papers, and discussions delivered or read at the meetings are to be published in extenso in the form of transactions

The official language of the Conference shall be English Interpreters will be furnished for papers read in other languages

For further information concerning the Conference, communicate with the officers of The American Association for the Study of Goiter or the Chairman of the Program Committee, Allen Graham, M D, 2020 E. 90 St, Cleveland, Ohio

First Day

Subject *Endemic Goiter, Cretinism, and Myxedema*

Etiology
Pathology
Types
Geographic Distribution
Iodine
Prophylaxis
Thyroiditis
Malignant Goiter

Second Day

Subject *The Thyroid in relation to Metabolism Nutrition and Endocrine Glands Physiological and Pathological Interrelationship and Clinical Application*

Oxidation
Sugar Metabolism
Water Balance
Parathyroid
Pituitary
Adrenals

Third Day

Subject *Hyperthyroidism*

Basal Metabolism
Iodine
Complications
Recurrences
Goiter Heart
Types Diffuse Toxic Goiter Nodular Toxic Goiter
Treatment Nonsurgical Surgical

The subdivisions under the subjects above are for illustrative purposes only and are not to be considered as all inclusive or exclusive.

ANESTHETIC PRACTICES

Organization in a Teaching Hospital

E A ROVENSTINE, M D, *New York City*

From the Division of Surgery, Department of Anesthesia, New York University College of Medicine and the Division of Anesthesia, Bellevue Hospital

The field of anesthesia is at the present disordered There is increasing uneasiness over its development. The principal underlying cause for this agitation is a more serious effort by surgeons to reduce surgical mortality and morbidity

Surgery has improved its technics until they have reached a high degree of refinement, asepsis has been well developed, pathology has advanced equally with surgery, and diagnosis is scientifically established with x-ray, laboratory, and other aids Notwithstanding this progress the anticipated results have not materialized The removal of diseased organs and tissues has not always insured a favorable result and surgery has come to direct its attention more and more toward functional derangement of the body as a whole This physiological conception has led to the adoption of every medium to protect the organism and aid in its natural defenses It has stimulated attempts to eliminate every factor that might mitigate against the patient's convalescence and recovery It has brought attention to anesthesia with the realization that surgical results are influenced by changes at operation, that delay in postoperative convalescence is often postanesthetic delay, and that postoperative mortality may often be due to anesthesia

A further cause for the restive state of anesthesia may be found in the recent rapid and phenomenal accomplishments attending the extension of surgical therapy to all regions of the body The brain, heart, lungs, the entire nervous system are now the objects of therapeutic adjustments by surgery The methods for anesthesia that seemed adequate when manipulations were practically restricted to extremities, the abdomen or superficial structures are definitely found inadequate for many of the modern operative procedures

The manifestations of this disturbance in anesthesia are constantly observed in the complexity of methods, the elaborate anesthetic appliances, and the continual procession of new drugs Orthodox inhalation technics are being replaced by spinal and regional anesthesia, by rectal and intravenous administration of a surprisingly large number of unrelated chemical preparations Ream after ream of printed pages in transactions, periodicals, and books keep up an endless supply of information on anesthesia, information which too frequently obscures the truth, distorts the facts, and adds to the confusion Undergraduate medical students, bewildered by the unsettled instruction or lack of instruction, are rarely enlightened Lack of interest by their preceptors often encourage them to neglect anesthesia Interns are intrigued with such exercises as tracheal intubation, various nerve blocks, with new drugs, and with impressive devices for inhalation anesthesia but are infrequently privileged to master the practical use of them

The present state of unrest is unmistakable evidence that anesthesia has failed to meet the demands imposed upon it by the progress of medicine and the rapid strides of surgery, a failure due to its insignificant status in the medical curriculum, to the attitude of surgery generally to the subject, and to the low standards of training in the science of anesthesia Contributing also to the misfortune is the present economic fear and uncertainty which not infrequently caused the profession and hospitals to be dominated by a motive of profit with the anesthetic service a necessary vehicle Add also to the neglect the fact that anesthesia has often been guided by those who have not the scientific background apposite to progress, or whose teaching never developed the bent of mind to investigate or

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 25, 1937

interpret, and others who quickly fell into the sad error of thinking their practices sufficient

The need in anesthesia—if it is to be brought in proper alignment with medical practice and other medical specialties, if it is to give surgery proper assistance—is appropriate organization in medical schools, in teaching institutions, and in hospitals The proper organization for anesthesia in hospitals is the more complex problem and it is with this phase that this discussion is concerned Hospitals vary within wide limits and a plan for conducting the anesthesia service will need be altered to meet the different conditions A plan for the hospital connected with a medical school may not be effective for the large or small hospital, the private or charity institutions, or the hospital devoted to special practices Any organization adapted for a teaching hospital will need be modified to conform to dissimilar conditions in other institutions

Recently there has been inaugurated a reorganization of the anesthesia service in Bellevue Hospital (New York City) This is a large municipal institution caring for indigent patients exclusively and coordinating undergraduate and postgraduate medical education The organization is not yet complete but the progress made has won the approval of the administrative departments, the medical and surgical staffs, as well as the intern, resident, and nursing staffs The convincing indorsement for any new departure in hospital practice, the improvement that has resulted in the care of patients, is not readily gauged by concrete measurements, but the statistical data now available are definitely encouraging They indicate the trend toward more economical care of patients, shorter hospitalization, and a decrease in morbidity and mortality Any department of anesthesia should be organized with a purpose of improving the care of patients and lightening the burden of care in other hospital services In a teaching institution it should also offer an opportunity to graduates in medicine to receive thorough instruction in anesthesia It must strive to advance the specialty through investigation It is with these ideals that the organization to be described was attempted

The anesthesia department in Bellevue is organized as a separate unit but with a definite appointment as an accessory to other specialties, not exclusively surgical but more particularly so The personnel consists of a director and twelve assistants together with an office staff The director has a medical school faculty appointment which is the source of sufficient income to permit exclusive attention to administration, teaching, investigation, and clinical practice within the hospital The assistants are graduates in medicine who have completed an approved internship and are devoting a minimum of two years to postgraduate study in the specialty of anesthesia. They are classified as residents in anesthesia and have hospital connections identical to those of the resident staff of other departments Appointment is regulated so that one-half the staff will have had at least one year of clinical experience Although two years has been determined the minimum period for training, certain residents who demonstrate teaching or administrative ability are retained beyond this time for additional instruction The resident staff are quartered in the hospital and receive a small cash remuneration together with maintenance Those with more than two years service in the department are designated as senior residents and are provided a more liberal salary

The principal assignment of the anesthetist is in the operating amphitheatres The administration of anesthesia is his exclusive duty There he is presented with clinical experience during practically all recognized surgical manipulations for patients representing a wide variety of types and possessing innumerable complications All methods for clinical anesthesia that have proven merit are utilized The clinical work of younger men on the staff is closely supervised by those with more experience The assignment as an adjunct to surgical therapy is not confined to the operating room but includes in addition, ward duties Preanesthetic consultation is attempted for each case. At these visits an evaluation of the anesthetic risk is completed, the anesthetic regime, including preoperative preparation and preanesthetic medication as well as the anesthetic agent and method, is agreed upon by the house surgeon and the anesthetist Unusual and more serious

cases are visited by the director and visiting surgeon to confirm decisions of the resident staff The drugs and methods for anesthesia are not dictated by the anesthetist nor by the surgeon but are selected after consultation There is a definite cooperative effort to better serve the patient by individualizing the anesthesia for each case after giving consideration to the condition of the patient, the surgical procedure anticipated, and the risks involved Postoperative visits to each patient by the anesthetist is an integral part of his assignment He may then offer assistance in postanesthetic diagnoses and treatment The latter function is considered of greatest importance It is not eclipsed by the actual administration of anesthetic drugs

The appointment as an accessory to the surgical specialties does not limit the anesthetist's activities to surgical wards and operating rooms The instruction and training in the prevention of asphyxial deaths, the anesthetist's knowledge of the pharmacological action of depressant drugs, and the physiological principles of resuscitation, makes his service of value in resuscitation practices The members of the anesthetic department actively assist other services and frequently direct emergency resuscitation practices throughout the hospital

With a knowledge of gases and the apparatus employed for their administration, the anesthetic personnel is qualified and does assist other departments in the technical administration of therapeutic gases Administration of oxygen, helium, carbon dioxide, etc., is supervised therapeutically by the service controlling the patient with indications for such therapy The technical application involving the use of gases compressed in cylinders and the mechanical devices as well as their dangers and limitations is familiar to the anesthetist and forms part of his routine operating room activities He is, therefore, equipped to lend assistance with these procedures wherever they are in progress

The department of anesthesia has established a clinic with a definite purpose of employing methods for interrupting nervous pathways for therapy and diagnoses This practice does not belong to anesthesia alone but the anesthetist by application and experience in regional anesthesia will develop ability and dexterity in injecting nervous tracts in different parts of the body Patients with intractable pain, various algias, vascular diseases, anginas, etc, are treated Records, reports, and the administrative duties are assigned to the anesthetic staff The manipulation is carried out by the members of the staff and those of other departments who are interested

The distribution and responsibility for proper maintenance of all anesthetic drugs and equipment is the responsibility of the department and a record of the use of these agents and appliances together with their costs is available It is of interest to note that the reorganization of this department has been effected without adding an additional financial burden to the hospital's resources It has never been presumed that the organization was considered with a view of decreasing expenditures nor that its existence was justified because it was more economical However, it is consistent with existing economic conditions and with proper teaching that economies be practiced and taught It was found possible to furnish this anesthesia service without increasing expenditure despite a larger staff, the acquisition of new apparatus, and the use of a wider variety and in some cases, more expensive agents This was accomplished without detracting from the primary aims, that is, better and safer anesthetic care for the patient and more convenient operating conditions for the surgeon

It is obligatory that the teaching program for the resident staff of such an organization include intensive training in all features of the modern practice of the specialty Graduates in medicine who have already completed an internship and are devoting two or more years to qualify as specialists deserve adequate instruction The attempts to fulfill this obligation on the part of the hospital and the director of the service include active supervision and direction of clinical work with demonstrations and discussions of clinical methods Provision for each member of the staff to study regional anesthesia by dissection of the cadaver under the combined direction of a surgeon and anesthetist is arranged The department con-

ducts its own conferences under the direction of the chief Weekly meetings are held to review cases, discuss complications, results, etc At intervals the staff meets to review current literature relating to the specialty, to review basic principles, and to receive didactic instruction from the director Leaders in some related phase of practice are frequently guest instructors at these colloquiums Clinical teaching to the intern and house staff on other services is made available by the older members of the department of anesthesia Undergraduate instruction and intern training with which this report is not concerned, is also organized

It is an expressed opinion that the function of a teaching organization is not alone the distribution of knowledge but the accumulation of new knowledge as well

This department includes clinical and laboratory investigation as an integral part of its assignment Arrangements are complete for collaboration with the various hospital laboratories and with the basic science departments of the medical school Each member of the staff is constantly engaged in an investigation in the clinic under close supervision and with adequate trained assistance In the laboratories, individuals from the staff are assigned to work with those more experienced in research, investigating problems that have anesthetic application Opportunities are frequently presented to the staff for participation in scientific programs within the hospital, or by local and other organizations Encouragement is given to activities in societies representing the specialty, to the preparation of reports with merit, and to efforts toward the advancement of anesthetic practices

477 First Ave.

EPSTEIN SPEAKS

Abraham Epstein, Executive Secretary of the American Association for Advancement of Social Legislation, New York City, and one of the foremost promoters of health insurance in the United States, was a speaker at a meeting of the Forum held in Topeka on November 30 says the *Journal of the Kansas Medical Society*

Mr Epstein's subject was the Social Security Act, which he criticized severely from the standpoint that it does not produce enough benefits, and that its financing is obtained from all persons instead of the well to do He stated frankly that his advice had not been accepted in the preparation of the Act, which he thought was to its material detriment. A sample of his talk is as follows "We have a poor machine, a poor driver, and we are going down hill"

During the discussion following his talk he was asked several questions concerning his attitude on health insurance. Among these questions were "If he believes that health insurance is economically sound, would he be willing to provide beneficiaries with cash payments whereupon they might secure their own service rather than medical service itself?" If, as he evidenced, he feels that the English system is superior to that of the United States, how does he account for the fact that morbidity and mortality in that country are less favorable?" "Assuming that the minimum cost of a health insurance plan in Kansas would be $40,000,000 per year, which is twice the general budget of the state, how does he propose to obtain financing?"

His answers to these questions were evasive.

The Salmon Committee on Psychiatry and Mental Hygiene invites the medical profession and their friends to the Sixth Series of Thomas William Salmon Memorial Lectures to be given by Dr David Kennedy Henderson, Physician Superintendent of the Royal Edinburgh Hospital for Mental Disorders, Scotland, on April 18, 19 and 20 at 8 30 P M at the New York Academy of Medicine

Dr Henderson will speak on Psychopathic States considered from the view of 1 Their place in Psychiatry, 2 Their characteristics as evidenced by aggression, inadequacy, and creativeness, 3 Their understanding and synthesis

Dr Henderson is Professor of Psychiatry at the University of Edinburgh and is well-known as a consultant and lecturer He was a major in the World War and the author of several papers on the War Psychoses

TEACHING NEUROLOGY TO UNDERGRADUATE MEDICAL STUDENTS

LLOYD H ZIEGLER, A M , M D , *Albany*
Professor of Neurology and Psychiatry, Albany Medical College

Nervous tissue makes up slightly more than two per cent of the whole adult body It is somewhat heavier than the lungs and not as heavy as the liver Unlike these very vital structures that are relatively homogeneous and simple in function, the nervous system is complex chemically, morphologically, and functionally If the human body could be placed in a chemical that would dissolve all except nervous tissue, a phantom gossamer-like structure would result, retaining the shape of the body and its organs One could not look at such a web without suspecting that nervous tissue is a great receptive center, a greater coordinator than the vascular and lymph streams, and a great message carrier Because the front end of an animal meets with most stimuli, the accumulation of master tissue has been greatest in the head Such elemental stimuli as environmental temperature, light, tactile irritants, watery and gaseous solutions, gravity and noise, together with man's inner urges, and environment—all these have eventuated in the development of a nervous system, accretion upon accretion, which reveals the evolution of man in the same manner that fossils disclose knowledge of the geologic ages

Ranking third among the causes of death in the continental United States in 1935, vascular lesions of the brain alone amounted to slightly over eight per cent of all causes In large hospitals and clinics equipped to receive patients of all kinds, about ten per cent of the admissions are cared for on neurologic and psychiatric services Nearly forty per cent of patients regularly admitted to a psychiatric service, which does not select its clientele, have lesions of the nervous system which can be related to the breakdown of personality functions Such neurobiologic and clinical facts as these are only a few of many that indicate the need for special study of the nervous system in order to understand factors that sustain or interfere with one's integrity

Bearing in mind that medical colleges, on the whole, present basic training, leaving specialization to the graduate years, what should be the undergraduate experience in neurology consistent with these views? To attempt to answer this question presupposes some knowledge of the prospective student, of facilities for teaching, and some traditions relating to neurology

Students with presumably more than average zest for intellectual pursuits, but often with mediocre habits of study, enter the medical college with some knowledge of physics, chemistry, and biology Important as these academic acquisitions may be, especially biology, it should not be forgotten that the medium of communication between the prospective physician and his patient is language, which certainly has not been overstressed This may account for the avidity with which some physicians tend to pursue test-tube or other laboratory-test data before obtaining an adequate verbal report of the illness from the patient Furthermore, such a report usually presents very personal factors, the understanding of which requires a considerable knowledge of human nature, which is certainly no less important than the material studied in the laboratory

One needs but inquire of physicians who were graduated in the past few decades to learn that neuroanatomy too often meant the memory pursuit of a mass of long names associated with pictures in textbooks, rather than specimens, and that there had been little attempt to classify structure and function in terms of their likely everyday importance Under such conditions, the septum pellucidum was as important as the internal capsule, and both tended to disappear from memory at about the same rate Too often neuroanatomy and neurophy-

Chairman's Address at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 26, 1937

siology were taught as separate and distinct courses, when, in reality, they are inseparable, and should be given as far as possible in close association with pathologic and clinical demonstrations That nervous tissues require special methods of fixing and staining was often ignored Neurologic diseases were interpreted as incidental complications of internal medical or surgical diseases and implied a rather hopeless prognosis This tended, with exceptions among the more courageous and inquiring, to stultify interest in this important subject

Except in large centers, there were too few trained and interested workers in neurology to counteract the indifference and adverse traditions that permeated teaching staffs in general The courage of those who stood up against such insidious attitudes and insisted on the significance of the nervous system in health and disease is deserving of great esteem The autonomy of neurology is not sufficiently respected even to this day, which fact may be conclusively demonstrated by surveying conditions in almost any general teaching hospital

Ideally, it would seem to be wise to study man equipped with a nervous system, rather than a nervous system that dominates man How the nervous system came into being, the why of its shape and function, how it can fail of development or succumb, and what adjustments can be made to its congenital and acquired faults, suggest in a general way topics especially worthy of study A bird's-eye view is desired Thus psychobiology, neuroanatomy, neurophysiology, neuropathology, psychopathology, and clinical demonstrations, all correlated as closely as possible, would tend to give opportunity for the student to acquire the natural history concept of a great system in its relation to man's behavior

Psychobiology is the study of the living, acting, thinking, emotion-generating man The evolution of these functions deserves consideration and serves to make it clear that the nervous system plays an important, but not complete, part in the behavior of the whole [1] This should be introduced as a basic science, preferably in the first year of training

Neuroanatomy[2] and neurophysiology[3] —an inseparable unit of knowledge— should be presented by anatomists, physiologists, and clinicians to enable students to get divergent points of view Simple modelling of the brain stem in colored clays should serve to vivify important structures It is obvious that this slightly over two per cent of man's tissue needs to be studied with regard to how it cooperates with the muscles that help man to survive by locomotion and the coordinated use of the hands, how it receives stimuli by way of the sensory systems, how it mediates reflexes at various segmental levels, how it brings about cooperative action of muscles in defense against gravity, in fact, how vital it is to other forms of man's expression Hughlings Jackson pointed out long ago that if nervous tissue alone is stimulated, its function is increased, whereas, if it is destroyed, its function is deleted Lesions of the nervous system often affect function at points far removed from their site It has also been pointed out that those portions of the nervous system which work in opposition to each other are associated with signs requiring concepts of relativity not easy to evaluate, the pupil of the eye being an example In the neuropathological laboratory, by the study of brains, spinal cords, and nerves, the student may well be able to see the truth of Jackson's observations To become fascinated by gross and microscopic examples of infections, vascular and degenerative lesions, traumata, neoplasms, toxic insults, and anomalies, should not only enrich the previous study of anatomy and physiology, but should prepare the way for an understanding of those disturbances of personal function which are to be seen in the clinic. Much has been accomplished if students become thoroughly inoculated with the importance of the necropsy as a great and lifelong opportunity for learning

Psychopathology is the study of certain outstanding biogenic deviations in personal function that interfere with usefulness and comfort Perhaps neurologists in the past had become too mechanistic in their endeavors to explain much of human behavior in terms of lesions, this shifting of the responsibility of conduct to lesions was pleasing to those patients who found it difficult to assume such responsibilities themselves The stu-

dent of psychopathology learns that neuropathologic lesions may be causes, effects, or even be absent in serious disturbances of personal function, as the following examples demonstrate A patient with a broken leg may be rendered more unhappy by the restriction of his activity than by the local pain at the fracture site The physician that does not understand human nature can easily confuse one of these distresses with the other Catatonia may resemble Parkinsonism The elated patient, disregarding the ordinary rules of safety, may fracture his skull A pseudohemiplegia may resemble a syndrome produced by an intracranial vascular lesion A diplegic-like dysbasia may suggest the residuals of a myelitis The anorexia of a depressed patient may lead to pellagra with resultant brain damage Emotional disturbances may so affect respiration as to produce hyperventilation tetany More than one neurotic patient has had a brain tumor These examples, among many that might be given, make it imperative to embrace broad concepts of disorders of personality function A mere diagnostic label is less important than the accurate recording of symptoms and signs Objectivity of observation is essential

Clinical demonstrations should enable students to become familiar with those phenomena which require a special study of the nervous system Headache, syncope, convulsions, dizziness, tinnitus, pain, paresthesia, anesthesia, paralysis, muscle atrophy, incoordination, tremor, fibrillary muscle twitching, choreiform movements, athetosis, spasms, tics, visual disturbances, hearing and speech defects, dysphagia, disturbances of bladder, rectal, and sexual function—all of these require a facility of observation and examination which constitutes the difference between intelligent medical practice and guessing Students also should be responsible for observing as many of the above as possible, whether on medical, surgical, or neurologic services The sound-recording cinema should prove to be helpful in collecting and preserving the manifestations of disability, thus enriching the student's experience

To be able to know that disease of the nervous system is present, its location, and what the etiologic agent may be, implies accuracy of observation and use of instruments of precision into which medical students should be initiated In order not to be a hollow mystery or a stab in the dark, therapy should be based as far as possible on known etiology Students should see and follow the investigations leading to therapy, but should have relatively little responsibility in carrying out those procedures which belong to graduate training It is fundamental to expect them to know which diseases are best treated by surgical methods and which by drugs and physical therapy To treat a patient with well-defined multiple sclerosis for rheumatism and exhaust his financial resources, as has often been done, is not a mistake that the medical student with adequate training in neurology is likely to make

Too much detail has perhaps been expected of the very busy medical student, but when possible, some knowledge of historic facts should help to make clear our continuity with the past Richard Bright, known primarily for the disease which bears his name, gave to the world a century ago, drawings and descriptions of neurologic disease which should be an inspiration to any student What did Babinski, Kernig, Sydenham, or Parkinson say in original descriptions of signs or disorders designated by their names? Who discovered the usefulness of surgery for trigeminal neuralgia? Brain-cutting and clinical neuropathological conferences afford rare opportunities for enriching the student's experience about life and the nervous system, especially when clinical case material is not abundant At the end of four years of training a comprehensive oral examination, including a reasonable knowledge of all subjects taught, should prove helpful in welding the whole together into a workable unit of knowledge Emphasis on accuracy of observation and reasoning analysis is preferable to memorization of a mass of meaningless syndromes

The coordinating functions which the nervous system subserves magnify tremendously the importance of that small fraction of the body tissue, that gossamer web, those tentacles to the inner and outer environment This fact, together with the stimulating influences exerted by the rapid development of neurologic surgery,

the neurologic problems growing out of the World War and the epidemic of encephalitis, and the numerous maladaptations consequent upon increasingly complex living, have all conspired to emphasize the necessity for a greater study of the personal functions of man The teaching of neurology to undergraduate medical students resolves itself into the task of providing suitable opportunities for learning about life and how the nervous system relates to it To be able to observe accurately, read with focus and understanding, reason clearly, and describe facts rather than opinions or guesses, is more important than lecture halls, models, and much of the paraphernalia of teaching, valuable as these may be Only the known facts, great and simple, that have an everyday significance in the functions of man should be presented, leaving the less obvious to graduate training, or to the occasional person who desires to specialize Such fundamentals, thoroughly acquired out of a deep desire to understand human nature and human disability, should be invaluable assets in the long and arduous training that is demanded of a physician, no matter what his subsequent medical interests may be

ALBANY HOSPITAL

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NO SUNSHINE IN SOAP

During the past year certain brands of soap have been flamboyantly exploited for their vitamin D content, one for the "filtered sunshine" in its lather The latter product was introduced to the public with double page spreads in national magazines under the caption "The Dawn of a Great Beauty Discovery"

There is evidence that irradiated ergosterol may be absorbed through the skin of rats This evidence has been an excuse for adding vitamins to various cosmetic preparations

Redgrove points out that the real question at issue is not the ability of the skin to absorb these substances but "whether when so absorbed the vitamins exercise any beneficial action on the skin — in short, whether they are of any cosmetic value" Even if it is established that vitamin D exercises any beneficial action on the skin, says the *Journal* of the A.M A., it still must be proved that it has a beautifying effect.

As a matter of fact, there has been some recent evidence which indicates that the alleged beneficial effects mentioned by Redgrove as resulting from the use of cod liver oil in the promotion of healing of wounds and burns were probably due to some other factor than the vitamin D content of the oil It is not surprising that the Federal Trade Commission has recently published a complaint issued against a manufacturer who has made extraordinary claims about his product.

The advertiser who proclaimed the Dawn of a Great Beauty Discovery may soon be worrying about the twilight of the day when the sky was the limit for claims about "sunshine soaps"

A MEDICAL "INTELLIGENCE OFFICE"

For more than a year, the Ohio State Headquarters Office has been operating a service designed to assist young physicians in finding new locations and openings and to aid older physicians in their search for partners, assistants, etc. This "exchange" has proved quite useful to some physicians It has been a popular service and every effort has been made to make it a result-getter Data received are tabulated and through correspondence an effort is made to get parties seeking locations and those knowing of opportunities, together

This service can be of special value for physicians just starting practice, remarks the *Ohio State Medical Journal* On some occasions they are up against a mighty tough proposition in finding and selecting locations and need the assistance and co-operation of older men

Preventive Medicine

Every Day Prevention in Mental Health

B Liber, M D, Dr P H, *New York City*

Preventive medicine, in its general form or in its form of preventive mental medicine, is always modest, never spectacular Treatment, therapy, can say "I have improved or healed the sickness" or, if not, "I have done my best." Cure may proclaim loudly and sensationally "I have saved life, I have chased illness and brought back health" Credit is given them. But prevention can only claim to have avoided the trouble and indirectly the possible or probable catastrophe. It cures before disease occurs or establishes itself This cannot always be proved, but the expert knows He is convinced that what might have happened did not happen and his still voice tells him, "A stitch in time . " "An ounce of prevention "

Individual prevention in private practice is the same as public health on a huge scale, except that here statistics will show its value. Condemning the "lung blocks" in the slums, diminishing the working hours, improving the factories, educating the workers, has modestly, but definitely, prevented pulmonary tuberculosis The use of prophylactics has visibly reduced the amount of venereal infection in the Army and Navy

Foreseeing an epidemic and taking measures beforehand, even if the work remains hidden from the large public and unsung by the press, is better than fighting heroically afterwards

Prevention is like the man who never takes and therefore incessantly gives and not like the one who first takes all he can and then gives conspicuously, imposingly, in spurts of grand display, cashing in gratitude, praise, and glory

The intelligent physician of the remotest past mixed mental preventive ideas with all of his remedies And the real success, not the one measured in pecuniary terms only, of the modern, scientific, enthusiastic doctor depends largely on how much mental health teaching his instructions to the patient contain

The courage lavishly given to the sick, the smile in the proper time, the frown in the right place, the conditional promise the correct talk to the entire family—all this is mental hygiene, sown right and left, no matter what else is prescribed

To the cardiac patient—to take but a few examples at random—who claims that people with his ailment "drop dead in the street unexpectedly" the answer may be given that this is newspaper gossip and that there is no sudden death without some good reason unless it is due to an accident. This allays his *fear* and cures half of his condition Upon learning that, contrary to his own expectations, he will not be permanently nailed to the bed and will soon be up and about, provided he follows the advice given, he is much helped The humane doctor who speaks is regarded as a better physician than the one who is supercilious and mute and who just says, "Take this three times daily"

If you have only impressed upon your patient who, after a day's work, is spending most of his night playing cards, that *sleep* is extremely important, you have accomplished wonders He came because of general debility and pallor You have not cured him because you have found nothing to cure. But you have *taught him how to live* You have given him rest, time for a walk outdoors and therefore fresh air, a better appetite for his food You have improved his elimination and so have detoxicated him But what is more, you have put his fidgety nervous system at *rest* and, as if by magic, you have undoubtedly prevented some sort of *mental collapse*

You may not even always know the consequences of your preventive work. To have said to the middle-aged storekeeper to cut his day in two and lie down for an hour may not seem like much But it has steadied his afternoon, it has made him less grouchy and quarrelsome and has improved not only his business, but his *mental health* as well

You have condescended to explain to the woman that her blood pressure was not dangerously high, that it is something changeable, that what she had learned from hearsay was all wrong, that she must leave it to you to estimate the pressure in relation to all her functions She will be the *healthier* for that, both *physically and mentally* And you have gained a friend

A semi-neurotic is trying hard to convince you how sick he is, by disagreeably touching your shoulder, pointing to your chest and tracing his pain along your thigh Your careful physical examination discovers a real trouble By listening to him with divine patience you find out his

home difficulties Both are necessary investigations which cannot be ignored You are of immense help to him and you may have cured him of a *psychosis before it developed*

In another case the patient does not speak because he considers nobody as trustworthy You succeed in gaining his confidence and you accomplish what amounts to a miracle Where it was harder to extract a thought than to extract a tooth, you have done, as it were, *mental surgery* You have made the patient talk to you and you may be the only person who can keep him from *falling into mental disease*

You see a woman slightly inclined to *paranoia* She has "lost her voice" "Cara Nome used to be nothing to me," she laments And you succeed in convincing her about the value of her children, about *their* possible talents, about her share in promoting them You may have saved her *from incalculable trouble* before she had gone too far

A not overintelligent woman graduating fast into obesity is not only physically uncomfortable, but also mentally despaired about her appearance She has swallowed all possible medicines, is being massaged and is taking gymnastic courses However, she fails to do the one thing needful—to eat less She says "I'm trying hard to keep my old girlish shape" And you answer within yourself "You have more than succeeded, you have now a two-girl shape" She is quite *depressed*—which is not a paradox in many of these overweight persons You not only teach her how and how much to eat, how not to eat, but you also speak to her husband and uncover a situation which encourages *psychologically* this overeating Then you remove as much of the *mental cause* as possible and make her obey your instructions and you have prevented a good many harmful possibilities

You have attracted the parents' attention to their youngster's *twitch* of an eye or to his *nail-biting* and you have had with them an *intelligent talk* about the child's temperament, about the question of upbringing, about various habit-forming imitations, including anger and other spells and, finally, about *their own behavior* And you have tapped some good reservoirs that may have helped to *prevent much maladjustment*

A patient who is ordinarily and in all respects well-built is tortured by one obsession his penis is "too small or shrunk." Perhaps you can go to the bottom and find out *what forces him* deep down in his mind *to think that way* If not, if you can only persuade him *through any method* that he is wrong, he will get married and settle down and you will have saved an individual You may have to be stern and serious with him or superficial and humorous, according to circumstances In one case the following true anecdote broke the spell "My teacher of anatomy, when I was a student, once described the penis and in all earnestness said that in otherwise normal men this organ cannot be too small, but it does happen to be too large and then it is a distinct disadvantage and a bad handicap The largest that has been observed in the world is in London and *I have* the second largest—go up to our anatomical museum and you will see it"

Nor do we always deal with disease alone or with physical complaints only The irreligious and wealthy children of an old little widow wanted the doctor, himself far from pious, to tell their mother that Church work and collecting old clothes for the poor was not the correct thing for a lady of means who was not free from a quiescent chronic kidney ailment But it was evident that they, although providing for her financially, neglected her otherwise and that she had nothing else to live for and that, *for the sake of her mental state*, this *must absolutely be left to her* So the doctor, conspiring with this aged woman, helped her to a longer life and to continued *happiness*

And so on and so forth

611 W 158 St

IS THIS AGRICULTURE?

A bill to require certification of new drugs by the Secretary of Agriculture before they could be marketed for general use has been introduced in the House by Representative Chapman (D) of Kentucky, a member of the House Interstate Commerce Committee.

He said the measure was "designed to prevent premature introduction of new drugs that have not been adequately tested for their effect on human life

"If these requirements had been law six months ago, the lives of nearly 100 persons killed last fall by elixir sulfanilamide would have been saved," he said

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Every county medical society should have a Committee on History, urges *California and Western Medicine*, to gather old record books and biographical data of prominent members of days gone by, before they are lost and forgotten

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EDITORIALS

Proceed with Caution

Recent events reinforce organized medicine's opposition to compulsory health insurance In Oklahoma widespread nepotism and graft in the administration of old age and unemployment insurance have already come to light Conflict between the Federal Government and the several states on the subject of administrative allowances threatens an administrative breakdown "just at the time when we are faced with handling the peak load of our unemployment insurance commitments," according to New York State Industrial Commissioner Elmer F Andrews The use of vast social security reserves for unrelated Federal expenses presages additional heavy taxation when insurance obligations start falling due in large volume

It was not to be expected that a vast program of social insurance could be instituted in a large and heterogeneous country like ours without a certain amount of blundering and corruption Let us assume that error and malfeasance have been kept at a minimum The storm signals coming from all parts of the country in connection with old age and unemployment insurance warn that this is no time to attempt compulsory sickness insurance, which presents even greater actuarial and administrative difficulties

There are indications that Washington intends to ride out the present recession without taking any new steps which might further disturb the nation's economic equilibrium The health insurance group in the Administration is still active and powerful, however, and it must not be assumed that delay means defeat of its aims

At the present time medical societies all over the country are busy with plans to provide adequate medical care for all sections of the public without the expense or other drawbacks of compulsory sickness insurance This is still another reason for keeping alive the fight against a bureaucratic system which is unduly costly and detrimental to the public health

The Chiropractic Bill

The 1938 chiropractic bill retains all of the objectionable features of its predecessors In its zeal to bring all current practitioners within the pale, it completely ignores the public health

The Peterson bill prescribes examination in the basic sciences for future candidates for chiropractic licensure—but it is not the same examination as physicians and osteopaths must take The examining board would be composed entirely of chiropractors—and it may safely be assumed that they would temper their

questions to the never very exacting standards of the chiropractic schools

Physicians and osteopaths are required to have two years of premedical college work before admission to their professional schools In practice, most medical schools require a college diploma The Peterson bill demands no more than high school training of chiropractic students

Meager as the educational provisions of the current chiropractic bill are, at least they acknowledge the necessity for certain minimal educational qualifications in those who undertake to treat the sick As far as present practitioners are concerned, however, educational requirements are brushed aside, regardless of the ensuing danger to the public health All those now practicing chiropractic in this state would be licensed without examination, even though they are devoid of the educational minimum fixed by the Peterson Act itself

During the present century, the State of New York has consistently elevated its standards for the practice of healing Adoption of the Peterson chiropractic bill would reverse this trend and destroy the educational guarantees with which the state protects the sick

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Medical Expert Testimony

The intelligent layman who reads of a court trial in the public press is often confused at the report of the directly opposite medical testimony given by the alleged experts in court The unintelligent reader shrugs his shoulders and, with the prerogatives of mediocrity, assumes that you can buy opinion for either side provided the price is right

For a long time the medical profession has been exceedingly perturbed over the same problem and realized that something was radically wrong in the loss of prestige and respect on the part of the public, due to this seemingly contrary point of view of medical men alleged to be experts Neither the public, intelligent or unintelligent, realized that the conflict of opinion had deeper causes, and as often happens, the obvious answer that one could buy any opinion for a price was not the real factor at issue The real factor at issue as the medical men knew, which the public and the press did not know, was that the testimony was not given by experts in the majority of instances

The matter has come to a head, and in an editorial in the *New York Law Journal* of February 9, John Kirkland Clark, predicating his argument on the decision of the Court of Appeals—which accepted the principle that the qualifications of a doctor may be established by the organized medical profession in a Workmen's Compensation case—indicates that here is a precedent established by the court which could be used in setting up panels of experts whose qualifications have been established and confirmed by organized medicine The contents of this editorial are well worth study Mr Clark made an address along similar lines before the Medical Society of the County of New York a short time ago

While we are on the subject, it is not amiss to recall that conferences are proceeding between a group of lawyers representing the Bar Association and a special committee of the Medical Society of the County of New York The matter is being studied further with the aid of Mr Alexander Wilson and others, preliminary to the drafting of a bill to procure a change in the code of legal procedure in regard to expert medical testimony It would seem at this time desirable to improve the code of legal procedure in order to protect the persons at bar and to lessen the opportunity for any sort of chicanery Let a panel of experts be placed at the disposition of the presiding judge

Our purpose at this time is not to draw attention to a *fait accompli* in regard to expert medical witnesses, but to draw attention to the willingness of the legal profession to cooperate with organized medicine in getting rid of a situation which is obnoxious to the courts, to the bar, and also to the medical profession

Control of Diarrhea in the Newborn

From all available reports concerning the recent outbreaks of epidemic diarrhea in newborn infants, it seems fairly certain that the lack of definitely organized, coherent plans for medical and nursing care of the newborn is in a large measure responsible for their occurrence More attention is paid to the question of economy in the furnishing of maternal and newborn care and little consideration is given to the problem of efficiency and adequacy of service

From the reports of Rice, Best, Frant, and Abramson,[1] [2] it is evident that both morbidity and mortality from the disease is lowest in those lying-in hospitals where complete precautionary measures are instituted early Suspension of all service and complete isolation will suffice for the control of the epidemic once it has appeared This, however, while adequate for the control of the immediate outbreak, does not offer a satisfactory means of preventing the appearance of diarrhea in the newborn in a maternity service Nor is the application of the precautions used in nursing homes for older infants, wherein the resident population is stationary, a successful preventive against this disease

Based upon experience gleaned from its Bureau of Preventable Diseases, the Department of Health of New York City has added to the Sanitary Code certain mandatory regulations concerning the conduct of lying-in institutions and newborn nurseries The directions for the control of delivery room, nurseries, laundry, preparation of formulas, examination and conduct of the entire personnel, feeding technic, and the reception of visitors are all designed to reduce to a minimum the morbidity from epidemic diarrhea in the newborn Institutions which do not come under the control of the New York City Health Department would be wise in adopting regulations for maternity and newborn care based upon the recommendations of this body The continuous shifting of babies from the nursery to the mother's room for feeding, and then back again, makes it imperative that a technic of aseptic nursing be rigidly enforced, if the fullest prevention of this disease is to be achieved

1 Rice, John L., Best, W H Frant, S and Abramson H *J.A.M.A.*, 109 475, 1937
2 Frant, S and Abramson H *Journal Ped* 11 772, 1937

Brachial Neuritis After Serum

The administration of heterologous serums for the prevention and treatment of many conditions is often followed by untoward reactions From the ordinary simple serum sickness to the more severe anaphylactic manifestations of inherited sensitivity, the use of immune serums often presents a serious problem in therapeutics It is extremely difficult to foretell which patient will react unfavorably, even though an attempted estimation can be made from the family and past history In most instances, the urgency for the use of serum overshadows in importance the possibility of subsequent aftereffects Nevertheless, some of the complications of serum therapy are of such import that a more careful preliminary investigation should be attempted before its use even in emergencies

Bubert[1] reports a frequent neurologic sequela to the injection of horse serum This assumes the form of excruciating pain distributed to the peripheral branches of the brachial and cervical plexi While in most instances the life of the patient is not endangered, a return to normal function may be delayed for several months During this time, there is untold suffering from the pain which may not yield to any form of medication This complication of serum therapy has been known but little stressed

All possible safeguards should be employed before the serum is injected The previous use of this form of medication, the skin and conjunctival tests, and the history of allergic manifestations in the

1 Bubert H M, *Bull Sch. Maryland Univer.*, 22 112, 1938

individual or his family must be given the utmost consideration The casual and indiscriminate use of the several antitoxins commonly employed should be discouraged Close supervision of undergraduate and hospital residents in the matter of serum therapy plus a full realization of the more serious complications which attend its use will go far toward eliminating disabling aftereffects

CURRENT COMMENT

"'GIVE OUR PEOPLE A CHANCE to work, and lessen the cost of government and our profession will care for the sick and our patients will take care of their doctors Let the government give what the administration cost of Federal controlled medicine would be to those who are sick and that would pay the physician and save the government the cost of medical service'"—One doctor's opinion, voiced in the March issue of the *Illinois Medical Journal*

States the *Journal* in comment, "But it wouldn't of course—and that is the hitch with the bureaucrats—pay salaries of any political henchmen who would have fat jobs by entering into the practice of medicine by virtue of political favor rather than by scientific attainment, as will happen when medicine comes under lay control of the ward healer Believe it or not, of such is the kingdom of state controlled medicine."

"WEBSTER GIVES AS HIS THIRD definition of medicine, 'a physician' I believe that if we go behind any science we will find that man is the science Behind chemistry is the chemist, behind physics is the physicist, behind medicine is the physician, the creator, the man The great scientist is a law unto himself He will be the same whether he be chemist, physicist, or physician To the average physician is given the privilege of beating a pathway to the door of a sick humanity, of carrying into the home alleviation of suffering and elimination of disease "—*Pittsburgh Medical Bulletin* of March 12

"ACCIDENTS DISABLE SIXTEEN PERSONS out of every 1,000 for a week or more annually and caused 7 per cent of all deaths in the nation, the United States Public Health Service announced today as the result of a health survey covering 740,000 families, made in 1935-1936

"The surveyors found that the accident rate among families on relief or earning less than $1,000 a year was 43 per cent higher than the level among families in the $3,000-and-over brackets This they attributed to poor housing facilities, such as inadequate lighting and heating equipment and rackety buildings and furniture. "—From *The New York Times* of March 13

" TO BORROW FROM MONTAIGNE, 'Man is certainly stark mad, he cannot make a worm, and yet will be making gods by the dozens' And Public Opinion is man made. It is being manufactured on a quantity basis to serve the ends of those who are only too impatient to avail themselves of the 'cohesive power of public plunder'

"American medicine is one of the most valuable of public assets, it has been solidly built and administered, on democratic principles It functions reasonably well as we within the profession know it, its ideal is quality But how is it viewed by those outside the profession? How does it look to the mind of Public Opinion, that mind compounded of prejudice, propaganda and politics, thinking in terms of mass production, man-hours and management, and deriving its information and inspiration increasingly from machines? Have we the courage to invoke this opinion? Can we look in this mirror unafraid? We cannot avoid it, it controls our destiny "—Common sense in an editorial to be found in the March *Westchester Medical Bulletin*

"MORE THAN NINETEEN BILLION dollars has been spent for relief in the course of five years by all government agencies It is not at all hard to agree with the chairman of the Central Statistical Board at Washington that we have got our money's worth in human and social good But, we do not like the grudging note which creeps into one sentence 'Health, and minimum standards of living have in some measure been sustained'

"Minimum living standards may have suffered, but why use the very serious qualifications 'in some measure' about the health of the American people during the depression it implies that the nation's health has suffered preceptively Yet the official death rate for the country by years from 1928 to 1935 has been as follows 12 1, 11 9, 10 9, 10 5, 10 7, 11, 10 9 In other words, all through the depression the death rate has been consistently lower than in the best years of prosperity The health of the nation has been maintained *far better* than 'in some measures'"—In the column "Topics of The Times" in *The New York Times* of March 17 (Italics ours)

Annual Reports

MEDICAL SOCIETY OF THE STATE OF NEW YORK

1937-38

REPORT OF PRESIDENT

To the House of Delegates, Gentlemen

Our Executive year began in the latter part of a period of artificial national prosperity and promises to terminate during the second stage of a well-established financial depression All business and professional life has been affected Morale in many quarters has been weakened, benumbed, or doubtfully inert *Our* membership, accustomed to frequent discouragements in practice and, in spite of them, always striving for better results, have maintained a marvellous spirit of endeavor, accompanied by extravagant efforts in service and alert opposition to many schemes for destroying the essential relation of physician and patient Whatever doubts, fears, and errors have insinuated themselves here and there within our organization, we may well be proud of the maintenance of morale in our Society and in the loyalty of its members to the high principles enumerated in the first article of our Constitution

The Council, by provisions of the revised Constitution and By-Laws (1937), has assumed more extensive and inclusive duties comprising the combined authority and activities of the former Council and Executive Committee and the standing committees All of its members have served as chairmen of committees which have been actually subcommittees of the Council Thus the report of the Council will be more voluminous than in the past and will include all of the items previously reported by the Council, Executive Committee, and the standing committees and many of those heretofore included in the reports of the President and Secretary who are respectively Chairman and Scribe of the Council

It therefore remains for your President to present to you a resume of his own activities and his reflections upon what our Society has accomplished or failed to accomplish during the administrative year, and to offer whatever recommendations have evolved from his experiences

At all of the eight District Branch meetings we found loyal and most considerate welcomes, a splendid scientific program, and the most cordial fraternalism among members At each we presented a talk upon some specific phase of Preventive Medicine The text of these addresses has been published in the JOURNAL beginning with the issue of October 15, 1937 and continuing inclusively thereafter In preparing these papers we had valuable assistance from publications too numerous to mention and from personal suggestions from Drs William L Russell, Peter Irving, Foster Murray, Terry M Townsend, C Douglas Sawyer, Alec Thomson, and C Ward Crampton of our membership, Dr A B Glenn of the Second District Dental Society, and Mr Dwight Anderson, Director of our Bureau of Public Relations

Every District Branch meeting was well-attended The program, uniformly excellent, varied in type The First and Second Districts, with their scientific exhibits and departmental clinical programs stimulated the largest attendances in their histories The Fourth District meeting, held from Friday noon until Saturday noon, included a dinner with the ladies on Friday evening, at which, after a few brief speeches, an excellent entertainment was provided At the Seventh District meeting the Doctors of Dentistry in that District and the State Dental Society President joined in program and attendance—subject, "Medicodental Cooperation"

We have accepted every invitation to

visit County Societies except in two instances where the proposed dates conflicted with Society duties already arranged Thus we have officially attended meetings in Nassau, Rennsaelaer, Bronx, Monroe, Oswego, Onandaga, Broome, and Westchester and have spoken briefly or otherwise as the occasion demanded Some of these addresses have appeared in the JOURNAL All of these visits were thoroughly enjoyable and worth-while for not only are the splendid values of the work of county societies made clear to the administration but we are told that the members receive through these visits a feeling of closer relationship with the State Society and the activities of the Council and its committees

At the Broome County meeting we said "The Medical Society of the State of New York is thoroughly alive to the needs upon which are predicated an abounding future for medicine comparable in quality and distribution to other resultants of civilization and intelligent human endeavor"

Cordial relations of our Society with state officials and departments and mutual cooperation have demonstrated that the best health and welfare interests of New York State people are served by combined endeavors When we talked at the Saratoga Health Conference in June we asked aid for our program of Preventive Medicine The response has been hearty and helpful At this conference we suggested that a joint (Health Department and State Society) committee visit Detroit, Michigan to make a two-day survey of the Vaughan method of "Intensive Case Finding in Tuberculosis" (*J A M A*, September 4, 1937) Again cooperation! The Joint Committee's report included added visits to Oakland County and Battle Creek where very modern intensive health-methods exist showing increased interest in cooperation We remind our members of the combined efforts in Pneumonia Control and of the very essential part played by the Health Department, of the mutual endeavors in syphilis control, and of the placing of some of our eminent members upon the Cancer Commission now ready to report Altogether the concurrent alliance of State governmental forces and this Society in matters pertaining to health and welfare makes pleasant history of expanding accomplishment The alert accomplishments of the Council Committee on Contracts with Governments and State Departments deserve warm commendation

In what degree our program of Preventive Medicine will contribute to the future of medicine and social welfare depends upon our membership and how great an interest has been aroused Certainly we have had the unrestrained and cordial help of the officers and Council, the Journal Management Committee, the Secretary, the Public Relations Bureau, the District Branches at their meetings, and the County Societies visited We steadfastly believe that a thoroughgoing campaign along this line for a decade or so may provide answers to many questions which people and groups and governments are asking Moreover valuable time will be saved many people, also anatomical parts, functions, and lives An increase of interesting work for physicians will be a corollary accompanied by the abolition of many gruesome, exasperating (because hopeless) tasks We have called attention (N Y STATE JOUR MED, January 15, 1938) to the potential by-products of Periodic Health Examinations as sufficiently rewarding

Postgraduate Medical Education has been directed for the Society this year by the proven competent devoted beloved Tom Farmer Several effective local programs of Postgraduate Medical Education are conducted by component County Societies

The enthusiastic interest and practical value of the Woman's Auxiliaries have developed under accomplished leadership of earnest workers Always a believer, your President has a rapidly growing confidence in the need for them and their importance to organized medicine Women can exert certain influences where men would fail *Other* women will believe *them* while doubting the same statements from us In professional-social matters they are as ready to serve us as in domestic affairs They are alert and never delay action Recently called in emergency they acted without hesitation when rounded up by their state legislative chairman More than a thousand telegrams and letters were forwarded to important persons within forty-eight hours

We hope that in the coming year numbers of new auxiliaries will be organized Whatever the size of your county society or the accomplishment of its members a Woman's Auxiliary has amazing and helpful potentialities They need (and desire) direction and education in their duties To many of our members this would be gratifying and entertaining work.

We have addressed three coalition meetings of auxiliaries in three districts (Syracuse, Brooklyn, and Schenectady) Could all members have our experiences upon these occasions all counties would organize auxiliaries

Our House of Delegates at Rochester in May 1937 ordered the appointment of a Special Committee on Matters Pertaining to Medical Care in the State of New York Its duties specified are

(a) To establish a working definition of the term "Adequate Medical Care"

(b) To formulate principals and proposals for a State Health Policy

We have been fortunate in securing the faithful, enthusiastic services of an especially talented and well-informed committee under the leadership of Dr Walter W Mott of Westchester County with a membership fairly representative of all sections of the State Their meetings have been replete with impressive discussions in which every member has offered contributions of value Their report is a model of elucidating definition and well-reasoned suggestion Please read it and see that your delegates are prepared for discussion and action upon the floor of the House Out of this Committee's work amplified by the focussed wisdom of our fifteen thousand members represented in our deliberative body there may develop an example in State Health policy worthy of emulation by some sister states

Through the joint efforts of the Journal Management Committee, checked and instructed by the Council, and our extraordinarily energetic and competent publisher, our STATE JOURNAL OF MEDICINE has become one of the three best State Journals in this country Some of us think it *the best!* If maintained as now and with further enlargement and improvement, the JOURNAL will be a powerful influence for the good of our State and its neighbors in the future of medicine

Our most modern effective force for broad understanding of modern medicine and its spirit and aspirations is the Bureau of Public Relations Every other business and professional group and all organizations advocating social change are explaining their views to the public in a way to command attention So much misinformation about us is published that we need to take a modest and dignified position upon life's stage rather than wait in the wings for a cue that may never come So much general medical information is needed and desired by the general public that authoritative presentations carefully selected and judiciously phrased are clearly a part of our duty

Sound appreciation of medical values and extraordinary journalistic acumen and skill are outstanding qualities in the Director of our Bureau These are vitalized by unremitting activity and comprehensive consideration of all features of world-life that touch our membership He also has a clear understanding of how the layman and especially the critical layman will react to our pronouncements, and many of these have been shorn of their asperities by his blue pencil without losing vital force This very modest gentleman attributes a large measure of the Bureau's success to the earnest cooperation of the officers and committees under whom he has served The Council Committee of the current year has been the Chairman, Dr Guy Carpenter, Dr Terry M Townsend who was Chairman last year, and Dr Thurston Welton the Editor of the *American Journal of Surgery* The Council itself receives a report monthly and is in executive control of the Bureau's policies

The leading activities of the Bureau are

1 To keep our members informed of developments, political, social and economic which affect physicians or those in which we should be interested

2 To help us inform the public, in language they will understand, of those facts, features, advances, and conflicts of medicine which make for change—medicine being of supreme importance as an unhampered direct service to the people

3 To educate the public to understand

what the physician can do for them by informing them accurately, as occasion arises, concerning the preservation of health and the prevention and cure of disease For this purpose excerpts from scientific articles, from addresses upon quasi-scientific subjects, from health propaganda are carefully selected and under the authoritative announcement of an officer, the Council, a Committee, or the Society as a whole, forwarded to the daily or weekly press of the State as releases Sometimes such releases are mailed to outstanding lay citizens who are known to be especially interested in health problems

4 Another interesting development has been the forwarding to the County Societies of Speakers' Service Bulletins furnishing outlines of addresses suggested for local or regional use by County Society speakers In some of these a sample address is furnished for use in whole or in part in case of emergencies of time

Many of our leading members, leaders in other States, authors, newspaper executives, and publicists of note have approved of and complimented the work of this Bureau Their composite opinion expresses the thought that a better general understanding of medical men is thus furnished to the public and the profession and public are mutually served As presently managed with the utmost economy consistent with efficiency we are probably distributing to our members through this Bureau many times the value which we spend, besides transmitting to the public a clearer understanding of the problems and spirit of the profession Among the extensive publicizing of almost every other work and social effort in the world *our* offerings are very modest and suitably restrained Carefully guarded and enlarged they may well become a tremendous force in improving the future of medicine for the people and the profession

The assignment of the Secretary as General Manager and coordinator of the Society's work has been extremely satisfactory from the viewpoint of your President Gradually the functions of the Society's offices have been expanded and efficiency extended One of the outstanding improvements inaugurated has been the employment of a stenotype operator for Council meetings This provides complete and accurate histories of all Council meetings which is both desirable and essential Much of the increased work has been because of a growing membership roll, but necessary improvements are also costly The most unsatisfactory condition is that the Secretary and General Manager is constantly overworked The demands upon him are tremendous, beyond the appreciation of any but those most closely associated with him He has never suggested this in any way but we, who are close to him know it! With his background and long experience, Dr Peter Irving has proved to be most able and wise in his conduct as Secretary, General Manager, and Coordinator In all these departments he has been of inestimable help to your President

The Council has had an excellent record of attendance, has cordially supported your officers, has capably manned committees wherever committee activity has been demanded, and has discussed and voted the issues brought before them with conscientious earnestness Although regular Council meetings have averaged of greater length than those of former Executive Committees, we cling to the theory that a Council of larger size fully elected by the House of Delegates represents the House and the Society-at-large more accurately than a smaller body a large minority of whom are named by the President Whether the new Council and its small committees will make for economy can only be determined after several years During the current year nine of the fifteen members have had monthly journeys of from three hundred to eight hundred miles to accomplish, besides requiring hotel accommodations and meals There will be little change possible in this regard during the coming year The appropriations for the small committees of the Council have been less than for the old standing committees Theoretically the closely-knit elected Council heading all committees, except Special Committees of the House of Delegates and those providing arrangements for the Annual Meeting, should prove superior to the former regime in efficiency and economy Time only will prove or disprove this theory The President is grateful to the Council for its unfailing courtesy and help in service to the Society I take pleasure also in thanking every

member of Council and special committees, who have served with faithfulness and devotion

My hearty thanks also goes to the chairmen and members of the Committee of Arrangements, and the Committee on Scientific Exhibits for their enthusiastic effective work I believe that you will all be gratified by the quality of the Scientific Program and Exhibits, by the extensive exhibition of moving pictures, and the unsurpassed arrangements at the Annual Meeting

Recommendations

1 In the interest of increasingly representative government Active officers and committee chairmen of a County Society or those who having recently thus served are still identified with Society activities can usually best represent the Society in the House of Delegates Where the delegation is large or of moderate size this is easily accomplished if the County Society perceives the wisdom of such a policy, as is often the case. When the delegation is small it is more difficult but the wisdom is still apparent and the possibility, even in a delegation of one, remains

We therefore recommend that the House of Delegates formally suggests the adoption of such a policy to each and all County Societies

2 In the interests of providing experienced replacements in the service of the State Society by those who can serve for a period of years we *recommend* the policy of integrating a studied gradual increase of younger men in the activities of the State Society, without specification, rule, or limitation as to age eligibility

3 In the interest of expanding our service to our membership, we *recommend* the employment of a liason officer who shall serve the House of Delegates and Council in the cooperation and consideration of common problems in our relations with State Departments, welfare organizations, and Foundations, and in assisting the General Manager and Executive officer in any way the Council may direct We also *recommend* that his qualifications as to eligibility be exactly those prescribed for the General Manager in our By-Laws

In calling your attention to this certain need we declare our conviction that we demand too much of our unpaid officers, committee men, and Trustees so that in many instances their own professional work or the Society's activities are necessarily incomplete or their health is impaired by too much physical sacrifice

4 It becomes increasingly apparent that our income from dues may not be sufficient for this provision (Rec 3) and other necessary provisions for our membership (dues are less than three cents per day per member) Therefore we recommend that the state assessment upon members be increased by at least two cents per day We also recommend that the Trustees be authorized to budget whatever income from the Society's investments may in their judgment be needed to properly serve the Society—thus rescinding the action of the House forbidding the use of such interest We also recommend that no investment principal be expended at any time except after majority vote approval of the House of Delegates after recommendation by both the Council and Board of Trustees

In conclusion I thank the House of Delegates and the entire membership for the honor and privilege of serving as your President I have made every effort to think and do rightly for you I have had the glowing satisfaction of feeling your cordial support in these efforts, and of sensing your generous fraternal amiability concerning my shortcomings

Respectfully submitted,

CHARLES H GOODRICH, *President*

April 1, 1938

REPORT OF SECRETARY

To the House of Delegates, Gentlemen

Your Secretary has the honor to report on the conduct of the central office after his year's experience for the first time as a full-time official with expanded duties It has become very clear to him that the amount of work that lay ready to be done was far greater than he had anticipated, and that your decision to employ a General Manager on full-time was wise.

Only in that way could the steadily increasing calls for secretarial duties be best met

Office

The amount of correspondence passing over the Secretary's desk and the telephonic communications have multiplied amazingly In part, this has been due to the increase in membership as will be seen from the figures To some extent, it probably follows on the fact that the Secretary has been present in person at all times when not making trips in connection with the Society's work Also, the new managerial duty of coordination of the activities has contributed in no small measure

It has been his effort to study with great care the office methods long in use to develop the possibilities for informational service and to open the way for any new functions that might seem wise The same devoted clerical force has been tremendously helpful, carrying on the regular duties steadily and painstakingly, and always ready to meet sudden calls for exceptional performances

Membership

It is of interest that the calendar year 1937 again showed a large increase—1,040 new members having been added as shown in the following table

Membership—December 31, 1936	14,208	
New Members—1937	1,040	
Reinstated Members—1937	305	15,553
Deaths	203	
Resignations	82	285
		15,268
Dropped for non-payment of dues — December 31, 1937		333
		14,935
Elected and reinstated after October 1, 1937, and dues credited to 1938		594
		15,529

Honor Counties include Allegany, Chenango, Clinton, Columbia, Franklin, Genesee, Montgomery, Ontario, Orange, Orleans, Putnam, St. Lawrence, Schuyler, Steuben, Tioga, Tompkins, Washington, Wayne, and Yates

A comparison of the figures for the last ten years shows a slight drop between 1931 and 1933, but a relatively rapid increase in the years 1935 to 1937 as indicated below

	Total Members
1928	11,476
1929	12,010
1930	12,382
1931	12,968
1932	12,868
1933	12,848
1934	13,172
1935	14,064
1936	14,662
1937	15,529

Coordination of Activities

This has been a new responsibility, the purpose of which has been at one and the same time to save duplication of effort and to expedite action Your Secretary has had to feel his way to some extent, learning by experience where to place his effort to assist the new Council and its working committees, but feels satisfied that progress has been made which can be much further extended as the team settles down into its new harness

As will be seen in the report of the Council, the first need was to provide each member of that body with very full agenda and minutes, thus minimizing the time consumed in its regular meetings For many years the custom had been to compose only one office copy of minutes that was read in full at each meeting of the old Executive Committee While these agenda and minutes imply heavier stenographic labor, and some increase in expense, your Secretary has been assured by the Council that this plan makes its work easier and more certain and at the same time serves to supply reference material that each member has at his command at all times

With the various committees of the Council, and special committees of the Society, your Secretary, by attending meetings and by aiding in committee correspondence, has been able to save overlapping of activities and, he believes, to diminish time spent both in meetings and in travel expenses for the members

It is precisely in the realm of small working committee activity that coordina-

tion is most necessary For example, publicity is at times of extraordinary value in connection with such matters as pneumonia control, syphilis and cancer control, where the first line of offense lies in the Council Committee designated to study matters pertaining to public health Public health matters at times have economic features, again legislative connotations, and also publicity needs

It is the hope of the General Manager that he will be able to give in the ensuing year a very much larger and more rapid type of help in these ways and others, thus bringing the policies set by the Council into even more effective operation.

Your Secretary has attended over fifty different meetings since May 1937, not only the regularly recurring Council meetings and Board of Trustees meetings but also others that had to do with many different things—from public health to World's Fair arrangements, and from medical care to District Branch scientific and social meetings, and he is eager in the coming year to start closer and wider contacts with the hospitals and medical schools in the State

In connection with pneumonia control, your Secretary had the privilege of reading, in November 1937, before the American Medical Association Annual Conference of State Secretaries and Editors, a paper entitled "A State Medical Association's Part in A Pneumonia Control Program" Great interest was evidenced by that group It seems fair to state that the example of the New York State Society is very generally commended

Your Secretary is deeply grateful to the President, Members of the Council, Members of the Board of Trustees, the Executive Officer, and the Directors of the Bureaus of Workmen's Compensation and Public Relations, for their very fine cooperation throughout the year

Respectfully submitted,
PETER IRVING, *Secretary*

April 1, 1938

REPORT OF COUNCIL

To the House of Delegates, Gentlemen

The Council has the honor to report on its administration of the affairs and business of the Society since your last meeting on May 24-25, 1937 It begs to submit for your consideration the matters studied and the actions taken thereon, and to describe the manner in which it has met the wider range of obligations with which it was charged by the 1937 revision of the Constitution and By-laws

The assignment to a single Council of fifteen of all the duties previously spread between six Standing Committees, the former Council, and its Executive Committee necessarily placed on this newly constituted executive body a stiffer burden It was realized on the one hand that every member of the Council would have to be familiar at all times with all significant facts and on the other hand, that the work could be expedited and facilitated by setting up small "Council Committees" of two or three to filter through those situations which merited full discussion The House in its wisdom elected as Councilors men who had had the advantage of experience in all the different fields likely to engage attention

These smaller Committees were at once set up as shown in the following list and the Council has been able to conduct its work with what bids fair to be some saving in the travel expense involved

Medical and Related Research

Thomas H Cunningham, *Chairman*	Glens Falls
Frederic E Sondern	New York
Frederic C Conway	Albany

Medical Education

Thomas P Farmer *Chairman*	Syracuse
O W H Mitchell	Syracuse
George Baehr	New York

Nursing Education

Peter Irving *Chairman*	New York
Clayton W Greene	Buffalo

Preventive Medicine

William A. Groat, *Chairman*	Syracuse
Cassius H. Watson	New York
C Ward Crampton	New York

Matters Pertaining to Public Health

O W H Mitchell, *Chairman*	Syracuse
Thomas P Farmer	Syracuse
Thomas A. McGoldrick	Brooklyn

Deaf and Hard of Hearing

Augustus J Hambrook	Troy

Legislation

James H Borrell *Chairman*	Buffalo
B Wallace Hamilton	New York
John L Bauer	Brooklyn

Economics

Frederic E Elliott, *Chairman*	Brooklyn
Walter W Mott	White Plains
George C Vogt	Binghamton

Budget

Samuel J Kopetzky, *Chairman*	New York
Floyd S Winslow	Rochester
John J Masterson	Brooklyn

Workmen's Compensation Procedure

Frederic E Elliott *Chairman*	Brooklyn
David J Kaliski, *Director*	New York
Joseph C O'Gorman	Buffalo

Contacts With Health and Welfare Departments of the State

Augustus J Hambrook, *Chairman*	Troy
Louis H Bauer	Hempstead
Frederic E. Elliott	Brooklyn

Medical Publicity

Guy S Carpenter, *Chairman*	Waverly
Terry M Townsend	New York
Thurston S Welton	Brooklyn

Hospitals, Clinics and Welfare Agencies

Floyd S Winslow, *Chairman*	Rochester
Robert F Barber	Brooklyn
Adolph G DeSanctis	New York

Malpractice Defense and Insurance

John J Masterson, *Chairman*	Brooklyn
Milton J Goodfriend	Bronx
James M Flynn	Rochester
Chas Gordon Heyd (*Advisory*)	New York

Constitution and By-Laws

Samuel J Kopetzky *Chairman*	New York
Peter Irving	New York
Lorenz J Brosnan, Esq	New York

World's Fair

Thomas H Cunningham *Chairman*	Glens Falls
James R Reuling Jr	Bayside
Thomas A McGoldrick	Brooklyn

Detroit Plan of Case Finding of Tuberculosis

James H Borrell, *Chairman*	Buffalo
Frederick S Wetherell	Syracuse
Frederic E. Elliott	Brooklyn

To meet the possibilities that in some situations a more State-wide assistance might be required, certain Advisory Committees were also appointed by the President, with the approval of the Council, as follows

Advisory Committee on Anti Vivisection to Council Committee on Medical and Related Research

John J Morton, Jr, *Chairman*	Rochester
Joshua E. Sweet	New York
Allen O Whipple	New York
Simon Flexner	New York
Augustus B Wadsworth	Albany
Edwin MacD Stanton	Schenectady
Herman G Weiskotten	Syracuse
Winfield W Scott	Rochester
Burton T Simpson	Buffalo
Peyton Rous	New York
George J Heuer	New York
Marshall Clinton	Buffalo

Advisory Committees to Council Committee on Matters Pertaining to Public Health

Pneumonia Control

Russell LaF Cecil	New York
Clayton W Greene	Buffalo
Peter Irving	New York

Child Hygiene

Philip Van Ingen	New York
Edward J Wynkoop	Syracuse
Marvin Israel	Buffalo

Cancer Control

Chas Gordon Heyd	New York
L Whittington Gorham	Albany
Frederic E Sondern	New York
Albert A Gartner	Buffalo
Leo Paul Larkin	Ithaca
William P Healy	New York
Robert L Moorhead	Brooklyn

Defective Eyesight

Arthur J Bedell	Albany
Joseph C O Gorman	Buffalo
Conrad Berens	New York

Advisory Committee to Woman's Auxiliary

John L. Bauer, *Chairman*	Brooklyn
William H Ross	Brentwood
Herman W Galster	Scotia
William A Groat	Syracuse
Daniel J Swan	Flushing

Advisory to the Council Committee on Legislation

The Chairmen of all the County Medical Society Legislative Committees were considered to constitute a Legislative Advisory Committee

Four other Committees constituted slightly differently (See By-Laws Chap IV, Sec 9 and 10) as provided in the By-laws have assisted the Council in its duties of arranging for the Annual Meeting, its Program and Scientific Exhibits, and in conducting the publications of the Society

Scientific Exhibits

William A Krieger, *Chairman*	Poughkeepsie
John Henderson	New York
Charles Douglas Sawyer	Brooklyn

Scientific Work

Albert F R Andresen, *Chairman*	Brooklyn
Howard C Taylor	New York

Arrangements

Charles A Anderson, *Chairman*	Brooklyn
John L Bauer	Brooklyn
Chas Gordon Heyd	New York
Ralph I Lloyd	Brooklyn
Irving Gray	Brooklyn
W Guernsey Frey, Jr	Forest Hills Gardens
Arthur S Driscoll	St. George, S I
Carl A. Hettesheimer	Hempstead
Charles C Murphy	Amityville
Augustus Harris	Brooklyn
Clarence G Bandler	New York
Frederic E. Sondern	New York
Herbert C Fett	Brooklyn
Emil Koffler	Bronx
John B D Albora	Brooklyn
John Henderson	New York
Charles Douglas Sawyer	Brooklyn
Leo F Simpson (*Advisory*)	Rochester

Journal Management

George W Kosmak, *Chairman*	New York
Peter Irving	New York

Thomas M Brennan	Brooklyn
Samuel J Kopetzky	New York
Nathan P Sears	Syracuse
Warren Wooden	Rochester

Four other Committees of the Society have carried on special duties, reporting as indicated

Prize Essays (Reporting to the House)

Frank B Cross *Chairman*	Brooklyn
Edward G Whipple	Rochester
Burton T Simpson	Buffalo

To Confer With State Hospital Association (Reporting to the House)

Floyd S Winslow, *Chairman*	Rochester
David J Kaliski	New York
Frederic E. Elliott	Brooklyn
Thomas P Farmer	Syracuse
Augustus J Hambrook	Troy
Leo F Simpson	Rochester
Homer L Nelms	Albany
William A Groat	Syracuse
Peter Irving *Ex officio*	New York

Matters Pertaining to Medical Care (Reporting to the House)

Walter W Mott, *Chairman*	White Plains
Frederick M Miller, Sr	Utica
David B Jewett	Rochester
James A. Miller	New York
Charles D Post	Syracuse
Louis A Van Kleeck	Manhasset
John E Wattenberg	Cortland
Homer L. Nelms	Albany
William L. Russell	White Plains

Advisory Committee

Chas Gordon Heyd	New York
Frederic E. Sondern	New York
Arthur W Booth	Elmira
Thomas A. McGoldrick	Brooklyn
Bertran W Gifford	Saugerties

Maternal Welfare (Reporting to the Council)

Charles A Gordon	Brooklyn
James K Quigley	Rochester
Ferdinand J Schoeneck	Syracuse

Legal Counsel Lorenz J Brosnan, Reappointment.
Attorney Thomas H Clearwater Reappointment.
Executive Officer Joseph S Lawrence Renewal of Contract.
Director of Bureau of Public Relations Dwight Anderson Renewal of Contract.
General Manager Peter Irving

The Council has met regularly on the second Thursday of each month, with the exception of July and August, beginning its deliberations in the morning and carrying them on through a greater portion of the afternoon at each session

It has extended an invitation to all its meetings to the Board of Trustees, the First Vice-President, the Vice-Speaker, the Assistant Secretary, the Executive Officer, the Director of the Public Relations Bureau, the Director of the Workmen's Compensation Bureau, and the Legal Counsel

In order to keep all members and guests fully informed of its activities and to supply material for ready reference, extensive agenda has been sent to all concerned, and stenotype verbatim notes have been made, from which exhaustive minutes have been compiled and distributed

* * *

The matters studied, the actions taken by the Council, and recommendations for your consideration are here recorded under subject titles

1 Public Health

With the assistance of its Committee on Matters Pertaining to Public Health (Drs Mitchell, Chairman, Farmer and McGoldrick), progress has been made in several fields

Pneumonia One-day "pneumonia institutes" were held in a hospital in each of the following five cities Rochester, Syracuse, Buffalo, Albany, and New York, under the combined aegis of the State Society and the State Department of Health The Society arranged programs with Dr Edward S Rogers, Director of Pneumonia Control of the Department of Health

The Department found it possible to pay travel expenses for physicians up to fifty in number on each occasion, and great interest was shown in the lectures and the clinic and serum therapy demonstrations of these post-graduate days

The example was followed in the City of New York for its own physicians Half-day "Refresher Courses" were held during January and again in March 1938

The Council received an enthusiastic report on a pneumonia film called "A New Day" which has been financed, at considerable expense, by the Metropolitan Life Insurance Company, and formally endorsed it to that Company The United States Public Health Service also endorsed this film It is now being shown to the public in regular motion picture houses

Cancer Cordial relations with the American Society for Control of Cancer have been maintained, through Drs Mitchell and Farmer of the Council, and Dr John M Swan, Executive Secretary of the New York State Committee of the American Society

Dr Swan's Committee has for the last twelve years been carrying on an educational program, directed to the layman, for the purpose of informing him concerning the danger signals that may mean cancer and of urging him to consult qualified medical practitioners at the earliest possible moment

It has always been its aim to keep the dissemination of knowledge concerning cancer in the hands of the organized profession The governing body of fifteen directors is composed of medical men in good standing in the Medical Society of the State of New York, three of them being past presidents

It has been the expressed hope of the New York Cancer Committee that Chairmen of County Society Cancer Committees will also act as Chairmen of the County Committees of the American Society for Cancer Control This arrangement continues to have the endorsement of the Council

The national society's more recently formed women's organization called, "The Women's Field Army" was recommended by the Council to the County Societies Its purpose is to secure small contributions from women to finance educational programs County Society Speaker's Bureaus can well aid, in the opinion of the Council, this campaign

The President, Dr Goodrich, responded to a request of the Governor for a representative of the State Medical Society to sit on the Commission created in 1937 to study the prevalence of cancer in New York State The Governor appointed Dr Floyd S Winslow of Rochester The personnel of that Commission follows

Assemblyman Frank A Gugino, Buffalo, Chairman
Senator Frederic H. Bontecou, Poughkeepsie
Senator Jacob J Schwartzwald, Brooklyn
Senator William J Murray, New York
Dr James Ewing, New York
Dr Floyd S Winslow, Rochester
Dr Edward S Godfrey, Jr, Albany
Assemblyman Nicholas A Rossi, New York
Assemblyman Harry R. Marble, Holcomb

Dr Winslow has brought several questions to the Council and, in particular, the final recommendations to be included in the report of the Commission subject to rewording by the Council It is expected that the phraseology approved by the Council will be used in the Commission's report

Syphilis In this field the Council, on request of Senator Jeremiah F Twomey, approved, subject to minor amendments to be sought by the Committee on Legislation, his bill requiring Wassermann tests in pregnancy The bill was later passed by the Legislature.

On request from the American Social Hygiene Association, the Council directed announcement in the JOURNAL of the selection of February 2, 1938, as the "National Social Hygiene Day"

2 Tuberculosis Case Finding

The Council authorized appointment of a committee of three to visit with a similar committee of the State Department of Health and visit Detroit, there to study at first-hand tuberculosis case finding as practiced under Dr Henry F Vaughan, Commissioner of the Department of Health of Detroit, Michigan The joint committee selected was

From the State Society
Dr James H Borrell, Chairman
Dr Frederick S Wetherell
Dr Frederic E. Elliott

From the State Department of Health
Dr George H Ramsey
Dr Robert E. Plunkett
Dr H Jackson Davis

This group spent two days in Detroit and Battle Creek, Michigan, on November 16 and 17, 1937 A final report is expected in the near future

3 The Deaf and Hard of Hearing

Dr Hambrook, as a Council Committee of One, was designated to continue the program of activity in this field which started five year ago As Vice-Chairman of the Temporary State Commission to Study Facilities for Hard of Hearing and Deaf Children, he has been in fortunate position to aid in carrying the work well forward

The Commission is constituted as follows

Jacob H Livingston, Chairman, Dr Augustus J Hambrook, Vice-Chairman, John H Black, Secretary, George F Rogers, Clifford C Hastings, Fred L Meiss, William J Sheldrick, Estelle E Samuelson, Dr Emily A. Pratt, Dr Edmund Prince

Fowler, Capt. Victor Skyberg, and Morris L Ernst, Counsel The following serve ex-officio John J Dunnigan, Perley A Pitcher, Oswald D Heck, Irving M Ives, and Irwin Steingut.

Much of the actual work has been undertaken by a scientific group made up of the medical members on the Commission and Miss E E Samuelson and Captain Victor Skyberg

The Commission has studied facilities in the State—two open meetings having been held in different parts of the State to inquire into the care given hard of hearing children and deaf children, both in private institutions and in the deaf schools of the State It has concerned itself with the lack of proper educational advantages in the schools of the State, and has made a study of the number of children requiring lip reading and other hearing aids, also, the number of qualified teachers available and the number required for a State-wide program of lip-reading instruction It has tried to determine the need for audiometer equipment to take care of requirements and of better utilization of all present equipment.

The Commission has made a very comprehensive report to the Legislature, a copy of which will be submitted as a supplemental report to the House It has asked for an extension of one year to complete its study, this to include adults as well as children.

It has asked also that the reporting bill, in charge of the Department of Health, be activated, and from such information obtained through Section 320-A of the Public Health Law, as well as from other sources concerned, that a compilation and register of all deaf and hard of hearing children and adults be created

Dr Hambrook is glad to report that the program, started five years ago, is about to be realized, and that deaf and hard of hearing children and adults, as well, will now be able to receive an education suitable to the handicapped condition of each individual

4 Preventive Medicine

The Council has effected through the medium of a small committee (Drs Groat, Watson, and Crampton) a study of the various aspects—general and particular—of the very interesting subject of preventive medicine

The matter of noise abatement was first gone into, having been referred to the Council by the 1937 meeting of the Section on Neurology and Psychiatry That Section felt that undue noise in municipalities was a growing menace to the health and well-being of citizens

The study has revealed that a number of cities of large size, notably Albany and New York, have gone into the matter very thoroughly It appears to be recognized by these city governments as well as by the "League for Less Noise" that, while laws are to some extent useful and necessary for instance, in connection with automobile horns and night noises, the solution of the noise problem depends chiefly upon education and co-operation of the public.

While no specific recommendations have been formulated by the Council, the study suggests that the Society might aid in this field as in other matters of public health in an educational manner

Consideration of the general subject of preventive medicine made clear the very wide scope of prevention Governmental services through departments of health, welfare, and education could and do practice mass preventive medicine Cooperation of the Society with these departments could be of great value Personal preventive medicine, on the other hand, belongs to the citizen and his own physician

The health examination, while an essential in medical care, is yet only a part It is not an isolated event purchasable wholesale in mechanized ways, it is important but only incidental to a well-rounded service of preventive medical care through life The Council Committee has submitted a recommendation that there be a change of emphasis from the health examination by itself to the ideal of continued life service This, the Committee based on the belief that a physician can best help the individual going to him with some disability or complaint if he has known of that man's health and illness during preceding years

In other words, this Committee favored what might be called a "continued health service throughout life It believes and

considers that the Council could to good purpose devise practical methods of application such as some form of life-time health record To accomplish this purpose, this Committee has recommended to the Council continued study looking toward practical education in preventive medicine of both the profession and the public

5 Maternal Welfare

The Special Committee on Maternal Welfare (Drs Gordon, Chairman, Quigley, and Schoeneck) set up by the House of Delegates, reports to the House, in the manner instructed, through the Council The report follows

1 It was agreed by the members of the Committee that a permanent organization of *county medical society maternal welfare committees* is still of utmost importance, contact to be made with committee chairmen, or secretaries should be asked who the committee chairmen are This work has been done in the past, and, whether stimulated by the State Society or not, considerable work is being done. Several counties are actively studying their local problems, and in a great many more are interested

The Committee feels very strongly that real progress will be made only if Dr Irving or Dr Lawrence every time they make a county visit, make a point of advancing the program

2 The State is so large and the problem so vast, that it would surely be of great value to begin *education of the physician by mail,* sending him standards for (a) prenatal care, (b) intrapartum care, and (c) postpartum care, as three separate pamphlets Previous committee advocated this too

As cost of printing and mailing may be considerable, the Council should be asked to inquire if other organizations might be willing to participate, e g, State Health Dept, Metropolitan Life, Commonwealth Fund, etc.

3 The *New Jersey plan* was thought excellent, but the Committee was informed by Dr Quigley that the State Department of Health were not favorably disposed toward such a plan for New York.

4 The possibilities and difficulties of *education of the public* were discussed

5 Next meeting in Rochester in March, Chairman to address the County Medical Society there.

The Council issued instructions that Recommendation 2 of this report be carried out by the Journal Management Committee through the JOURNAL

In October 1937 the Council considered the film entitled "The Birth of A Baby" which had been produced by the Mead Johnson and Company at the instigation of The American Committee on Maternal Welfare, Inc, of which Dr Fred L Adair of Chicago was the Chairman A number of the members had seen the preview, and the Council decided to forward to the sponsor, The American Committee on Maternal Welfare, Inc., an endorsement of this film as an educational effort looking toward improvement in maternal welfare

The Council was informed of similar endorsement by the United States Public Health Service, the American College of Surgeons, the American Public Health Association, the Department of Labor, and the American Gynecology Society The Colorado State Medical Society was known to have endorsed and approved this film also

While the decision of the Department of Education of New York State was against permission for public showing of this film in the regular moving picture houses, the Council was assured the Department's disapproval would not prevent the use of this film in New York State for educational purposes by non-commercial groups

6 Medical Education

Dr Farmer has continued to represent the Council in the field of medical education and the same satisfactory method has been pursued by him in arranging postgraduate lecture courses throughout the State outside of the metropolitan district

During the fall of 1937 the following subjects were covered in each instance with several successive lectures in the counties indicated

Cayuga	Obstetrics
Monroe	Miscellaneous
Orange	Obstetrics
Rockland	Obstetrics

In the spring of 1938 similar courses were given as follows

Chemung	Dermatology
Columbia	General Medicine

Jefferson	General Medicine
St. Lawrence	General Medicine
Steuben	Dermatology
Sullivan	Dermatology and Syphilology
Tioga	Infections

At the time of going to press, Dr Farmer reports that there are still other courses under preparation to be given some time before July 1

It is to be noted that the Council and the Trustees have considered this work so valuable that an appropriation of $5,000 for the year 1937-1938 was provided in the budget

7 The Journal

Production has continued in the same fashion as was initiated January 1, 1934 The Journal Management Committee, through which the Council supervises its publication as to content, has reported on the year 1937

The cost as compared with the three preceding years is shown in the following table and reveals a slight increase in total expense (payment to Mr Gardiner plus Committee expenditures) due largely to the steady increase in membership with, however, maintenance of the cost per member slightly below the One Dollar which has been appropriated each year from dues for this purpose

Year	*Total*	*Total Members*	*Per Member*
1934	$ 9,223 53	13,193	$ 70
1935	12,726 83	14,064	90
1936	14,366 72	14,662	97
1937	14,383 67	15,866	90

From present conditions at the time of writing this report it would appear probable that this satisfactorily low level of production cost may have to rise, but this new problem has not yet been fully solved

The scientific content during these years is shown in the following table, which indicates an increase in the number of articles used and total pages assigned

Year	*Number*	*Total Pages*
1934	159	696
1935	144	738
1936	191	1,220
1937	200	1,252

The remaining content has been steadily enlarged with addition of some further sections considered by the Committee desirable "Hospital News" and "Pneumonia Control Program" sections have been deemed valuable, and recently arrangements were effected with the State Departmnt of Health for "Public Health Notes" to be supplied by Dr Earp, the Medical Editor of that Department The "Correspondence" column, "Medicolegal" section, "Book Reviews," "Medical News," "Society Activities," and "Across the Desk" have been continued It is the constant effort of the Committee in this way to supply material of varied interest to readers

The Council has received comment from many sources which indicates satisfaction on the part of the membership in general with the progress of the magazine, and a steadily increasing reader interest Not only within the State has this been manifested, but the material in the JOURNAL has been increasingly utilized by other state journals

DIRECTORY

The Journal Management Committee has continued its duty of supervising the content of the Medical Directory of New York, New Jersey and Connecticut, copy being prepared in the Central Office

The following policies have been from time to time adopted by the Committee

1 Alphabetic street list to precede detailed list

2 Workmen's Compensation designations to appear with each name, a general sign in front before the membership star, and the special letters later

3 The assigned designation to be run, whether the doctor objects or not

4 Diplomates of National Boards to receive appropriate designations in capitals

5 Directors and Asst Directors of Hospitals to have special designation

6 Membership in Societies to follow these regulations

(a) The societies must be medical scientific organizations, both national and local

(b) Where lay members as well as physicians belong to an organization listing is to be omitted

(c) No listing to be made of membership in foreign medical associations

(d) Abbreviations to be used as heretofore for hospital titles

7 Fellowship in American College of Radiology to receive FACR

8 N Y Academy of Medicine Fellowship and membership to be indicated

Beginning with the 1937 edition, the State Societies of New Jersey and Connecticut took over the task of preparing copy for their own physicians

Technical Exhibits

The Committee has continued its supervision of the content of these exhibits which, like advertisements in JOURNAL and Directory, are required to follow the rule of acceptance by the Council on Pharmacy of the American Medical Association

8 Medical Publicity

With the aid of its Committee of which Dr Carpenter is Chairman, Drs Townsend and Welton, members, the Council has continued to effect suitable publicity through the Public Relations Bureau The policies laid down, and the output of the year are shown in the following summary

In the Fall of 1937, District Branch meetings of the Society were covered as usual with news releases sent to the daily press of each district by the Public Relations Bureau In addition, a new practice was begun of supplying the weekly press with special articles in plate form concerning these meetings This material was well received, and the continuance of this project is recommended

Special news releases were prepared and distributed to the press throughout the year concerning the postgraduate courses conducted under the auspices of the Council Committee on Medical Education

Additional releases were sent the press from time to time as occasion demanded on such subjects as compulsory health insurance, pneumonia, and concerning various addresses of the President of the Society "Beauty and Preventive Medicine," a talk delivered by Dr Goodrich was reprinted in "Vital Speeches of the Day" and reprints were sent to 12,000 persons on the mailing list of the Bureau

The Director of the Bureau, Mr Dwight Anderson, attended various committee meetings of the Society, in particular those of the Council Committee on Preventive Medicine, and the Committee on Matters Pertaining to Medical Care He attended meetings of the Committee on Library and Information Service of the World's Fair, of which he is a member, and the Committee on Medical Jurisprudence of the New York County Medical Society and the Association of the Bar of New York City He attended the meeting of legislative chairmen held at Albany, and throughout the year kept in close contact with organizations which are affecting public opinion as to matters related to the interests of the medical profession He continued the cordial relations with the press which have characterized the work of the Public Relations Bureau Increasingly, requests have come from special feature writers employed by magazines and syndicates for assistance in preparing articles for the press

The Bureau has assisted in maintaining cordial and cooperative relations with the New York State Department of Health, particularly in regard to the promotion of the pneumonia control program jointly sponsored by the two organizations

The Speaker's Service Bulletins have been continued with the following titles "Quo Vadis?," "What Is Propaganda?," "Mental Hygiene," "Medical Care in the Radio Forum," "Pneumonia," "What Next?," "Syphilis Must Go!," "Cancer," "Tuberculosis," and "Mother's Day" A new bulletin service called "Handbook Series" was begun March 15, 1938 with the title "Organizing the Speaker's Bureau" Titles to follow are "The Newspaper Interview," "The Radio Dialogue," "The 10-Minute Talk," and "The Newspaper Release"

A radio transcription was made of a talk by Dr Goodrich on "Health and Beauty" This was offered to radio stations throughout the State Ten stations used this material This innovation opens up a new means for moulding favorable popular opinion for organized medicine, now that the mechanical difficulties in disc manufacture have been successfully overcome

J Weston Walch, author of "On The Witness Stand," was employed to prepare a question-and-answer manuscript on state medicine He came to New York and worked with the Director of the Public Relations Bureau in collecting material and presenting it in suitable form for publication It was decided by

the Committee to hold this matter in abeyance until after the Annual Meeting when new material on the subject may be made available and added to the manuscript.

Analysis of magazine and newspaper articles in the labor press on the subject of health insurance indicates a renewal of agitation on this subject in that quarter It is felt that if the two warring elements in organized labor resolve their differences, which is definitely predicted in well-informed quarters, a situation may arise calling for the renewal of publicity to inform the public of the dangers of compulsory health insurance, a procedure which met with conspicuous success in the work of the Public Relations Bureau during the year 1937

Attention has been addressed to current radio programs as providing a crosssection of propaganda influences at work with relation to medical care Many programs have appeared in promotion of cooperative medicine, as well as compulsory health insurance The number of the former has increased measurably during the last year

The Director of the Bureau was one of the speakers at a conference of Science Writers held under the auspices of the American Medical Association, Chicago, Ill, October 30, 1937 The proceedings of this meeting appeared in the *Journal of the A.M.A*, January 1 and January 8, 1938

At the request of the New Haven, Conn Medical Society, the Director of the Bureau addressed that Society at its semi-annual meeting in Waterbury, October 28, 1937 He has been invited to speak to the members of the Woman's Auxiliary of the Medical Society of the State of New York at the Annual Meeting in May to explain ways in which the Auxiliary may be useful in combatting influences which tend toward lowering the standards of medical care

9 Legislation

The newly-organized Council Committee on Legislation (Drs Borrell, Hamilton and John L Bauer) proceeded immediately to inform itself regarding the instructions left by the House of Delegates relating to proposed legislation and as to rules and regulations governing legislative procedure and the operation of the Legislative Bureau in Albany

Several meetings of this Committee were held prior and subsequent to election time, for the purpose of studying the effect the election might have on the Society's future legislative program Among the provisions taken to establish a closer relationship with the County Societies have been frequent bulletins and wider circulation, impressing upon each county chairman the responsibility for the attitude his legislators might take on legislation in which the Society is interested, and active cooperation with the legislative committees of the Woman's Auxiliary The chairmen of the county auxiliary committees have been sent the legislative bulletins

Efforts have been made, as in past years, to enlist cooperation of sister professions and other organizations interested in the practice of medicine and public health

The annual conference of county society legislative chairmen was held in Albany on February 9, 1938, at which more than one-half of the County Societies were represented As usual, all of the bills that were available at that time were reviewed and action expressed

Through conferences with the proper interested and influential officials, the introduction of considerable undesirable legislation has been prevented The season is just now at its height at the time of writing this report (March 16), with the possibility that adjournment may occur before the end of March A supplementary report will be filed at the close of the session

Constitutional Convention In the matter of the coming Constitutional Convention to begin in April, the Council decided that its Committee on Legislation and its Executive Officer, Dr Lawrence, take the responsibility of close observation of the proceedings of the Convention, in order that no opportunity be lost to influence any phases of the work bearing on medicine

10 Workmen's Compensation

Through the Council Committee (Drs Elliott, Chairman, O'Gorman and Kaliski), the Director of the Workmen's

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cost of medical care against a non-insured employer At the present time there is no provision in the law to enable the Department of Labor or the Medical Society to protect the physician who has rendered service in a compensation case where the employer has failed to insure himself The significance of this will be appreciated when it is known that during the past year 665 awards amounting to $200,000 were made in such cases and in more than 800 court actions by the Attorney General, $130,000 was collected The Department of Labor has been vigilant in prosecuting employers for failure to comply with the law in this respect.

The Department of Labor has under consideration the names of sixteen physicians who have been authorized under the Workmen's Compensation Law and who have been found guilty of violations of various provisions of the Medical Practice Act under the Workmen's Compensation Law

Fifteen physicians have appealed from the ratings granted them by the Compensation Boards of the Medical Societies and in nearly every instance the decisions of the compensation board have been upheld One authorized physician was reported to the Industrial Commissioner by the District Attorney of New York County for unethical activities and his license was completely removed.

Another, guilty of unethical advertising and solicitation, suffered suspension of his license for six months

The Industrial Commissioner has reported that an examination of 9,000 cases disclosed that in a very large percentage no medical reports had been filed. Most of these have been minor cases and in some instances physicians have been induced by employers not to submit the reports required by law in return for which the employers agreed to pay the doctor's bill This practice must be stopped, and the Medical Societies have been urged by bulletins and notices in the STATE JOURNAL and County Bulletins to advise all physicians to comply with the law and submit the necessary forms in every case regardless of the importunities of employers This would tend to protect the interests of the injured claimant as well All C-4 reports should be notarized, and before the injured workman is discharged from treatment the physician should submit the final C-4 report indicating the exact date on which the employee may return to work.

Your Committee has been requested to appear before the Industrial Council at a hearing to be held on March 18 to decide the question of whether a physician applying for a medical bureau license may be permitted to operate more than one medical bureau under his own name This involves primarily the question of the provision of good medical care by a qualified physician and whether such physician through the employing of other physicians is violating the spirit of the Workmen's Compensation Act, in regard to competent and ethical medical care

Your Committee, through its Director, has been in constant touch with the various county societies throughout the State by correspondence and through personal contact in regard to matters of interest under the Workmen's Compensation Law

The Compensation Bureau has endeavored to act on behalf of the various compensation boards in matters requiring contact with the insurance carriers, insurance organizations, Department of Labor, and other interested groups

Your Director has spoken at a number of meetings throughout the State on Workmen's Compensation matters The Bureau has endeavored to act for various county societies in the settlement of bills pending the setting up of arbitration proceedings Many of such bills have been settled through contact with various insurance carriers and self-insurers The Bureau Service has been a focal point for contact with the medical profession in matters concerning Workmen's Compensation, a very important function, and becoming increasingly more important each year

The Director has requested the Industrial Commissioner to obtain the opinion of the Attorney General concerning the applicability of Section 13-g of the amended law which refers to the arbitration of disputed medical bills with the City of New York which is self-insured. The opinion of Mr Brosnan was requested, which opinion indicated that the City of New York as a self-insurer is not in any different position than any other party or person

Under date of March 12, 1938, the Industrial Commissioner has advised your Director that the Attorney General has ruled that the provisions of Section 13-g are general and statewide in their application and are not superseded by, nor in substantial conflict with, the provisions of the New York City Charter, but that the City is bound by the provisions of Section 13-g This information will no doubt be of great value to the compensation boards of those counties in which the municipality is a self-insurer

The Bureau has devoted a great amount of time to the preparation of the Workmen's Compensation ratings of all qualified

Compensation Bureau, Dr Kaliski, has submitted to the Council the following report of activities for the year ending March 31, 1938

To date a total of 14,778 physicians have been qualified throughout the State by the Compensation Boards and Committees of the County Societies In addition a total of 267 physicians have been qualified by the Homeopathic Society, making a grand total of 15,045 physicians (out of 23,578 physicians in New York State) qualified for Workmen's Compensation in the State

The following totals indicate the number qualified in each county

Albany	236	Niagara	144
Allegany	35	Oneida	187
Bronx	1660	Onondaga	318
Broome	185	Ontario	80
Cattaraugus	69	Orange	120
Cayuga	50	Orleans	22
Chatauqua	90	Oswego	58
Chemung	82	Otsego	40
Chenango	37	Queens	878
Clinton	39	Rensselaer	102
Columbia	28	Richmond	87
Cortland	38	Rockland	68
Delaware	37	Saratoga	53
Dutchess Putnam	117	Schenectady	80
Erie	688	Schoharie	24
Essex	27	Schuyler	9
Franklin	54	Seneca	24
Fulton	60	Steuben	67
Genesee	39	Suffolk	151
Greene	31	Sullivan	48
Herkimer	46	Tioga	31
Jefferson	94	Tompkins	51
Kings	2751	Ulster	89
Lewis	19	Warren	45
Livingston	46	Washington	33
Madison	29	Wayne	58
Monroe	415	Westchester	562
Montgomery	44	Wyoming	33
New York	3875	Yates	23
Nassau	372		

During the year the members of the Committee have conferred informally by telephone and letter on numerous occasions Six regular meetings of the metropolitan members of the Committee were held and two in which all the members of the Committee participated Two additional special meetings of the Committee were held

Committee on Industrial Dermatoses A special committee on the Industrial Dermatoses, of which Dr Eugene F Traub is chairman, studied the relationship of industrial dermatoses to workmen's compensation held three meetings during the year and has made considerable progress Other members of the Committee are Herman Sharlit, *Secretary,* Howard Fox, J Gardner Hopkins, Beatrice Kesten, Oscar Levin, Marion Sulzberger, Louis Tulipan, John C Graham, Albert R. McFarland, G M Fisher, Earl D Osborne, and Mark Heiman

Committee on Radiology Examinations A special committee on Radiology examinations for qualifications of physicians in radiology held three examinations in the past year Twenty-four candidates were examined for various county societies throughout the State, of which ten were qualified. This Committee comprises William H Stewart, *Chairman,* Alfred L L Bell, John J Masterson, and Charles W Schwartz

Upstate Fee Schedule The Director represented the State Committee before the Industrial Commissioner, the Industrial Council, and the Compensation Insurance Rating Board on matters affecting policy and principles in relation to the amended Workmen's Compensation Law on twenty different occasions during the year

The Committee appeared before the Industrial Commissioner at an open hearing held in Albany in regard to the upstate fee schedule on October 25, 1937 Preliminary to this meeting the Committee called a special meeting that was attended by representatives of practically all the upstate Workmen's Compensation Committees in Albany on October 17 It was decided at this meeting to urge the Commissioner that the Metropolitan Fee Schedule be promulgated for the entire State, and this attitude the Committee supported at the hearing on October 25, at which time the members of the Committee, as well as representatives of many county societies, adduced facts to prove that the prevailing rates throughout the State were the equivalent of the Metropolitan Fee Schedule and that insurance carriers were paying bills in accordance with the metropolitan schedule for services rendered throughout the State. Additional letters of information bearing on the upstate fee schedule have been sent to the Industrial Commissioner since that time, but up to the present, no upstate schedule has been promulgated by the Industrial Commissioner

The Director has conferred with the members of the Homeopathic and Osteopathic Compensation Boards and a spirit of harmony prevails among these groups

Arbitrations During the year arbitrations of medical bills have been held for nine counties in the metropolitan area, and the sixty-seven sessions held lasted on an average of four hours each Bills amounting to $84,457 67—of which $70,745 52 was in dispute—were arbitrated The total awards amounted to $39,926.23, the total number of bills involved amounted to 808

Upstate arbitrations were begun on February 25, 1938 in Schenectady and Troy These involve seven counties, three being arbitrated in Schenectady in the morning and four in Troy in the afternoon Arrangements are now being made to inaugurate arbitration proceedings throughout the State based upon the Metropolitan Fee Schedule and the prevailing rates in the various communities

Revised Application Blank The Com-

cost of medical care against a non-insured employer At the present time there is no provision in the law to enable the Department of Labor or the Medical Society to protect the physician who has rendered service in a compensation case where the employer has failed to insure himself The significance of this will be appreciated when it is known that during the past year 665 awards amounting to $200,000 were made in such cases and in more than 800 court actions by the Attorney General, $130,000 was collected The Department of Labor has been vigilant in prosecuting employers for failure to comply with the law in this respect.

The Department of Labor has under consideration the names of sixteen physicians who have been authorized under the Workmen's Compensation Law and who have been found guilty of violations of various provisions of the Medical Practice Act under the Workmen's Compensation Law

Fifteen physicians have appealed from the ratings granted them by the Compensation Boards of the Medical Societies and in nearly every instance the decisions of the compensation board have been upheld One authorized physician was reported to the Industrial Commissioner by the District Attorney of New York County for unethical activities and his license was completely removed

Another, guilty of unethical advertising and solicitation, suffered suspension of his license for six months

The Industrial Commissioner has reported that an examination of 9,000 cases disclosed that in a very large percentage no medical reports had been filed. Most of these have been minor cases and in some instances physicians have been induced by employers not to submit the reports required by law in return for which the employers agreed to pay the doctor's bill This practice must be stopped, and the Medical Societies have been urged by bulletins and notices in the STATE JOURNAL and County Bulletins to advise all physicians to comply with the law and submit the necessary forms in every case regardless of the importunities of employers This would tend to protect the interests of the injured claimant as well All C-4 reports should be notarized, and before the injured workman is discharged from treatment the physician should submit the final C-4 report indicating the exact date on which the employee may return to work.

Your Committee has been requested to appear before the Industrial Council at a hearing to be held on March 18 to decide the question of whether a physician applying for a medical bureau license may be permitted to operate more than one medical bureau under his own name. This involves primarily the question of the provision of good medical care by a qualified physician and whether such physician through the employing of other physicians is violating the spirit of the Workmen's Compensation Act, in regard to competent and ethical medical care.

Your Committee, through its Director, has been in constant touch with the various county societies throughout the State by correspondence and through personal contact in regard to matters of interest under the Workmen's Compensation Law

The Compensation Bureau has endeavored to act on behalf of the various compensation boards in matters requiring contact with the insurance carriers, insurance organizations, Department of Labor, and other interested groups

Your Director has spoken at a number of meetings throughout the State on Workmen's Compensation matters The Bureau has endeavored to act for various county societies in the settlement of bills pending the setting up of arbitration proceedings Many of such bills have been settled through contact with various insurance carriers and self-insurers The Bureau Service has been a focal point for contact with the medical profession in matters concerning Workmen's Compensation, a very important function, and becoming increasingly more important each year

The Director has requested the Industrial Commissioner to obtain the opinion of the Attorney General concerning the applicability of Section 13-g of the amended law which refers to the arbitration of disputed medical bills with the City of New York which is self-insured The opinion of Mr Brosnan was requested, which opinion indicated that the City of New York as a self-insurer is not in any different position than any other party or person

Under date of March 12, 1938, the Industrial Commissioner has advised your Director that the Attorney General has ruled that the provisions of Section 13-g are general and statewide in their application and are not superseded by, nor in substantial conflict with, the provisions of the New York City Charter, but that the City is bound by the provisions of Section 13-g This information will no doubt be of great value to the compensation boards of those counties in which the municipality is a self-insurer

The Bureau has devoted a great amount of time to the preparation of the Workmen's Compensation ratings of all qualified

ment of Labor without a hearing or without the determination of causal relationship A study is being made of such cases with a view of recommending a procedure by the Department of Labor which will facilitate the payment for medical services under these conditions

Under date of December 15, a pamphlet containing a list of compensation claim men was sent to all county societies in order to facilitate actions between the county society and the various insurance carriers This pamphlet was at the request of the Committee through the kind cooperation of Mr Leon Senior, General Manager, and Mr I Sofferman, Director of the Arbitration Division of the Compensation Insurance Rating Board

Under date of January 13, 1938, Communication No 26 was issued concerning Rule 21 referred to above In this bulletin county societies were asked to urge all qualified physicians to comply more promptly in submitting the necessary forms under the Workmen's Compensation Law and urging physicians to send supplementary C-4 reports indicating progress of the case every few weeks to the Department of Labor and the insurance carriers This bulletin also indicated the necessity of physicians treating injured claimants for such period as it deemed necessary despite the request of the insurance carrier's physician to stop treatment. A method of procedure was suggested to assure the patient treatment as long as necessary without prolonging the treatment beyond that period necessary

Injection treatment of Hernia Under date of January 13, 1938, instructions were issued concerning the injection treatment of hernia

Under date of March 7, 1938, Communication No 27 was issued advising the physicians of the State of the ruling of the U S Employees Compensation Commission concerning the treatment of hernia by the injection method A supplementary paragraph was issued concerning the treatment of hernia cases by the injection treatment under the State Workmen's Compensation Law

Regional Conference On September 29, 1937, a regional conference was held for the Workmen's Compensation Boards of the Metropolitan Area at which time matters of importance affecting the administration of the Workmen's Compensation Law were discussed. This meeting was attended by the chairmen and members of all the metropolitan county societies

An extensive correspondence had been carried on with the various county societies on the question of the Upstate Fee Schedule Under date of November 3, 1937, a bulletin was issued to county society compensation boards outside the metropolitan area urging upon them the necessity of submitting to this Committee in notarized form statements of the prevailing rates for compensation work in their communities, all of which material was submitted to the Industrial Commissioner in an effort to have him promulgate the Metropolitan Schedule for the remainder of the State.

The Committee arranged for the Upstate Arbitrations and issued bulletins to the counties effected on January 26, February 8, and February 24, 1938

Upon invitation of the State Medical Society the Director and Chairman of the Committee participated in conferences with the members of the State Hospital Association in matters affecting the Workmen's Compensation Law

The Director of the Committee has appeared before the Industrial Commissioner and the Industrial Council to urge the latter to take action against certain insurance carriers for violation of Rule 23, promulgated by the Industrial Commissioner, and prohibiting the sending out of names of physicians by carriers to policyholders A number of hearings have been held before the Industrial Commissioner and the Industrial Council on this question, and a voluminous file of correspondence has grown up

Under date of February 17, 1938, a communication was sent to the president of the State Society, various members of the Council, and members of the State Committee urging them to use their influence in preventing the Industrial Commissioner from changing Rule 23 to permit the insurance carriers to submit a list of names to policyholders in Workmen's Compensation cases. This matter is of vital importance and your Committee has submitted a number of briefs on this subject to the Industrial Commissioner At the present time the matter is still pending before the Industrial Council

With the consent of the Council of the State Society the Committee recommended the drawing up of a bill to incorporate certain amendments to Section 13-f affecting the payment of medical fees It defines medical service so as to include x-rays, physiotherapy, anesthesia and pathological services and makes provision for the rendering of a bill by physicians in the employ of hospitals This bill is known as the Esquirol Bill, Senate Int. No 1119, and is now pending before the legislature

The Committee has also endorsed the bill introduced by the Industrial Commissioner to give the Industrial Board of the Department of Labor the right to assess the

directed that a conference be sought with the Commissioners of Health, Welfare and Education and the Law Revision Commission of New York State looking toward codifying and simplifying all these laws

On January 19, 1938 such a conference was held at which were present Drs Goodrich, Lawrence, Elliott, Hambrook and Irving of the Society, Drs George H Ramsey, Assistant Commissioner of Preventable Diseases, representing Commissioner Edward S Godfrey, Jr, and H Jackson Davis, Chief Medical Officer, representing Commissioner David C Adie, of the State Departments, and Dean Charles K Burdick, Chairman, Dean Young B Smith, and John W MacDonald, Executive Secretary of the Law Revision Commission

The representatives from the Law Revision Commission felt that this was beyond its scope because such an attempt would imply a study of the actual functioning and the need for change rather than the alterations themselves of the present laws It was agreed by the group that a study would be good, and that perhaps a commission appointed by the Governor at the instance of the Legislature would be the best agency to undertake this necessary work

Therefore, with the help of the Law Revision Commission representatives, a bill was drafted to create a commission for this purpose, and the Council instructed its Committee on Legislation to seek its introduction

Medical Expense Indemnity Insurance The matter of non-profit Medical Expense Indemnity Insurance, which was referred by the House of Delegates in 1937 to the Council with instructions to act for the House "when the economic group have satisfied that ad interim body that this is a fair and proper procedure for the State Society," was fully considered The Council approved the principle of non-profit Medical Expense Indemnity Insurance under proper control as presented to the House of Delegates at its 1937 meeting

Following this approval, it was discovered that there were planned by the Insurance department amendments to the insurance laws which contained certain proposals legalizing Indemnity Insurance that were not in conformity with the thought of the Council Dr Elliott was authorized to present the Council's ideas in this situation, and these have appeared to be acceptable to the Commission

Other Insurance and Group Plans for Medical Care Information has come to the Council of the existence of other schemes for voluntary health insurance, for some of which the approval of the State Society was sought but not accorded

The "Associated Physicians Service, Inc" is described as a four-cents-a-day plan for cases hospitalized This new plan is, however, organized on a profit-making basis and for that reason was not approved by the Council

"Bureau of Cooperative Medicine" of The Cooperative League of The United States sought approval, and conferences have occurred No decision has been recorded because full information on some points has not been forthcoming This organization has been widely advertised all over the country and appears to have international affiliations

An organization entitled "The Employees' Group Plan for Medical, Surgical and Hospital Care" was found to be endeavoring to get under way This was a three-cents-a-day plan covering twenty-one days in the Manhattan General Hospital Under the instruction of the Council, this matter was brought to the attention of the Insurance Department, and action was taken by the Department which brought this enterprise to a close

12 Medical Care vs Hospital Care

The Council became aware that the established hospital service plans in the State were enlarging very rapidly and the idea spreading to other states The certificates issued to those insured under some of these plans, particularly that of New York City, had been drawn up to include some degree of medical care The New York City plan has this provision

Hospital service includes bed and board, general nursing care, use of the operating room, use of the delivery room, ordinary medications and dressings, anesthesia when such service is supplied by the member hospital and administered by a salaried employee of the hospital, *laboratory examina-*

physicians appearing in the Medical Directory The Bureau serves as a repository for the qualifications of all physicians throughout the State and serves as a means of reference for employers, insurance carriers, and other interested parties Numerous inquiries are received daily concerning the qualifications of physicians This is an important function since many additions and changes are made between the issues of the Medical Directory Every effort is made to keep this file of qualified physicians accurate and up to date

One of the most important functions of the Bureau is that it serves as a clearing house for inquiries and complaints concerning physicians in various parts of the State, the Director acting to facilitate action between outside agencies and the Department of Labor and the medical profession It also serves to coordinate the work of the various county society compensation boards in respect to workmen's compensation matters

The Committee is now undertaking a standardization of qualifications for general practitioners and specialists, which it is hoped will serve to guide the various county societies, as well as to clarify the situation in regard to physicians' qualifications

The Bureau contemplates holding regional conferences on workmen's compensation matters to be participated in by the chairmen and members of compensation committees This will be educational as well as serve to standardize workmen's compensation procedures throughout the State

From time to time the Committee has reported to the Council matters concerning workmen's compensation and requested authorization when necessary to proceed.

On June 17, 1937, the Director reported to the Council that he had been informed that the Industrial Commissioner intended to hold a hearing on the Upstate Fee Schedule, at which time the Commissioner was prepared to recommend a reduction in the fees to be paid physicians outside the Metropolitan Area The Director reported that he had requested postponement of such hearing until the fall of the year, at which time a large representation from the State Society and the upstate Societies would be arranged to appear before the hearing This matter was then referred back to the Committee on Workmen's Compensation for action

On November 11, 1937, the Director of the Bureau reported results of the conference on the Upstate Fee Schedule held in Albany, and also reported on the hearing held by the Industrial Commissioner in Albany, October 25

On December 9, 1937, a report was submitted to the Council covering the expenses of the Committee and Bureau An increase in the budget was requested amounting to $1,639 97 On motion the recommendations were approved and referred to the Board of Trustees for consideration

At a meeting of the Council on January 13, 1938 the Committee requested approval for the reintroduction this year of legislation introduced last year concerning amendments to Section 13-f of the Workmen's Compensation Law Approval was granted by unanimous vote

11 *Medical Care*

In addition to the two duties assigned to the Special Committee of the Society on Matters Pertaining to Medical Care, to "define the term, adequate medical care," and to "formulate principles and problems of a State health policy," there was a third charge which has appeared to fall more in the Council's field This was to "confer with the government agencies and other organized medical groups so that differences in conception of definition of terms and applicability of principles and procedures may be ironed out in conference"

It had seemed well to the Special Committee that it relinquish this duty as it involved contacts with the State Welfare, Health and Education Departments, for which Drs Hambrook, Elliott, and Louis H Bauer had been chosen to act for the Council

Conferences with the Welfare Department in connection particularly with revision of methods of certifying indigency and financing medical care to indigents were held early in the Fall This Department had superseded the old T E R.A, and it was agreed by all concerned that revision of regulations on medical care was much needed The matter has progressed very slowly, but should reach a point where concrete work can be done looking to formulation of rules satisfactory to both the Department and the profession

Welfare Law Revision Being aware from a study by the former Committee on Economics of the fact that the present welfare laws as they apply to medical care of the indigent contain many discrepancies and much overlapping, the Council

ital Association that the Council con-dered it necessary to foster such legis-tion Two bills directed toward this id have appeared in the Legislature

The Council, in this connection, *recom-tends*

That the Society consider requesting the American Medical Association and the American College of Surgeons to refuse or withdraw approval of hospitals that do not comport themselves in accordance with the principles of Organized Medicine,

That this affirmative action be transformed into proper resolutions, and that the Delegates of the House of Delegates of the Medical Society of the State of New York be instructed to present and support them in the American Medical Association House of Delegates meeting,

That it would be well for the Society to consider methods and means of disciplining members of the Society who participate in medical schemes, contracts, or plans that do not conform to the principles outlined in the Booth Report as revised (The resolution embodying this thought will be presented to the House in a supplementary report—Peter Irving, M D, Secretary)

13 Nursing in New York State

For two years the Council, through its Committee on Nursing Education (Drs Irving and Greene), has watched closely the attempt of the State Nurses Association to bring, by appropriate legislation, all those who practice nursing as an occupation in the State under control of a Nurse Practice Act. It has known of the peculiar situation which has existed for many years, wherein nurses fully trained must be licensed and registered, but others—good, bad and indifferent—may "nurse" without restriction, except the choice of the patient or physician

During the last year the Registered Nurses numbered 37,000 roughly and the "others" of varied experience, 41,000 It was made evident to the Council that this anomalous situation was not to the best interests of the public and of the medical profession, which is responsible to the public for the correct choice of nurses in every case of illness

The legislation sponsored by the State Nurses Association had been before the 1937 Legislature, but because of opposition, secured no action With modification it was reintroduced in the 1938 Legislature, meeting less opposition It sought to set up licensing of all nurses in two groups, the professional fully educated Registered Nurses and a group designated "Nursing Aides" at first, and later termed "Practical Nurses"

To the Council this seemed a step in advance toward clearing up an anomalous situation, and the present bill was formally endorsed to the State Nurses Association

In transmitting this official action to that organization, the Council suggested that if future revisions be needed, it deems it advisable that the State Society be accorded the first opportunity to pass on legislation that may be planned This suggestion was cordially accepted by the President of the State Nurses Association

14 Federal Subsidies for Consultation for Obstetric and Pediatric Patients

Through the United States Public Health Service a grant has been made to be administered by the State Department of Health to finance consulting service to obstetric and pediatric patients who may or may not be able to pay for ordinary attention, but unable to afford consultations Discussions have been held between Drs Mitchell and Farmer and Commissioner Godfrey of the State Department of Health looking toward the establishment of a sound policy Some progress has been made, but final agreements await further study

15 The Matter of Contract Practice

Inquiries having come to the Council for advice concerning the propriety of members making contracts to give medical care under certain circumstances, the Council decided to recommend to the

tions consisting of urine examinations, complete blood counts, basal metabolism tests, stool examinations and examinations of pathological tissue and other equivalent examinations, and ordinary x-ray examinations, and other customary routine care. The benefits do not include admission of patients to member hospitals for laboratory or x-ray examinations solely for diagnostic purposes Hospital service shall include the care of obstetrical cases only after the first year from the effective date of any subscription agreement. Obstetrical care shall include any condition resulting from pregnancy, the care of the mother and shall include the ordinary nursery care of the new-born child during the duration of the hospital stay of the mother

In 1937 the House in its wisdom revised "Proposition No 3" of the Booth Committee Report of 1933 to define more strictly "hospital care and medical care," as follows

There is in every community a group of people below the "comfort level," on whom the costs of medical care impose a heavy burden. These are self-respecting people of the salaried class in most instances, whose living expenses are met from their weekly earnings For them the greater part of medical costs comprise charges for hospital and nursing care.

To lessen the burden of hospital and nursing care for this wage-earning group, your Committee recommends the adoption generally of a plan of hospital insurance, whose principles may be stated as follows

(a) Hospital care shall mean provision of bed, board, general nurse service, customary surgical dressings and medicines, and other facilities of the institution not including medical care as defined in (b)

(b) Medical care shall mean any procedure or service by a licensed physician acting under authority of Section 1250 of Article 48 of the Education Law of the State of New York.

(c) Hospitals making contracts with organizations, acting under Chapter 595 of the laws of 1934—the Insurance Law of the State of New York—shall not implicate themselves with conditions inconsistent with the principles and definitions herewith stated

(d) The operation of such hospital insurance in any community shall not discriminate against any reputable institution, whether voluntary or proprietary

(e) Admission of patients for care under the benefits of such hospital insurance shall be only through reference by a private physician. Exemption to this provision shall be made for the exigency of any emergent need.

(f) Certificates of membership in such association shall specifically state that the insurance does not provide for any medical care as defined in (b) Actual wording of the certificate to be approved by the local County Medical Society or Societies

(g) Every hospital insurance plan operating under the aegis of this proposition shall develop the details of its operation to conform with such principles and policies as from time to time may be determined by the local County Medical Society or Societies.

(h) When it is so desired by the local County Medical Society satisfactory representation from the membership of the local County Medical Society on the Board of Management of the hospital insurance shall be arranged

This "Proposition No 3" of the Booth Committee of 1933, before the 1937 revision, read as follows

(a) Members of employed groups may receive for the payment of a small annual sum hospital care in semi-private accommodations for a period of 21 days in any one year, such care to include bed and board, general nursing service, x-ray and laboratory examinations.

(b) All reputable voluntary hospitals and some proprietary hospitals be entitled to participate in this plan.

(c) Except in emergencies, all admissions of patients cared for under this plan must be made through the patient's personal physician.

(d) Certificates of membership issued to subscribers shall state specifically that the service does not cover the fee of the patient's physician.

(e) In each community under the supervision of its organized medical group there shall be developed the details of this plan so as to meet local conditions and make it workable.

The Council, considering this situation of increasingly great importance because of the steady enlargement of this type of service decided to call the attention of those in charge of the hospital plans, and the Boards of Trustees and Superintendents of hospitals throughout the State to the revision of "Proposition No 3," soliciting acceptance of the principles involved in the revision This was done in the late Fall of 1937, and the Council is pressing for acceptance by service plans of this equitable and wise revision

Arrangements for a formal conference with the directors of the Associated Hospital Service of New York have been made which will shortly take place

In connection with "group practice of medicine by hospitals," the Council adopted a resolution that the Society, through its proper channels, have introduced in the Legislature a bill to clearly define a prohibition of any hospital or corporation acting as the vendor of medical service Through the Committee to Confer with the State Hospital Association, due notice was given to the Hos-

the Council under the By-Laws, Chapter XV, Section 1 (a)

Except by approval of the Council of the Medical Society of the State of New York, no physician shall be an active member in a County Medical Society other than that of the County in which he maintains legal residence or has his principal office.

20 Amendments to By-Laws

Two amendments have been thought necessary by the Council, and are hereby submitted.

CHAPTER XV

An additional Section 7 to read "Sec. 7 The component County Medical Societies, their officers, committeemen and members shall not initiate any policy, propose any legislation or participate in any activities that are contrary to the policies of the Medical Society of the State of New York. This shall not be interpreted to prevent a component County Society from initiating any policy applicable to the profession within its boundaries and within the framework of adopted policy of the Medical Society of the State of New York"

CHAPTER I

Section 2 An additional sentence at the end to read

"(d) Dues and State assessment of a member elected or re-instated after November 1st shall be credited to the ensuing calendar year, all rights and privileges of membership, however, dating from the time of election."

21 Annual Meeting—Arrangements

This Committee has reported to the Council through Dr Charles A Anderson, Chairman, as follows

The Medical Societies of the five Metropolitan Counties — Kings, New York, Queens, Bronx, and Richmond—are happy to welcome for the third time in six years the Medical Society of the State of New York at its Annual Meeting to be held May 9, 10, 11, 12, 1938

The Hotel Waldorf-Astoria, which on the last two occasions, gave such excellent service, will again be the headquarters for the meeting

Great care has been exercised in selecting rooms of sufficient size for the different sectional meetings In past years it has been somewhat difficult to estimate attendance at these meetings with accuracy The best choice possible under the circumstances has been made It has been requested that the Secretaries of the different Sections and Sessions this year make a definite count and report it to the General Manager, Dr Peter Irving, for reference on future occasions

Provision has been made to select proper space for the very excellent group of Scientific Exhibits, and this year the motion picture films in connection with these Exhibits have been arranged for in what it is thought is a more satisfactory manner One of the large rooms seating four or five hundred has been made available for a continuous moving picture program, which will continue throughout the full four days of the meeting

Convenient space has been found for the meetings of the Woman's Auxiliary in the Hotel, as will be seen in the program as issued

22 Annual Meeting—Scientific Work

The Council Committee on Scientific Work has reported the completion of a full scientific program for the four days, only two full meetings being necessary for the purpose That Committee consists of Drs Albert F R. Andresen, Chairman, and Howard C Taylor, Jr, and the Section and Session Chairmen (the names of the officers of the various sections and sessions will be found in the Scientific Program)

The two general sessions this year will be held on Tuesday afternoon and on the afternoon of the new fourth-day, Thursday It is hoped that the choice of speakers will attract a general attendance. At the session on Thursday afternoon, the last paper will be by Dr Russell W Bunting, Dean of the School of Dentistry, University of Michigan, Ann Arbor, Michigan, and the Committee has advised the First and Second District Dental Societies through the Secretary's office that their members will be welcome This invitation is in keeping with the formal decisions of the dental and medical groups to provide, when possible, joint meeting occasions

23 Annual Meeting—Scientific Exhibits

Dr William A Krieger has reported, as Chairman of the Council Committee on

House adoption of the following resolution

Whereas, force of financial and other circumstances appears to be leading physicians more widely to enter into contracts for provision of medical care, and

Whereas, some such contracts with industrial firms, groups, or lodges, tend to establish sub-standard rates for professional service, and

Whereas, the Members would profit from advice from authoritative sources on the propriety of any given contracts before entering into them, and

Whereas, the American Medical Association has established a standard in relation to contract practice, Chapter III, Article VI, Section 2, of its "Principles of Medical Ethics"

Therefore, be it resolved, that the House of Delegates suggest to all component County Medical Societies the setting up of a mechanism through proper committees to aid the members in judging contracts under the official standards before they are undertaken

16 Delegates to the American Medical Association

Official information came that re-apportionment of representation in 1937 allows New York two more delegates beginning with June 13, 1938, the next meeting of that House of Delegates The Council designated the two first on the list of alternates for 1938–1939 to act as delegates This is the smaller class of seven and it will be necessary in 1939 to elect nine in that class for 1940–1941, thus equalizing the two classes

A formal invitation was extended by the Council to the American Medical Association to hold its Annual Meeting in 1940 in New York City

17 Exchange of Delegates with Connecticut and New Jersey State Societies

After formal invitations had passed between the New York Society and these two State Societies, the official designations are now complete for the forthcoming three State Society Annual Meetings in 1938

FROM CONNECTICUT

Delegates

Dr Stanhope Bayne-Jones, New Haven
Dr D Chester Brown, Danbury

Alternate Delegates

Dr Herbert Thoms, New Haven
Dr Walter R. Steiner, Hartford

TO CONNECTICUT

Delegates

Dr Chas Gordon Heyd, New York
Dr Nathan B VanEtten, New York

Alternate Delegates

Dr Floyd S Winslow, Rochester
Dr William A Groat, Syracuse

FROM NEW JERSEY

Delegates

Dr William J Carrington, Atlantic City
Dr Thomas K Lewis, Camden

TO NEW JERSEY

Delegates

Dr William A Groat, Syracuse
Dr Frederic E Elliott, Brooklyn

Alternate Delegates

Dr Edward T Wentworth, Rochester
Dr O W H Mitchell, Syracuse

18 Nominations for State Department Positions

On official requests there were nominated the following members for appointment by the Commissioners

DEPARTMENT OF EDUCATION

To serve on the Board of Nurse Examiners Dr Nathan B VanEtten, New York, to succeed himself (As alternates) Dr Clayton W Greene, Buffalo, and Dr Peter Irving, New York.

DEPARTMENT OF HEALTH

To serve on its new Advisory Board on Narcotic Control Dr Homer L Nelms, Albany

19 County Society Membership

A few requests have come to the Council for permission to hold membership in County Societies other than those of the county of residence or principal office Exercising its right of discretion, this has been granted where the reason satisfied

REPORT OF THE TREASURER

Balance Sheet, December 31, 1937

ASSETS

General Fund				
Current Assets				
Cash —				
Office Fund	$19 88			
On Deposit —				
Regular Funds	6,495 62			
Savings Banks	27,569 38			
		$34,084 88		
Securities — At quoted Market Value —				
Stocks	$58,150 00			
Bonds and Mortgages	165,998 53			
Accrued Interest on Bonds, etc	2,012 18			
		226,160 71		
			$260,245 59	
Fixed Asset				
Furniture and Fixtures —				
Carried at Memorandum Value			1 00	
				$260,246 59
Lucien Howe Prize Fund				
Current Assets				
Cash —				
On Deposit in Savings Bank			$1,055 03	
Securities — At Quoted Market Value —				
Bonds		$2,752 26		
Accrued Interest Thereon		15 02		
			2,767 28	
				3,822 31
Merritt H Cash Prize Fund				
Current Assets				
Cash —				
On Deposit in Savings Bank			$400 36	
Securities — At Quoted Market Value —				
Bonds		$1,339 77		
Accrued Interest Thereon		7 94		
			1,347 71	
				1,748 07
Total Assets All Funds				$265,816 97

LIABILITIES AND CAPITAL

General Fund				
Current Liabilities				
Accounts Payable —				
Directory Publisher — Estimated		$10,066 00		
Accrued Social Security Taxes		827 21		
			$10,893 21	
Deferred Income				
Dues for Year 1938 Received in Advance			5,180 00	
Capital Account				
Fund Capital			244,173 38	
				$260,246 59
Lucien Howe Prize Fund				
Capital Account				
Fund Capital				3,822 31
Merritt H Cash Prize Fund				
Capital Account				
Fund Capital				1,748 07
Total Liabilities and Capital, All Funds				$265,816 97

Scientific Exhibits, as follows, under date of April 1, 1938

The space allotted for Scientific Exhibits at the One Hundred and Thirty-second Annual Convention of the Medical Society of the State of New York, consisted of the check room on the second floor foyer, and the south walls of the first and second balconies of the Grand Ballroom in the Waldorf-Astoria Hotel

In this space there were accommodated forty-nine exhibits There was a total of fifty-five exhibits accepted, three of which consisted solely of moving pictures, which were shown in the Scientific Motion Picture Exhibit.

Owing to the large response the available space was entirely filled by January 1, 1938, and applications were closed on this date. Subsequent to that time there were approximately thirty applications received which, because of the limitation of space, could not be accepted.

Plans were copied, signs made, and all necessary construction work done by the Waldorf-Astoria staff, the bill will be rendered therefor per itemized account to the Medical Society of the State of New York.

The Committee has submitted the following *recommendations*

1 That relatively more space be allotted to Scientific Exhibits in order to accommodate the increasing demand for these facilities

2. That space allotted to Scientific Exhibits be divided into pre-determined units of stated size, and that these units be sold by number to the respective exhibitors, for a nominal sum in accordance with a pre-determined scale of charges This would automatically eliminate many undesirable features of the present system.

The Committee notes its appreciation for the excellent quality of the material offered for exhibition and for the co-operation of the members of the Medical Society of the State of New York in bringing this project to a successful conclusion

24 Miscellaneous

Who's Who Among Physicians and Surgeons Inquiries from many sources as to the propriety of supplying personal information for appearance in this forthcoming publication led the Council to look fully into the matter It was found that this book, which has appeared at times in past years, carries no advertisements and depends for its financing entirely upon the sales The editors make their choice of names for appearance on a set of standards of eligibility, to which no exception could be taken

Information from the Secretary of the American Medical Association was to the effect that in that office the book had been found very useful, because it contains data about the physicians listed, which appears in no directory or other book

The Council recorded its opinion that there is no objection to physicians allowing themselves to be listed in this way and that the decision belongs entirely to the physicians themselves

Reimbursement for Official Travel Expenses Certain bills reached the Trustees after the statutory thirty days from the time they were incurred, and also after the three months further extension which the Board can allow for cause, and, on suggestion of the Trustees, the Council *recommends* that the By-Laws be suspended to allow reimbursement to

Dr William D Johnson Carfare to and from 1937 Atlantic City American Medical Association House of Delegates	$ 37 00
Dr John H P Cummins Travel expense attending Executive Committee and Council meetings 1936-1937	184 00
Dr Clarence V Costello Travel expense 1937 Scientific Work Committees	63 00

Respectfully submitted,

PETER IRVING, *Secretary*

April 1, 1938

REPORT OF THE TREASURER

To the House of Delegates, Gentlemen

The report of the Treasurer is presented in large part by the appended auditor's statement of the Society's finances for the calendar year 1937 As this overlaps the activities of two administrations, it fails to show clearly the state of the treasury at the date of the Annual Meeting and, therefore, requires a supplementary report which, as last year, will be made at that time An endeavor was

(Continued on page 540)

Committee On —				
Economics	2,250 53			
Public Health and Medical Education	3,449 65			
Medical Education	1,620 76			
Public Relations	989 47			
Scientific Work	391 85			
Revision of Constitution and By-Laws	1,140 52			
Consideration of Provision for Medical Care	40 69			
		9,883 47		
Board of Censors' Meeting		24 00		
Publications				
Cost of Journal		14,383 67		
Cost of Directory		16,561 91		
Loss from Sale of Securities		18 75		
Decrease in Quoted Market Value of Securities — From January 1, 1937 to December 31, 1937		33,682 17		
			$178,173 63	
Net Deduction — General Fund				($14,469.53)
Lucien Howe Prize Fund				
Additions —				
Interest Received From —				
Bonds	$109 69			
Deposits	19 42			
		129 11		
Increase in Accrued Interest on Bonds		1 89		
			131 00	
Deduction —				
Decrease in Quoted Market Value of Securities — From January 1, 1937 to December 31, 1937			112 35	
Net Addition — Lucien Howe Prize Fund				18 65
Merritt H. Cash Prize Fund				
Additions —				
Interest Received From —				
Bonds	$42 18			
Deposits	7 41			
		$49 59		
Increase in Accrued Interest on Bonds		1 89		
			51 48	
Deduction —				
Decrease in Quoted Market Value of Securities — From January 1, 1937 to December 31, 1937			14 84	
Net Addition — Merritt H Cash Prize Fund				36 64
Net Deduction — All Funds				($14,414.24)

JOURNAL ACCOUNT FOR TWELVE MONTHS ENDED DECEMBER 31, 1937

Expenses

Journal Management Committee		
Salary	$1,000 00	
Expenses	5,514 70	
		$6,514 70
Cost of Publication		7,868 97
Total Cost of Journal		$14,383 67

DIRECTORY ACCOUNT FOR TWELVE MONTHS ENDED DECEMBER 31, 1937

Expenses

Directory		
Salaries	$6,401 50	
Stationery	303 59	
Postage	643 58	
Expense	20 59	
Publication (Estimated — Invoice not Received)	10,066 00	
Total cost of Directory		$17,435 26
Less Refund 1936 Costs by New Jersey Society		873 35
Net Total		$16,561 91

Respectfully submitted

STATEMENT OF FUND ADDITIONS AND DEDUCTIONS FOR TWELVE MONTHS ENDED DECEMBER 31, 1937

General Fund		
Additions —		
Annual Dues Received		$153,500 00
Clerical Work		68 37
Interest Received From —		
Bonds, Mortgages, etc	$6 220 69	
Deposits	770 98	
		6,991 67
Dividends Received		3,076 25
Increase in Accrued Interest		67 81
Net Additions — General Fund		$163,704 10
General Fund Deductions —		
Rent	$2,600 00	
Telephone	356 91	
Postage	484 70	
Stationery and Printing	1,115 99	
Printing New By-laws	150 00	
Auditing	500 00	
Office and Sundry	2,293 83	
Custodian Fees (Securities)	209 44	
		$7,710 87
Annual Meeting —		
Expenses	13,804 94	
Less Exhibits and Dinner	10,620 59	
		3,184 35
Traveling —		
General	1,816 11	
President	1,491 13	
A M A	308 65	
Council	1,141 49	
Secretary	503 50	
		5,260 88
Committees of Council —		
Council Committee	2,287 05	
Matters Pertaining to Medical Care	277 14	
To Confer with State Hospital Association	148 47	
		2,712 66
Salaries — General	14,412 67	
Emeritus Office Manager	1,750 00	
Executive Officer — Salary and Expenses	10,562 57	
Legal Counsel — Fees and Expenses	12,624 15	
Secretary — Salary and Expenses	9,075 91	
		48,425 30
Public Relations Bureau		
Expenses	$19,210 79	
Less Sale of Pamphlets	3,584 40	
	15,626 39	
Workmen's Compensation —		
Salary	5,000 00	
Expense	2,185 14	
	7,185 14	
Legislative Bureau	7,510 86	
		30,322 39
District Branches	1,930 51	
Special Appropriation for District Branches	250 00	
		2,180 51
Conference of County Secretaries	696 05	
Social Security Taxes	2,531 09	
Entertainment of Sir Henry Brackenbury	78 56	
Examination of Records of Publisher	475 00	
Testimonial for Miss Baldwin	32 00	
Restoration of Old Photograph	10 00	
		3,822 70

(See page 540 for Auditor's statement)

REPORT OF THE BOARD OF TRUSTEES

To the House of Delegates, Gentlemen

In the year which has elapsed since the last meeting of the House of Delegates your Trustees have performed to the best of their ability and judgment the duties imposed upon them by the Constitution and By-laws The conservation of the funds of the Society has been a matter of deep concern The self-imposed depression afflicting the country is reflected in the value of securities and in doubts concerning the safety of investments With the able assistance of the Treasurer the Board has exercised all possible care to maintain our investment securities at the highest possible level of safety Continuing the policy of the previous year as authorized by the House of Delegates, a portion of our funds were invested in common stocks as a hedge against the inflation which may result from continued governmental extravagance As a further precaution necessitated by the increasing uncertainties of the business outlook a substantial part of our investment income has been placed in savings banks The result of this policy is shown in the Treasurer's report.

The security of our investments is not our only cause for concern If, during the past twenty years the Society had increased its expenditures in proportion to its income at the same rate as it has during the past few years, your Trustees would have had no trust fund to worry about It is inevitable that our expenditures must be increased to meet the increasing demands of the changing social order Every member profits by the activities of the Committee on Workmen's Compensation The cost of protection must be met The added expense of Social Security cannot be avoided It may well be that the welfare of our profession can be secured only by an increase in our dues

These newer and necessary costs render it all the more necessary for the House of Delegates, the Council, and the various committees of the Society to exercise increasing care in voting requests for appropriations The Trustees have no power to make recommendations or to initiate policies They may only approve or disapprove requests for money If they approve without exercising their discretion, they become a mere rubber stamp On the other hand their disapproval may constitute a veto of the action of the House of Delegates or of the Council The exercise of this veto power is one which any board must use with the greatest reluctance even when it appears to the Trustees that the execution of some recommendation requires the expenditure of a greater sum than was anticipated For example when the Committee on Trends was constituted by the action of this House, the Board was disturbed and embarrassed by requests for the approval of expenditures exceeding $17,000 00 during the first year of this committee's existence It was pointed out, however, that much of this expense was of a non-recurring character since it represented the purchase of expensive equipment Nevertheless the budget for July 1, 1936 to June 30, 1937 contained an appropriation for the Committee on Trends and the Public Relations Bureau of $20,300 00 In February of the same year this committee was granted an additional appropriation of $2,200 00 to be used as a revolving printing fund The budget for the year ending June 30, 1938 appropriates $19,000 00 for this committee. These figures are cited not in criticism of the Public Relations Bureau but to illustrate the difficulty of anticipating the expense of new activities

The income from membership dues is at present roughly $153,500 00 per year The last budget adopted called for expenditures of $149,000 00 This leaves a very narrow margin for unforeseen emergencies and for additional requests which invariably come to the Board of Trustees during the year If we are to continue the policy of accumulating a reserve to guarantee that the Society will always have a fund to be used if necessary to defend the profession against social or political forces inimical to our profession, it is obvious that either an increased income or a diminished outgo must be provided The foregoing considerations were among the reasons which impelled the Trustees to postpone action on the request of the Journal Management Committee for a new contract with the publisher which contract required an addi-

Auditor's Statement

We have made an examination of the balance sheet of the Medical Society of the State of New York as at December 31, 1937, and of the statement of income and capital for the year then ended In connection therewith, we examined or tested accounting records of the society and obtained information and explanations from employees of the society We also made a general review of the accounting methods and of the income and expense accounts for the year, but we did not make a detailed audit of the transactions

The scope of our examination, in accordance with instructions issued to us by the society, did not embrace the auditing of expense vouchers and invoices in support of disbursements The division of the assets, liabilities, income and expenses by funds, is included herein as shown by the books of account without examination of the minutes of the society and other related records which were not made available to us Neither were we advised of the dates of creation, purposes and/or restrictions of the various funds

In our opinion, based upon such examination, the accompanying balance sheet and related statement of fund additions and deductions and fund capital, fairly present, in accordance with accepted principles of accounting consistently maintained by the society during the period under review, its position at December 31, 1937, and the results of its operations for the year then ended

WOLF AND COMPANY,
Certified Public Accountants

Dated at New York, New York,
February 2, 1938

(Report of Treasurer—Continued from page *536*)

made to approximate the calendar and fiscal years by a resolution of the Council, but this was declared unconstitutional by your Counsel and will require amendment by the House of Delegates It is to be hoped that a more satisfactory arrangement can be developed

Attention may be called, however, to a few salient features of the Treasurer's Report It is a satisfaction to record that no further defaults in securities held by your Society have been sustained during the past year The amount in default remains at about $25,000 with a loss of interest to December 31, 1937 of $4,680 None of the stocks purchased in accordance with the resolutions passed by the House of Delegates have failed in dividend payments, but reductions from this source may be looked for in the near future

In view of the irregularly distributed receipts from County Societies, available cash has been deposited in savings banks until required for current expenditures, thus earning for the Society from otherwise idle funds, the sum of approximately $800 during 1937

At the time of this report it is not possible to state satisfactorily the difference in costs between the present Council expenditures and the arrangement previously in vogue as the set-up under which the Society now functions has existed only since the time of the last annual election

The cost of conducting official publications (Journal and Directory) will be found in the report of the Journal Management Committee, included in that of the Council

The Society's expenditures have been kept within budgetary allowances to the date of this report, except for certain emergency outlays approved by the Board of Trustees

Increased costs of conducting your Society's affairs during the coming years must be expected, due to expanding activities of various officers and committees, as well as the necessarily larger office staff Another item is the Social Security tax, to which your Society is also liable

Your Treasurer desires in conclusion to commend the office force for their efficient conduct of the Society's accounts and the County Societies for their prompt transmissions of the State Society's assessment

Respectfully submitted,
GEORGE W KOSMAK, *Treasurer*
April 1, 1938

Medical Society shall call a meeting of its Board of Censors to which the appellant shall be invited

"Ten days' notice of the date and place of that meeting shall be given to the appellant by registered mail

"At such meeting the Board of Censors shall have present a stenographer so that the minutes of the meeting may be stenographically recorded.

"The Board of Censors shall have present at that meeting any person or persons who wish to give proof of any alleged act or acts of the appellant which would establish his ineligibility for membership in the respondent County Society

"All witnesses shall first be sworn by a notary public, and their testimony stenographically recorded

"The appellant shall have the right to be present at said meeting or any adjourned meeting thereof, with counsel if he so desires, and the appellant or his counsel shall have the right to cross-examine any and all witnesses who may appear against him

"The appellant shall have the further right, if he so desires, to testify under oath and to call any witnesses on his behalf who shall also be sworn by a notary public and testify under oath

"The Board of Censors of the respondent County Society shall have an equal right to have an attorney present, if it so desires Such counsel or any member of the Board of Censors shall have the right to cross-examine the appellant or any witness that may be called on his behalf

"The Board of Censors shall have the right to adjourn such meeting, but such adjournment or adjournments shall not be for an unreasonable time

"When all of the testimony both of the appellant and the respondent County Medical Society shall be concluded, the County Medical Society shall at the next regular meeting following the conclusion of the hearings aforesaid submit its report, together with all the data, to the membership of the respondent County Medical Society, and the membership shall vote thereon In doing so, the Secretary shall first read to the members attending such meeting not only the report of the Board of Censors upon the appellant's application, but also all of the testimony taken at any hearing or hearings

"We do not wish to be understood as passing on the merits of the appellant's application, but we do feel in the interests of both parties, and in the interests of orderly procedure, the matter should be disposed of in this manner"

This decision was duly transmitted by the Secretary in writing to both respondent and appellant

Respectfully submitted,

PETER IRVING, *Secretary*

April 1, 1938

REPORT OF THE COUNSEL

To the House of Delegates, Gentlemen

Your Counsel herewith submits his Report of activities of the Legal Department of the Medical Society of the State of New York for the period from February 1, 1937, to and including January 31, 1938

We have had a very busy year both in court and in consultation A report of this character must necessarily only state conclusions While the appended figures give some indication of the amount of work done they do not adequately portray the details of the work nor do they give any true indication of the responsibility assumed by our Department

At the outset of this report your Counsel wishes to record his appreciation for the assistance and cooperation furnished him by your officers and committeemen The Society is operating under a new setup made possible by the amendments to the Constitution and By-Laws passed last year It is already apparent that the new machinery is functioning smoothly and there can be no question but that the Society has benefited by the changes effected

Your Counsel has been impressed by the industry and earnestness with which your officers and committeemen have applied themselves to the many questions which come before them for solution

In making his report your Counsel adheres to the convenient category employed in previous years whereby his activities have been divided into three main divisions (a) The actual handling of malpractice actions before courts and juries and in the Appellate tribunals, (b) counsel work with officers, committees, and individual members of the Society, and (c) legislative advice and activities

Litigation

Your Counsel again desires to point

tional expenditure by the Society of some $6,000 00 per year The proposed contract was for five years which in view of existing uncertainties appeared to the Trustees to be too long a term

No contract made by the Society can become effective until approved by the Board of Trustees For the proper exercise of this function the Trustees must have complete information concerning all matters connected with such contract The audit of Professional Journals Incorporated with whom the Society contracts for the publication of the Journal and Directory shows for three years ending December 31, 1936 a gross income of $247,745 23 It does not seem illogical that the Board which must approve a contract involving so large a sum of money should in some way participate in the making of the contract Proper study by the Trustees of all the factors involved after a contract has been arranged means an enormous duplication of effort and time The responsibility of approval implies the necessity for a thorough investigation If the Trustees are not to investigate before approving a contract but are to proceed on the assumption that the committee making the contract has made no error, the provision of the By-laws requiring such approval should be repealed Approval without full information is meaningless and does not afford the protection intended by the adoption of the By-laws in question If, on the other hand, the Trustees participate in the making of contracts, they will necessarily be fully informed concerning the facts involved The Board of Trustees recommends to the House of Delegates that the By-laws be amended to permit such participation

Respectfully submitted,
GEORGE W COTTIS, *Chairman*

April 1, 1938

REPORT OF BOARD OF CENSORS

To the House of Delegates, Gentlemen

In the matter of exclusion from membership of an applicant, Dr Donald R Keller of West Hampton Beach, in the Suffolk County Medical Society, the Board of Censors of the Medical Society of the State of New York on February 5, 1938 heard an appeal from the decision of the County Medical Society

There were present at this meeting Drs Theodore West, Irving Gray, Bertran W Gifford, Leo P Larkin, Thomas W Maloney, H W Ingham, Murray M Gardner, Charles H Goodrich, President, and Peter Irving, Secretary, Lorenz J Brosnan, and Thomas H Clearwater

There were also present Drs Edwin P Kolb, Secretary, and Paul Nugent of the Board of Censors of the Suffolk County Medical Society

Dr Keller appeared in person without counsel

After full consideration of the grounds for appeal, the records furnished by the Suffolk County Medical Society, and testimony by Dr Paul Nugent for the Suffolk County Medical Society, the Board of Censors of the Medical Society of the State of New York unanimously rendered the following decision

Pursuant to the authority conferred on us by Section 6 of Chapter VI of the Constitution and By-Laws of the Medical Society of the State of New York, and in the interest of orderly procedure, we hold the decision appealed from should be modified to the extent that the appellant's application for membership in the respondent County Society shall still be considered open and undecided, and that the entire matter be remanded to the County Society for further action in accordance with the mandatory instructions contained in this decision

It appears without dispute that the appellant physician duly applied for membership in the respondent County Medical Society, his application for membership was rejected by the said County Medical Society, that the respondent County Medical Society has not submitted any stenographic data as to what took place at the meeting or meetings of the Board of Censors of the said Society, nor in lieu thereof has any resume of these proceedings been submitted

It appears further without dispute that the appellant was not present at the meeting or meetings of the Board of Censors, nor was he invited to be present thereat.

In remanding this matter to the County Society for further action we do so with the following mandatory instructions

"Within one month from this date, i e., February 5, 1938, the respondent County

The State Society has an Insurance Committee which works in cooperation with your Counsel and with your authorized representative, Mr Harry F Wanvig This Committee considers and passes on all problems that may arise in the operation of your Group Plan

Table II gives a comparison of the number of members insured in 1935, 1936, 1937 and 1938, and the number of members in the County Societies and the percentage of insured members in the County Societies and in the entire State Society

Counsel Work

During the period of this report your Counsel prepared for the Society's JOURNAL articles in the nature of editorial comment These articles have included the following

Wills—Conditional Bequest to Hospital

Unlicensed Practitioners—Unlawful Practice of Medicine

Surgeon's Responsibility for Acts of Hospital Nurse

Proof Required to Establish Malpractice Case

Compensation of Physician Contingent on Outcome of Litigation

Malpractice—Requirement of Expert Testimony to Establish Cause

Liability of Infant for Medical Services

Libel and Slander—Physical Examination

Medical Care Under Workmen's Compensation Law

Hospitals—Responsibility for Injuries Sustained by Irrational Patients

Violation of Harrison Narcotic Act as Involving Moral Turpitude

Evidence—Opinion Testimony Based Upon False Hypothesis

Personal Injury Action—X-ray Examination of Plaintiff

TABLE I

COMPARISON OF THE NUMBER OF SUITS INSTITUTED AND DISPOSED OF IN 1936–1937 AND 1937–1938

	Instituted		Disposed of	
	1936–1937 (12 months)	1937–1938 (12 months)	1936–1937 (12 months)	1937–1938 (12 months)
1 Fractures, etc	13	17	25	21
2 Obstetrics, etc	17	12	37	24
3 Amputations	4	1	4	2
4 Burns, X-ray, etc	31	27	35	27
5 Operations Abdominal, eye, tonsil, ear, etc	52	38	59	45
6 Needles breaking	3	3	3	9
7 Infections	12	17	15	19
8 Eye Infections	4	6	2	4
9 Diagnosis	18	22	17	24
10 Lunacy commitments	4	2	3	2
11 Unclassified — medical	26	30	51	40
Totals	184	175	251	217
Further Comparisons				
Actions for death	22	15	24	26
Infants' actions	16	17	23	25
Totals	38	32	47	51
How Disposed of				
Settled			47	48
Judgment for defendant, dismissed, discontinued or abated			199	165
Judgment for plaintiff			5	4
Totals			251	217
Further Comparisons				
Appeals Judgments for defendant			3	3
Judgments for plaintiff			1	
Pending on January 31, 1937	535			
Pending on January 31, 1938	493			

out to the membership as he has done in the last few years that careless, hasty, and unjustified criticism by one physician concerning the work of another often leads to the commencement of a malpractice action Your Counsel believes that such unjustified criticism is not often deliberately made but frequently the effect on the patient is precisely the same as if the criticism were motivated by malice.

Little need be said with respect to the hazard of a malpractice action to the practicing physician It is ever present and the physician should not lose sight of the fact that his rights so far as the facts of any given case are concerned, rest entirely in the hands of a lay jury

Since the beginning of the Fall Term of court last year two important changes have been made affecting the trial of actions *First,* women are now permitted to serve on juries, although their service is not mandatory Many women in the Metropolitan area are taking advantage of this privilege and have volunteered for jury duty *Second,* verdicts may now be rendered by a jury if ten of the twelve reach an agreement These changes have not been in effect long enough to reach any definite conclusion as to whether they will affect malpractice actions favorably or otherwise

A word should be said with respect to our Group Plan It was organized by the State Society many years ago so that the membership would have an opportunity to eliminate the financial hazard of a malpractice action The justification for this plan, as well as its successful operation are matters of record It is pleasing for your Counsel to be able to state that the Yorkshire Indemnity Company, the present carrier under our Group Plan, has cooperated splendidly with your Counsel The officers of this Company and their investigators have demonstrated a desire to do everything to further the interests of the Group Plan and the members who have taken advantage of it

It is with pleasure that your Counsel again reports the fine work in the field of litigation of his associate, Mr William F Martin Mr Martin's ability as an advocate, as well as his personal qualities, have won for him expressions of approval from judges, lawyers, and doctors throughout the State

Mention should also be made of the splendid work of Mr Thomas H Clearwater, the Attorney for the Society Mr Clearwater through the years has had close contact not only with your officers and committeemen but also with many individual members of your Society Mr Clearwater is a gentleman of exceptional ability and character and your Counsel wishes to commend him for the work that he has done during the past year

Mention should also be made of the splendid spirit of industry, loyalty, and devotion manifested by your Counsel's entire staff, both legal and clerical

With this preliminary statement we note that there were commenced in the present reporting period 175 actions as against 184 actions reported during the previous reporting period These figures do not, of course, include a number of claims outstanding in which suit may ultimately be brought Throughout the year your Counsel has been in conference and consultation with many claimants and their attorneys and frequently we have successfully demonstrated to them that in fact and in law no valid claim exists

The Table of Comparisons appended hereto shows that we disposed of during the present reporting period 217 cases as against 251 cases during the previous year Of the 217 cases disposed of during the present reporting period 48 cases were settled and 165 actions were successfully terminated in favor of the physician In 4 cases judgment was rendered in favor of the plaintiff

Of the cases in the Appellate Courts we were successful in three instances

We note from Table I that there were pending as of January 31, 1938, 493 cases as against 535 cases pending January 31, 1937

In concluding our remarks under this heading, we again wish to point out as we have done so often in the past that litigation and insurance protection are inextricably interwoven From our experience we can assert without hesitation that no physician can practice his profession in this State with peace of mind unless he has taken the precaution to insure himself in adequate limits against the ever present possibility of legal action being taken against him

Malpractice—Judgment of Surgeon as to Methods
Responsibility of Surgeon for Acts of Nurse
Hospital's Suit to Recover for Physician's Services
Medical Societies—Power and Right to Enforce By-Laws
Responsibility of Physician for Acts of Special Nurse
Incorrect Diagnosis as Malpractice

Your Counsel has also digested and there have been published in the STATE JOURNAL case reports upon malpractice actions which it has been felt were of special interest to the members of the profession The case reports which were published during the previous year are as follows

Diathermy Burn
Alleged Failure to Deliver Placenta Intact
Treatment of Cyst
Emergency Treatment of Nose Bleed
Ulcer Following Use of Heating Pad
Plastic Surgery on Nose
Operative Treatment of Diverticulum
Treatment of Asthma
Alleged Malpractice in Operation upon Knee
Glass in Hand
Death of Child Owing to Ruptured Appendix
Diathermic Burn
Treatment of Arthritis
Death Following Injection Treatment of Asthma
Needle Breaking Case—Broken Needle in Pleural Cavity
Treatment of Stye
Diabetic Gangrene
Claimed Negligent Treatment of Infant
Claim of Foreign Body in Throat
Treatment of Lichen Planus
Negligent Plastic Operation
Claimed Failure to Remove Inflamed Appendix
Needle Breaking Case—Broken Needle in Child's Leg
Treatment of Injuries Sustained in Automobile Accident
Failure to Diagnose Dislocation of Wrist
Incision of Fistula
Injury Following Intravenous Injection

It is pleasing for your Counsel to learn from the members of your Society throughout the State that they enjoy reading these reports and articles and that they find them to be interesting and instructive

In addition to his other duties your Counsel receives frequent requests for opinions, orally and in writing, on various topics Some of the matters upon which advice has been given (in writing) are the following

1 Inquiry from a general practitioner of medicine as to the measure of damages in a personal injury action for loss of professional earnings

2 Inquiry from a group of physicians with respect to the necessity for a written consent to operative procedure in the case of pupils at a private school whose parents reside at great distances

3 Inquiry from a local health officer concerning the extent to which the policy issued by the insurance carrier under the group plan sponsored by the Medical Society of the State of New York would cover actions against a health officer

4 Inquiry from various physicians for information as to where copies of certain laws, particularly the medical practice act, are obtainable

5 Inquiry from a physician holding a policy of malpractice insurance with a company other than the carrier approved by the Medical Society of the State of New York concerning procedure as to the defense of an action brought against him

6 Inquiry from a physician concerning the possible complications which might result from public statements which he contemplated making concerning the purported reliability of a product advertised in certain medical publications

7 Inquiry from a member of the Economics Committee of a component County Medical Society with respect to the legal status of a corporation alleged to be engaged in the practice of medicine

8 Inquiry from the Board of Censors of a component County Medical Society concerning the ethical situation involved when a physician affiliates himself with a birth control clinic

9 Inquiry from the secretary of a County Society who had received a letter from a former patient of one of the members of said society complaining with respect to alleged neglect on the part of the physician, seeking advice as to what disposition should be made of the complaint

10 Inquiry from a group of physicians constituting the staff of a not-for-profit hospital seeking answers as to the following inquiries

(a) What is the general law with regard to patients' charts?

(b) Is it permissible for a patient to obtain a hospital chart without consent (1) of the attending physician? (2) of his attorney? (3) without a Court order?

(c) Does the law grant the lay board of a

TABLE II

COMPARISON OF THE NUMBER OF MEMBERS INSURED IN 1935, 1936, 1937 AND 1938 AND THE NUMBER OF MEMBERS IN THE COUNTY SOCIETIES AND THE PERCENTAGE OF INSURED MEMBERS*

	1935			1936			1937			1938		
	A	B	C	A	B	C	A	B	C	A	B	C
Albany	265	164	62	274	179	65	276	155	56	285	159	56
Allegany	34	16	47	35	16	46	34	12	32	31	12	40
Bronx	1,022	472	46	1,061	505	48	1,151	478	42	1,238	500	40
Broome	159	92	58	169	92	54	183	98	54	191	100	52
Cattaraugus	51	31	61	60	33	55	58	30	52	59	29	49
Cayuga	58	39	67	60	45	75	61	43	70	61	44	72
Chautauqua	88	54	61	90	55	61	94	56	60	96	57	60
Chemung	69	46	67	73	48	66	79	48	61	74	43	58
Chenango	33	20	61	35	21	60	32	17	53	32	17	53
Clinton	27	15	56	27	17	63	29	19	66	35	24	69
Columbia	39	21	54	39	19	49	38	9	24	36	9	25
Cortland	27	17	63	29	20	69	32	14	44	29	16	55
Delaware	26	14	54	28	13	46	31	14	45	30	16	53
Dutchess-Putnam	155	85	55	174	85	49						
Dutchess							162	24	15	172	25	15
Erie	750	440	59	801	450	56	840	309	37	857	298	35
Essex	21	15	71	23	14	61	29	13	45	28	13	46
Franklin	51	19	37	52	25	48	52	25	48	53	24	45
Fulton	41	27	66	45	27	60	49	27	55	52	29	56
Genesee	27	15	56	28	13	46	29	14	48	34	17	50
Greene	23	16	70	25	19	76	31	21	68	33	21	64
Herkimer	44	32	73	48	34	71	46	29	63	41	32	80
Jefferson	87	46	53	82	48	59	88	47	53	94	55	58
Kings	2,221	1,173	53	2,319	1,223	53	2,452	1,142	47	2,674	1,169	43
Lewis	18	11	61	18	12	67	16	9	56	15	10	67
Livingston	35	21	60	44	22	50	45	15	33	46	15	33
Madison	31	19	61	35	19	57	39	20	51	39	17	43
Monroe	448	289	64	453	293	65	471	255	54	473	255	54
Montgomery	52	19	37	52	18	35	52	11	21	55	13	24
Nassau	265	169	64	291	186	64	299	185	62	348	205	59
New York	3,979	2,244	57	4,227	2,427	57	4,411	2,334	53	4,716	2,479	53
Niagara	105	76	72	110	80	73	121	60	50	124	58	47
Oneida	200	111	56	207	107	52	216	106	49	211	107	51
Onondaga	325	219	67	342	219	64	348	201	58	365	209	57
Ontario	72	40	56	78	39	50	82	39	48	86	41	48
Orange	126	92	73	139	97	70	141	95	67	155	100	65
Orleans	22	8	36	20	8	40	18	6	33	21	6	29
Oswego	48	37	77	55	37	67	53	34	64	49	33	67
Otsego	49	32	65	54	29	54	53	26	49	53	30	57
Putnam							14	7	50	15	6	40
Queens	599	361	60	677	400	59	739	391	53	839	401	48
Rensselaer	109	71	65	108	72	67	108	54	50	119	55	46
Richmond	115	47	41	111	46	41	114	44	39	122	46	38
Rockland	63	33	52	70	31	44	71	35	49	77	34	44
St Lawrence	63	26	41	70	27	39	69	24	35	67	28	42
Saratoga	50	34	68	55	36	65	60	35	58	65	39	60
Schenectady	127	88	69	134	94	70	131	80	61	137	84	61
Schoharie	21	10	48	20	12	60	19	12	63	18	13	72
Schuyler	12	6	50	11	7	64	10	4	40	10	2	20
Seneca	26	12	46	24	10	42	27	12	44	29	12	41
Steuben	66	43	65	68	48	71	68	44	65	74	46	62
Suffolk	155	81	52	181	84	41	180	99	55	203	103	51
Sullivan	40	25	63	44	31	70	46	28	61	48	31	67
Tioga	26	11	42	26	13	50	27	11	41	28	12	43
Tompkins	59	35	59	60	36	60	63	36	57	64	33	52
Ulster	65	41	63	74	41	55	76	29	38	81	27	33
Warren	44	28	64	52	31	60	60	26	43	58	27	47
Washington	35	18	51	36	18	50	37	13	35	40	15	38
Wayne	50	30	60	53	31	58	56	25	45	56	24	43
Westchester	540	298	55	564	322	57	584	336	58	608	365	60
Wyoming	33	12	36	30	12	40	35	10	39	30	12	40
Yates	23	18	78	24	17	71	21	17	81	20	17	85
	13,417	7,584	56	14,194	8,013	57	14,856	7,412	50	15,799	7,719	49

*A — number of members in County Society, B — number of members insured, C — percentage insured

tion Law The suing physician had not been authorized to render compensation medical care as required by the 1935 amendments to the Statute It was the contention of the attorney for the physician *first,* that this amendment could not deprive the physician of his common law right to sue for services rendered, and *second,* if the amendments attempted to do so it was unconstitutional It was further contended that the physician having acquired a license from the State could not have been subjected to further tests laid down by the Workmen's Compensation Law

The question involved in this case was vital to organized medicine for this action struck at the very foundation of the amendments to the Workmen's Compensation Law

At the time of the writing of the report last year the case had been decided adversely to the physician by a unanimous Appellate Division, and permission at that time had been obtained to appeal to the Court of Appeals

Your Counsel filed a brief as amicus curiae on behalf of the Medical Society of the State of New York and we are happy to say that the decision of the Appellate Division was upheld The plaintiff physician then took the case to the Supreme Court of the United States and only recently that court decided against the contentions of the plaintiff

This very interesting case, which resulted in a sweeping victory for organized medicine was carried through the Supreme Court, the Appellate Division, the Court of Appeals, and the Supreme Court of the United States

Other Counsel Activities

Your Counsel acting with the Committee on By-Laws has examined various proposed Amendments to the Constitution and By-Laws of the State Society and of a number of component County Societies and has rendered advice and made suggestions in connection therewith

As attorney for the Board of Censors of Your Society, your Counsel was present and gave advice at a hearing held by that Board in connection with an appeal by a physician whose application had been rejected by one of the component County Societies

Your Counsel has frequently conferred and given advice to Dr David Kaliski, Chairman of the Committee on Workmen's Compensation, in regard to the many questions which have arisen during the operation of the Workmen's Compensation Law Your Counsel is constantly in communication with Dr Peter Irving, Secretary and General Manager of the Medical Society of the State of New York, in regard to the many legal questions that have arisen in connection with his work

Legislative Advice and Activities

When called upon to do so your Counsel has examined and given advice with respect to the bills affecting the medical profession that have been introduced into the Legislature

Conclusion

In closing this report we do so by expressing our grateful appreciation for the cooperation furnished us by many members of your Society in the defense of malpractice actions This cooperation has been furnished both in court and consultation Without this generous assistance it would not have been possible to obtain the results shown by this report.

Respectfully submitted,
LORENZ J BROSNAN, *Counsel*

February 1 1938

REPORT OF THE COMMITTEE TO CONFER WITH THE STATE HOSPITAL ASSOCIATION

To the House of Delegates, Gentlemen

Your Committee, which you continued in office at your last meeting, has found it necessary to hold but two meetings during the year, the first being a meeting of its own members only, and the second, a joint conference with the appointees of the State Hospital Association In addition, personal conferences have been held between the Chairman of

hospital the privilege of setting fees for services rendered at the hospital by members of the staff?

11 Inquiry from a physician in charge of a private sanatorium as to whether it would be proper to notify a previous patient by mail that a Wassermann examination showed a positive reaction

12 Inquiry from a physician specializing in x-ray work as to whether when a physical examination is arranged for the benefit of the defendant in a personal injury action, there is an implied understanding that the examining physician is entitled to see any and all x-rays taken with reference to the accident.

13 Inquiry from a component County Medical Society seeking a definition of "moral turpitude"

14 Inquiry from a Committee Chairman of a County Society seeking information concerning

(a) The legal status of giving contraceptive information to private patients by physicians
(b) The legal status of a birth control clinic.
(c) The legal and ethical status of a physician associated with a birth control clinic

15 Inquiry from a physician with respect to the legality of a proposed operation for the purpose of sterilizing a man, the father of four children, who feared that his wife's health would be jeopardized by further childbirth

16 Inquiry from a physician as to instances in which it would be safe to treat a patient under the age of twenty-one years without the consent of the parents

17 Inquiry from a physician as to the type of surgery which a physician is entitled to perform under specific ratings under the Compensation law

18 Inquiry from a physician as to the extent to which a Welfare Officer is entitled to use discretion in interpreting the Public Welfare Law

19 Inquiry from a physician seeking guidance as to the method of testifying as an expert witness in Court.

20 Inquiry from a physician specializing in plastic surgery seeking a form of operative consent in an attempt to avoid possible litigation based upon breach of warranty

21 Inquiry from a physician as to the extent that he, as chief of a hospital clinic, could be held liable in malpractice actions brought by patients treated upon his service

22 Inquiry from a physician seeking information regarding the formation by a group of physicians of a society for the special study of anatomy

23 Inquiry from a physician engaged in the practice of neuropsychiatry concerning possible litigation in which he might become involved as a result of the execution of commitment papers

24 Inquiry from a physician for information concerning the "growth, cause and cures" of malpractice suits

25 Inquiry from a physician seeking advice concerning the particular instances in which it would be legal to perform sterilization operations

26 Inquiry from the secretary of a County Society concerning the right of a medical inspector of schools to inform a school board or a school administrator of the existence or the suspicion of tuberculosis in a teacher or employee or in an applicant for employment as such

27 Inquiry from a committee of a component County Medical Society as to whether a County Medical Society is entitled to draft legislation for presentation to the local municipal government or the State Legislature when such measures are contrary to the legislation favored by the Medical Society of the State of New York.

28 Inquiry from a physician as to the method of procedure to be followed in an attempt to put out of business a corporation alleged to practice medicine.

29 Inquiries from the secretary of a component County Medical Society as to the method of determining whether a particular crime evinces moral turpitude

30 Inquiry from a component County Society concerning suggested amendments to the Constitution and By-Laws of the State Society for the purpose of providing that it should not be mandatory upon a County Society to automatically accept a member of another County Society in good standing who has changed his residence and has located within the former county

31 Inquiry from a component County Medical Society as to whether a Commissioner of Public Welfare is entitled under the law to arbitrarily fix the number of visits a physician may make upon welfare patients for which he may be compensated

Szold v Outlet Embroidery Company

In our report last year we called the attention of the membership to the above entitled action because of its great importance in connection with the operation of the Workmen's Compensation Law. In the case under consideration a physician brought suit against an employer to recover for medical services rendered to an injured workman of the employer, who had been injured in the course of his employment and thus came within the provisions of the Workmen's Compensa-

looking toward cure of the abuses which had cropped up under the old Workmen's Compensation Act, and then, recently, toward revision of certain features of the Hospital Insurance Plan certificate, particularly here in New York, looking toward sharper definition of the terms "hospital care" and "medical care" not only for hospital insurance practice, but also for wiser arrangements even outside this insurance Thereby it hopes to prevent what seems now to be only an acorn from growing into a corporate practice tree

To be more specific, hospital insurance as originally devised included, within the Medical Society's expressed formula, some medical care This last year the Medical Society became convinced this formula should be changed When it became aware very recently that those promoting the Hospital Service Plan were saying in Philadelphia and Baltimore that medical care to a certain extent must be given to make the insurance a "go", the Medical Society deemed it time to call a halt on this score Furthermore, it should be noted, I think, that this local organization, now at 500,000 and sure to be rapidly increased, is of such a size that any lack of wisdom in its certificate will become a matter of such magnitude that desirable changes would be increasingly difficult to institute That is why the Medical Society wrote recently to the Chairmen of the Boards of Trustees and Superintendents of some 200-odd hospitals and also to the officials of the several Service Plans in the State to apprise all concerned of the conclusion reached by the Society, and to stimulate thought along the line of revision for the future Let me recall the decision, reached by this conference group last Spring and accepted on both sides, that "it would be better to exclude such service from future agreements as early as possible, or to provide in such contracts for the payment of hospital, of roentgenologist, of pathologist, and of anesthetist for their services"

As far as these redefinitions and rephrasings go in the hospital insurance field, the hospitals will not in any way be bothered financially but only in bookkeeping, but when it comes to hospital customs as to special services to private and semi-private patients outside of insurance patients, a new situation exists that in the Medical Society's opinion implies the danger of development of corporate practice There is here a chance that the doctor may be used unwisely to make income for the hospital Realizing fully the needs of hospitals and the practical conveniences of simple bills for patients and of salaries for full-time workers, the Medical Society believes there is here a problem which calls for constructive solution in such fashion that the danger be fully averted The Society is definitely committed to support of such legislation in the coming Session as will leave no doubt in anyone's mind This, I am reporting in accordance with our understanding last year In view of controversy two years ago, I suggest that an attempt be made today to seek some accord on this phase.

Finally, the Medical Society has recorded its opinion that a higher degree of authority might well be vested in some organization of the hospitals in order that negotiations between the Society and the hospitals be on an even basis Recognizing that it, the Medical Society, can control only its members and that the Hospital Association can only strongly persuade its member hospitals, it is thought that perhaps the hospitals could create an even more responsible organization than now exists It was the incident of advertising last Summer that gave rise to this thought Much more important than the incident itself was the report that the hospital concerned was of the opinion that the Hospital Association had not sufficient authority to direct its actions

Mr Chairman, I have explained as best I could the Medical Society's attitudes Differences of opinion I know exist as to these methods of reasoning I suggest that these points be thrashed out

1 Can this group agree that practice of medicine by hospitals is undesirable?
2 Do customs in force at present actually forecast corporate practice—or buying and selling or vending of medical care, particularly as to anesthesia, x-ray, laboratory work, physiotherapy, etc.?
3 Where should the line be drawn in salaried work for these services?
4 Can a body be formed with more authority than present Hospital Association?
5 Attitude of Hospital Association on legislation against vending of medical care?

No definite agreements were reached in that meeting, but progress was made along the lines indicated There seemed no question on either side but that practice of medicine by hospitals was undesirable, but there was considerable difference of opinion as to just what constitutes *practice of medicine by hospitals*

With regard to forming a *body with more authority*, the Hospital Association group stated that it had recently set up a mechanism for discipline of its member hospitals

As to *legislation*, no conclusions were reached except that passage would be

the Hospital Association Committee and the Secretary of the State Society, representing the Committee Chairman

At its own meeting in October 1937 your Committee considered at length the present developments of the three-cents-a-day hospital insurance service in New York City Information was received to the effect that this service had passed over 500,000 subscribers and was aiding in the promotion of similar services in Philadelphia and Baltimore It was reported that superintendents of hospitals in Philadelphia and in Baltimore had been told that this insurance could not be sold without the inclusion of medical care to the degree that exists in New York City

Possible dangers that may lie in the present arrangement were fully discussed The amount of medical care might be increased to a point where the hospital was actually buying and selling medical care, indulging perhaps in corporate practice of medicine

It was decided, on motion duly seconded and carried, that the boards of trustees of the hospitals of the State be asked to appoint some fully responsible party to negotiate with the Medical Society of the State of New York

It was further decided formally that the Chairman and the Secretary of the Committee discuss with the Associated Hospital Service in New York City the question of excluding any medical service from all further contracts or renewal of contracts

Your Committee also made the following *recommendations* to the Council

"That the State Society, through the proper channels, seek introduction in the Legislature of a bill to clearly define the prohibition of any corporation, including hospitals, from acting as the vendors of medical service"

"That the State Society consider methods and means of disciplining members of the Society to participate in the medical schemes, contracts or other plans that do not meet with the approval of the Society and do not conform to the principles outlined in the Booth Report (as revised)"

"That the State Society consider requesting the American Medical Association and the American College of Surgeons to refuse or withdraw approval of hospitals that do not comport themselves in accordance with the principles outlined by organized medicine of the State"

These three recommendations were duly presented to the Council, in whose report will be found the action of that body thereon.

Later in the year, after the Council had communicated with over 200 hospitals in the State and with the various hospital insurance services, your Committee sought a conference meeting with the representatives of the Hospital Association It presented to the joint meeting the following memorandum, read by the Secretary, explaining its reasons for asking the conference

The Medical Society sought this conference with the idea of advising the Hospital Association that it has reached certain conclusions on the solution of some problems which it considers are of grave import for the public, for the hospitals, and for physicians alike, and also to invite discussion looking toward establishment of constructive policies for the future.

Much has been accomplished already through these conferences that was relatively easy What remains is more difficult. Situations arising insidiously appear to be fraught with real dangers to the best interests of the three groups It is the Medical Society's thought that the time has now come for action

Mr Chairman and Gentlemen, I can best present these problems, set forth the Medical Society's idea, and provide a course for discussion to follow, with a brief historical retrospect.

The Medical Society has watched, as have the hospitals, the drying up of private philanthropy and the attitudes of financial desperation that have resulted It has also watched with grave concern the development of certain customs and ways that seem to it to portend the possible replacement of private practice of medicine by corporate practice of medicine This is the center from which the Medical Society's thoughts radiate, and I do not believe any here will dispute the statement that a change of such kind would be bad for the public, for the hospitals, and for the profession

It is this danger which led the Medical Society, four years and more ago, to take action

to maintain and elevate the quality of medical care, with special emphasis on postgraduate education.

Professional Refers to physicians, dentists, pharmacists, and nurses

Service Any medical procedure or service performed by individuals licensed under authority of the appropriate sections of the Education Law of the State of New York, or under their direction

Maintain Includes the whole field of preventive and public health medicine, such as periodic health examinations, immunization campaigns, syphilis, cancer, tuberculosis, pneumonia and mental disease control, mental hygiene, maternal and child welfare Encourages physicians to think and practice as public health officials

Restore Includes whole scope of curative medicine with necessary facilities for modern medical practice

Good health Used in the common sense meaning of the term It does not aim at impossible perfection

Palliate Refers to measures employed to modify the course of incurable disease, and to prevent or relieve physical and mental pain and distress

Principles and Problems of a State Health Policy

Erasmus said, "The greatest folly of which a man is capable is to sit down with slate and pencil to plan out a new social world" Your Committee believes that the service problems confronting physicians and the public today can best be solved by a process of orderly evolution

We recognize that these problems are many and complex, owing to the interrelation of the interests of the parties concerned In stating the problems of a State Health Policy and indicating the principles to be followed in dealing with them, it has seemed to us best to divide the responsibilities involved into three categories

I Responsibilities of physicians, both as individuals and as organized groups
II Responsibilities of the general public.
III Responsibilities of governmental agencies

I Responsibilities of physicians

Physicians are concerned primarily with developing and maintaining a high quality of medical care, and the providing and safeguarding from lay encroachment of this competent professional service is the paramount prerogative and duty of organized medicine

To meet this responsibility we recommend that

1 The Council, through its Committee on Medical Education, emphasize the importance of proper selection of students entering medical schools, so that ethical and moral fitness, as well as educational qualifications, be maintained.

2 The State Society devote special study to the problem of improving still further, the opportunities of its members for postgraduate education, and that a survey of the facilities for postgraduate study available in each county be undertaken by the local society, with the continuing cooperation of the State Society

3 As the organized profession assumes responsibility for providing a high quality of ethical medical care, it may be necessary to seek legislative authority to enforce discipline of its members In addition, we recommend to your favorable attention the encouraging of County Societies in forming groups of councillors, who would be available for entirely confidential and unofficial, but often sorely needed advice to members on vexed points of medical or ethical problems

4 As the non-medical public is less qualified to judge of the adequacy of medical care than are the physicians who supply it, it becomes a point of honor with the profession to exert every effort to maintain and elevate the quality of medical service which each physician delivers It is our duty, moreover, to enlighten the public, by every legitimate means of publicity, as to the importance to them of competent medical care. In this connection, care should be taken to correct the false emphasis which has too often been discernible in campaigns for diphtheria immunization, etc., namely, the describing of permission for preventive treatment as a privilege sought by physicians, instead of a valuable service which the physician is ready to supply on request of the patient.

II Responsibilities of the non-medical public

It is the function and duty of the non-medical public to provide and set up the economic machinery to support competent medical service.

This includes the provision and maintenance of proper educational facilities, hospitals, and laboratories required for

more difficult against the opposition of the Hospital Association group

With regard to revision of the Hospital Certificate, the Council delegated to your Committee full authority to contact the Associated Hospital Service in New York City in the effort to persuade that organization to revise its Certificate in accord with the re-phrased Booth Proposition No 3 This conference has been arranged for in the near future

Drafts of the bills designed to prevent vending of medical care by hospitals, which the Council had approved in principle, were later transmitted by the Secretary to the Chairman of the State Hospital Association Committee No official comment has been received in reply up to the date of writing this report

Respectfully submitted,

FLOYD S WINSLOW, *Chairman*

April 1, 1938

REPORT OF SPECIAL COMMITTEE ON MATTERS PERTAINING TO MEDICAL CARE

To the House of Delegates, Gentlemen

This Committee has been charged with two specific duties

1 To recommend a working definition of "Adequate Medical Care" which shall serve as a yardstick in future discussions of the subject
2 To formulate the principles and problems of a State Health Policy

The members of the Committee have approached their duties with a full realization of the difficulties involved in these tasks The term "Adequate Medical Care" has been used so widely and with so many diverse implications that it has sometimes assumed the status of a meaningless phrase In its broadest aspect, it includes the provision of proper sanitation, housing, clothing, food and recreational facilities, as well as preventive and curative medical, dental, nursing and hospital service

It is believed, however, that the problem of providing the material necessities is primarily an economic one, and that while as such, it involves us as good citizens, still there is a more restricted meaning in the phrase which directly concerns us as persons especially trained and legally qualified to provide medical care In passing, we point out that this dual responsibility has laid a peculiar burden upon physicians, who pay taxes for supporting welfare activities, and at the same time are called upon to give freely of their services to the medically indigent, usually with inadequate or no remuneration We are confident that the medical profession will never abandon that tradition, which is its proudest heritage, of rendering service to all who need it, regardless of economic reward, but we believe that this gift of charity is our personal and professional privilege and we insist that it must not be exploited by private or governmental agencies

The Committee feels that it is possible to offer a definition of "Adequate Medical Care" that is at once practical, comprehensive, and sufficiently elastic to meet varying conditions in different parts of our State. It has purposely been cast in a terse and succinct form, for convenience in use

The Committee begs to submit the following working definition

"Adequate Medical Care" means *"Sufficient competent professional service to maintain or restore good health, or to palliate incurable disease"*

This general definition, however, is qualified by the following specific definitions of each of the terms used

Sufficient Whatever diagnostic or therapeutic procedures, in the judgment of a competent physician (of the same or similar community) are necessary in a given case. It does not, for example, in every case contemplate the use of elaborate procedures such as complete Roentgen series, electrocardiograms, basal metabolism, or blood chemistry determinations It implies, however, the use of hospitals, consultative and laboratory facilities when necessary

Competent Possessing requisite training and acquired ability to use available general and medical knowledge according to ethical principles This implies constant effort on the part of the medical profession,

belief that Public Health officials should recognize the limitation of their field, and not seek to extend their activities to the curative treatment of the sick, in competition with their colleagues in private practice

It would be manifestly impossible, in the scope of this report, to include detailed recommendations for dealing with each problem of a State Health policy However, in the important fields of tuberculosis control and mental hygiene, comprehensive studies have been prepared by two members of our Committee, and will be presented later as supplementary reports A and B These we recommend to your earnest consideration as offering suggested models for dealing with specific issues

We have conceived our task to be rather to formulate a broad and fundamental policy to be followed in dealing with each problem, namely, that it is the duty and prerogative of physicians to provide competent professional service, properly controlled and disciplined by themselves, and not by laymen, nor by government bureaus or officials and that it is equally the prerogative and duty of properly qualified non-medical persons or agencies to provide the facilities and financial support for this competent medical care with strict adherence to the three requirements specified in this report

Respectfully submitted,
WALTER W MOTT, *Chairman*
F M MILLER
DAVID B JEWETT
JAMES ALEXANDER MILLER
CHARLES D POST
LOUIS A VAN KLEECK
JOHN E WATTENBERG
WILLIAM L RUSSELL

(NOTE One member, Homer L Nelms, did not feel that he could subscribe to this report)

April 1, 1938

REPORT OF FIRST DISTRICT BRANCH

To the House of Delegates, Gentlemen

It is with deepest regrets that we report the passing of our President, Dr W C Buntin, whose loss is keenly felt by the members of the First District Branch His energy and foresight contributed to the success of our 1937 Annual Meeting, his amiable personality made him a perfect host

Our future efforts will be greatly handicapped by his absence.

The 31st Annual Meeting of the First District Branch was held on October 5, 1937 at the Post-Graduate Hospital in New York City The sessions consisted of lectures, demonstrations, operative clinics in general surgery, orthopedic surgery, pediatrics, otolaryngology, ophthalmology, medicine, neurology, and psychiatry, gynecology, dermatology and syphilology, urology and traumatic surgery

After luncheon in the Nurses' Home, a general session was held at which Dr Willard C Rappleye, Director of the Post-Graduate Medical School and Dean of the College of Physicians of Columbia University, gave an address of welcome The State Society President, Dr Charles H Goodrich talked on Preventive Medicine

The keen interest shown by the membership in the previous annual meetings encouraged the officers to plan this meeting along the same general lines The management of the Post-Graduate Hospital very generously offered to us the use of their entire plant for the occasion The members of the staff arranged the very complete program of clinics, lectures, and demonstrations, which were well-attended throughout the day, and greatly appreciated

The success of our last two meetings demonstrates the fact that there is a definite place for the District Branch activity even here in the Metropolitan District, and that the meetings can well be clinical in character With this in mind, the officers are arranging for a similar session next Fall, and hope to carry on according to the high standards set by Dr Townsend and the late Dr Buntin

Respectfully submitted,
THEODORE WEST, *President*

April 1, 1938

modern medical practice If private citizens are unable, by reason of increasing tax burdens, to supply these, it may become necessary to provide them by government subsidy If this comes to pass, your Committee *recommends*

that the State Society exercise vigilance to see that the physical equipment only is subsidized, and that the personnel is not subject to government control or direction

Further, we believe it is the duty of the medical profession to examine with sympathetic interest and a spirit of mutual cooperation, any plan proposed by laymen to finance medical service expense, and to approve those which meet the following fundamental requirements

1 That they maintain or raise the standard of quality of medical care
2 That they provide a fair and reasonable remuneration on an ethical basis
3 That they do not involve, directly or indirectly, the interposition of a third party, as regards medical matters, between the patient and the physician of his choice

If we accept this clear-cut and fundamental distinction between the responsibilities of physician and public, we may apply the principle to the medical care of all the people of our state

Patients who are economically independent should finance their own medical bills, as at present The middle income class, who are independent as regards material needs, but to whom illness is often an unbudgetable and catastrophic calamity, might seek protection in group insurance for hospital expense, and in medical expense indemnity insurance for medical service To those in the lower brackets of this class, the gradient plan suggested by Dr Frederic E Elliott offers a means of assistance whereby these patients can be kept out of the wholly indigent class by supplementing from state or local funds the proportion of the total cost of medical service which they can afford to pay

III Responsibilities of governmental agencies

Medical care for the medically indigent, whether or not they are independent in other categories, should be paid for out of tax funds on a free-for-service basis Old-age relief and hospitalization should be included in this We believe that it is the function of State and local welfare authorities to provide material relief for indigents, and to certify as to the eligibility of indigents to receive medical care, but not to direct the provision of this care

We believe that it is then the duty of the State Medical Society to provide competent medical care to these certified indigents, care properly controlled and disciplined under machinery similar to the Workmen's Compensation Law provision, which has already demonstrated its ability to function satisfactorily It should be pointed out that if this plan be adopted, it will throw an increased burden of administrative detail on the Secretaries of County Societies This may be handled efficiently by those County Societies which have a well-organized executive office, but some means of relief must be adopted to aid the volunteer doctor-secretary of the other counties We *recommend*

That this difficulty be met by having the counties of a District Branch combine, when necessry, to engage the services of a paid Secretary for the group

We believe that the present cordial relations between the State Department of Health, the State Department of Social Welfare, and the State Medical Society should be fostered, that similar relations should be established with the Department of Mental Hygiene and that every effort should be made to integrate the work of our members with these agencies This may be done by encouraging our members to think and practice in terms of public health and preventive medicine

It is the opinion of the Committee that the average physician is still so occupied with the problems of curative practice that he lacks awareness of his responsibilities in the field of preventive medicine Our efforts in this direction would be materially aided if there could be developed a greater degree of cooperation on the part of Public Health officials generally, in enlisting the participation of private practitioners in preventive medical work At the same time, it may not be amiss to express our

REPORT OF FOURTH DISTRICT BRANCH

To the House of Delegates, Gentlemen

The Thirty-first Annual Meeting of the Fourth District Branch was held in the Queensbury Hotel, Glens Falls, October 1 and 2, 1937, the program consisting of the following papers

"The New Constitution and By-Laws of the Medical Society of the State of New York. Why the Changes and What We Should Gain Thereby" by Thomas H Cunningham, M D

"Treatment of Fractures of the Hip" by William D Johnson, M D

"The Future of the Albany Medical College" by Robert S Cunningham, M D

Address by Charles H Goodrich, M D, President of the Medical Society of the State of New York.

"The Art of Prestidigitation" by Gordon C Peck, M D

"The Use of Sulfanilamide in the Treatment of Infections of Childhood" by Benjamin W Carey, Jr, M D, Boston, Mass

"The Prevention of Heart Disease" by Paul Dudley White, M D, Boston, Mass

"A Survey of the Latest Thought in the Treatment of Cancer" by Frank E Adair, M D

The meeting was well attended, the papers were excellent, and the discussion was quite general

Respectfully submitted,

CARL R. COMSTOCK, *President*

April 1, 1938

REPORT OF FIFTH DISTRICT BRANCH

To the House of Delegates, Gentlemen

The regular Annual Meeting of the Fifth District Branch was held on September 23, 1937, in the Masonic Temple at Lowville The attendance was excellent, and the programs of the morning and afternoon sessions were divided by an excellent luncheon served in the Temple.

In the morning, Drs John C McClintock and George E Beilby discussed "The Problem of Simple Goiter" They covered the factors leading to development of simple goiter, and the symptoms presented by these young patients, and reviewed a series of cases They stated that the most important problem relating to simple goiter is treatment to relieve the symptoms and prevent future thyroid disease They considered careful and conservative observation as the keynote of success, and reviewed the methods of treatment accepted at the present time

Dr Charles H Baldwin read a paper on "Importance of Early Diagnosis in Affection of the Hip," with an excellent lantern slide demonstration In his opinion, early diagnosis of pathological processes occurring in and about the hip is always possible, and for the most part not difficult, and he stated that the number of cripples in this field still remains unnecessarily large.

Dr John A Kelly gave an excellent talk on the "Diagnosis, Treatment and End Results of Malignant Neoplasm of the Female Genital Tract"

At the afternoon session, the President of the State Society, Dr Charles H Goodrich, read a scholarly paper on the mental hygiene aspect of "Preventive Medicine" Dr Goodrich pointed out how very necessary it is for physicians in general to equip themselves much more fully than has been the case in the past with the psychiatric knowledge needed in everyday practice to manage personality difficulties that form a part of ordinary illness

"The Management of Peripheral Vascular Diseases" was very interestingly covered by Dr Herman E Pearse, who described the various newer laboratory methods, newer apparatus, and multiplicity of tests now available for diagnosis of these disturbances He evaluated these methods, expressing hope that simplification would be possible in the future in order that in everyday practice it should be possible to obtain all essential data with ordinary equipment

Dr Roscoe C Borst presented a paper on "The Management of Urinary Lithiasis," reviewing the recently accepted factors, that is, about etiology, the dietary regimes, urinary antiseptics, their values and dangers, and the need for cooperation of study of these cases by the bacteriologist, internist, physiological chemist, and the urologist.

REPORT OF SECOND DISTRICT BRANCH

To the House of Delegates, Gentlemen

The Second District Branch, comprised of the Medical Societies of the Counties of Suffolk, Nassau, Queens, and Kings, reports progress

During the current year I visited each of the component Medical Societies at a stated meeting I am pleased to report that each County Society continues to maintain its scientific meetings on a high plane and that there is an ever increasing interest on the part of the members for the welfare of their respective County Medical Society

The officers, chairman, and members of the various committees are, as usual, devoting a great deal of time and effort to public health and other matters which are of vital concern both to the public and the physician

The annual meeting of the Second District Branch was held at the Garden City Hotel, Nov 17, 1937 Over two hundred physicians attended the full day's session

A scientific exhibit was held in connection with the topics under discussion which were Cancer and Medical and Surgical Diseases of the Genito-Urinary Tract. A dinner dance in the evening completed the medical and social activities of the day

The Woman's Auxiliary of the four component Medical Societies in their usual gracious manner helped to make the annual meeting a success

Respectfully submitted,
IRVING GRAY, *President*

April 1, 1938

REPORT OF THIRD DISTRICT BRANCH

To the House of Delegates, Gentlemen

The Third District Branch, composed of the Counties of Albany, Columbia, Greene, Rensselaer, Schoharie, Sullivan, and Ulster, held its thirty-first annual meeting at Hotel Governor Clinton, Kingston, September 30, 1937 About 125 members were present besides several guests from neighboring medical districts

The morning session was opened by a hearty address of welcome by Dr Fred H Voss of Kingston, president of the Ulster County Medical Society This was followed by an instructive scientific program

Dr Louis C Kress of the State Institute for the Study of Malignant Disease, Buffalo, spoke of "Malignancy as Seen by the General Practitioner" A discussion followed led by Dr A M Dickinson of Albany The "Pathology of Vascular Diseases" was presented by Milton C Winternitz, M D, of Yale University School of Medicine, New Haven, Conn

At noon a lantern slide demonstration was given by Dr George F Cahill of New York City, presenting "Symptoms and Diagnosis of Renal Tumor"

The afternoon session opened with a brisk business meeting followed by a splendid address of welcome by Mayor C Heiselman of Kingston, and the introduction of guests

The first paper of the afternoon was given on "Preventive Medicine" by Charles H Goodrich, M D, President of the Medical Society of the State of New York Benjamin I Ashe, M D, of New York City spoke on "How to Analyze a Case of Bright's Disease." The session closed with a most instructive dialogue on "The Use of Protamine Zinc Insulin and Other Diabetic Problems", led by Dr Howard F Root of Boston, Mass, and Dr Stephen H Curtis of Troy

I wish to thank all the officers, committees, and members of the Third District Branch for their attendance and for their efforts to make this meeting a success I would especially thank the speakers who contributed so much, and the Ulster County Medical Society for their hospitality

Respectfully submitted
BERTRAN W GIFFORD, *President*

April 1, 1938

Election of officers resulted as follows *President,* Dr Alfred W Armstrong, *First Vice-President,* Dr Frederick W Lester, *Second Vice-President,* Dr Ben J Slater, *Secretary,* Dr John J Finigan, *Treasurer,* Dr Howard S Braisted

THOMAS W MALONEY, *President*

April 1, 1938

REPORT OF EIGHTH DISTRICT BRANCH

To the House of Delegates, Gentlemen

A meeting of the officers of the Eighth District Branch Society was held at the Hotel Statler, Buffalo, May 1937 The officers of the District and Dr Joseph S Lawrence of Albany were present A discussion was held and suggestions were offered for the scientific program for the annual fall meeting We also discussed the advisability of changing the form of our program to give the members a more accurate idea of the scientific subjects to be discussed The new program form was adopted

The Thirty-second Annual Meeting of the Eighth District Branch Society was held at the Bartlett County Club, Olean, October 7, 1937 The meeting began at 10 00 A M with a paper by Dr Francis P Schwentker, Director of Medical Research, City Health Department, Baltimore, Maryland His paper gave us a complete orientation of the use of Sulfanilamide in the Treatment of Infections

The next paper was "Practical and Interesting Phases of Thoracic Surgery," by Cameron Haight, M.D, University of Michigan, Ann Arbor, Michigan

Dr Haight's paper was discussed by Dr Henry Kenwell and Dr Leon J Leahy

Dr Francis Goldsborough, Professor of Obstetrics, University of Buffalo, completed his resume on "Workings of Obstetrical Council of Erie County," the first part of which he gave the year before.

Luncheon was served at the country club at 12 30

Following luncheon a short business meeting and election of officers was conducted by the president. The following officers were elected for the ensuing two-year term

Louis L. Klostermyer, *President*	Warsaw
Leon J Leahy, *First Vice-President*	Buffalo
Robert C Peale, *Second Vice-President*	Olean
Peter J DiNatale, *Secretary*	Batavia
Fitch H VanOrsdale, *Treasurer*	Belmont

At 2 15 we were honored with the presence of the State Society President, Dr Charles H Goodrich, who gave use a brief talk on Preventive Medicine

The afternoon session opened with a paper by George W Cottis, M D The title of the paper was "The Private Practitioner and His Cancer Patient" The last paper of the afternoon was "Surgical Complications of Acute Communicable Diseases," by Francis J Gustina, M D, pediatrician, Buffalo City Hospital

The meeting was attended by ninety-two members of the District and six guests

The guests were Dr Charles H Goodrich, Brooklyn, Dr Cameron Haight, Ann Arbor, Mich, Dr Peter Irving, Secretary of the State Medical Society, New York, Dr L M Kysor, Hornell, Dr Joseph S Lawrence, Albany, and Dr Francis P Schwentker, Baltimore, Md

The members were very enthusiastic about the meeting and the scientific subjects discussed Favorable comments were heard on the new form of our printed program which gave a brief resume of each paper to be discussed I believe we have started something new in the interest of the members of our District by adopting this new type of program

The President of the District, after completing his work with the Executive Committee last year, has attended some County and Board of Censors meetings, reporting to his County Society and District the events of the past year

Respectfully submitted,

H W INGHAM, *President*

April 1, 1938

(See next page for Index to Annual Reports)

At the business section of the meeting, the following officers were elected for the coming two years

President, Charles A Earl	Oneida
1st Vice-President, Fred C Sabin	Little Falls
2nd Vice-President, Edward C Reifenstein, Sr	Syracuse
Secretary, William Hale, Jr	Utica
Treasurer, Dan Mellen	Rome

Respectfully submitted,

MURRAY M GARDNER, *President*

April 1, 1938

REPORT OF SIXTH DISTRICT BRANCH

To the House of Delegates, Gentlemen

The annual meeting of the Sixth District Branch was held in Oswego on September 21, 1937 The sessions were very well attended and the addresses evoked much interest

The morning session was held in the Westminister House of the Presbyterian Church and the first speaker was Dr Elliott T Bush whose subject was "Treatment of Vesicle Neck Obstruction and Prostatism" This was followed by a paper on "Tumors and Other Diseases of the Spinal Cord Amenable to Surgery" by Dr William P Van Wagenen Dr John S Lawrence discussed "Diagnosis and Practical Measures in the Treatment of Anemia"

Then followed a luncheon, which included the ladies, at the Green Lantern Country Club Immediately after this, the business was held at the Club and the following officers were elected for 1938 and 1939

Reeve B Howland, *President*	Elmira
George M Mackenzie, *First Vice-President*	Cooperstown
Norman S Moore, *Second Vice-President*	Ithaca
Hubert B Marvin, *Secretary*	Binghamton
William A Moulton, *Treasurer*	Candor

The afternoon session was opened by a talk on "Preventive Medicine" by the President of the State Society, Dr Charles H Goodrich Following this, Dr Irving S Wright spoke on "Some Newer Aspects of the Treatment of Peripheral Vascular Diseases," and Dr Anton W Sohrweide concluded the program with a paper on "Diagnosis and Management of Cutaneous Cancer"

Respectfully submitted,

LEO P LARKIN, *President*

April 1, 1938

REPORT OF SEVENTH DISTRICT BRANCH

To the House of Delegates, Gentlemen

For the first time in this District, the annual meeting was held in conjunction with a special meeting of the Seventh District Dental Society of the State of New York on September 22 in the State Armory at Geneva

Attendance from the District was eighty-four, others 14, total 98

Scientific program convened at 10 00 A M Dr D A Haller read a paper on "Observations on Obesity" Discussion was by Dr Byron D Bowen Dr Edward S Rogers spoke on "Pneumonia Control," Discussion by Dr Edward G Whipple.

Dr Burton T Simpson presented "Newer Aspects of the Etiology of Cancer" and his associate Dr M L Levin opened the discussion At the conclusion of Dr Simpson's presentation Dr Levin demonstrated pathological specimens of various types of cancers A demonstration of cancer material suitable for the public was ready for exhibition but few showed enough interest to call at the exhibit space

Luncheon for the members of the medical and dental groups was served at Hotel Seneca

Visiting ladies were tendered a luncheon and card party at Belhurst-on-Seneca Lake

The afternoon session was opened by an address by Dr Charles H Goodrich, President of the Medical Society of the State of New York, who elected to talk on the subject "Medicodental Cooperation in Preventive Medicine" Theodor Blum, D D S, M D, spoke on "Medicodental Cooperation in Education" Dr Edwin I Harrington, President of the Dental Society of the State of New York closed the afternoon program with an address on "Medicodental Cooperation in Clinical Medicine"

MEDICAL SOCIETY OF THE STATE OF NEW YORK

ANNUAL MEETING, NEW YORK, MAY 9, 10, 11, 12, 1938

All meetings will be by Daylight Saving Time

House of Delegates

The regular Annual Meeting of the House of Delegates of the Medical Society of the State of New York will be called to order at 10 00 A M on Monday, May 9, 1938, in the Ballroom of The Waldorf-Astoria Hotel

SAMUEL J KOPETZKY, M D, *Speaker*
PETER IRVING, M D, *Secretary*

Annual Meeting

The Annual Meeting of the Medical Society of the State of New York will be held on Tuesday, May 10, 1938, at 7 00 P M, in the Ballroom of The Waldorf-Astoria Hotel

CHARLES H GOODRICH, M D, *President*
PETER IRVING, M D, *Secretary*

Registration

Registration will be held in the Hotel for Delegates on Monday, May 9, after 9 00 A.M, for Members on Monday, Tuesday, Wednesday, and Thursday, May 9, 10, 11, and 12, from 9 00 A M to 6·00 P M

Exhibits

Scientific and Technical Exhibits will be located in the Hotel

Scientific Sessions

General Sessions on Tuesday and Thursday afternoons Section meetings on Tuesday morning, Wednesday morning and afternoon, and Thursday morning, will be held in the Hotel

132nd Annual Meeting

The Waldorf-Astoria Hotel, Ballroom —Tuesday, May 10, 7 00 P M

Calling the Society to order by the President, Charles H Goodrich, M D

Reading of the minutes of the 131st Annual Meeting by the Secretary, Peter Irving, M D

The Annual Banquet

The Annual Banquet will be held in the Ballroom of the Hotel on Tuesday, May 10, at 7 00 P M The Guest Speakers will be announced later Following the banquet and speeches, there will be dancing in the Ballroom

Requests for tickets and reservations should be sent to Augustus Harris, M D, Chairman, Banquet Committee, 306 Park Place, Brooklyn, Telephone STerling 3-3131 Tickets will be $5 00

Delegates' Dinner

Dinner for the Delegates will be served in the Hotel on Monday following the adjournment of the afternoon session of the House of Delegates Tickets can be procured from the Secretary of the Medical Society of the State of New York, Peter Irving, M D, 2 E 103 St, New York Tickets will be $3 50

Public Meeting, Wednesday Evening, May 11

In the Ballroom will be held a meeting for the public at 8 30 P M on Wednesday, May 11, 1938 Cards of invitation (without cost) can be secured in advance by writing to Irving Gray, M D, Chairman, Public Meeting Committee, 41 Eastern Parkway, Brooklyn, Telephone STerling 3-0900, or they can be obtained at the Registration Desk in the Hotel

The Woman's Auxiliary

The headquarters will be in the Carpenter Suite, and the ladies are asked to register at the Registration Desk there after 9 00 A M Monday, May 9, 1938

Monday will be given over to meetings of the Executive Board (Carpenter Suite) and of the House of Delegates of the Auxiliary (Jansen Suite)

Dinner will be at 7 00 P M on Monday in Le Perroquet Suite Tickets for Auxiliary members, all doctors' wives and lay friends must be secured at the Registration Desk before 3·00 P M, Monday

A hobby show will begin on Monday and continue through the four days

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3 "THE PRESENT STATUS OF BENZEDRINE SULPHATE THERAPY"

Eugene Davidoff, M D, *Syracuse,* and Edward C. Reifenstein, Jr, *Syracuse*

DISCUSSION Harold T Hyman, M D, *New York*

Wednesday, May 11th—2 00 P M

1 "A STUDY OF 63 OBESE PATIENTS BEFORE AND AFTER WEIGHT REDUCTION"

Edgar C Beck, M D, *Buffalo*

DISCUSSION Louis Bauman, M D, *New York,* and Herbert Pollack, M.D, *New York*

2 "VACCINATION AGAINST TUBERCULOSIS"

Hugh M Kinghorn, M D, *Saranac Lake,* and Morris Dworski, B S, *Saranac Lake* (invited guest)

DISCUSSION James Alexander Miller, M.D, *New York*

3 "PRACTICAL OBSERVATIONS FROM A STUDY OF TWO THOUSAND CASES OF PNEUMOCOCCUS PNEUMONIA TREATED WITH ANTI-PNEUMOCOCCUS SERUM"

Edward S Rogers, M D, *Albany*

DISCUSSION Russell L. Cecil, M D, *New York,* Richard H Bennett, M D, *Brooklyn* Henry T Chickering, M D, *New York,* and Clayton W Greene, M D, *Buffalo*

4 "ON THE MECHANISM OF MIGRAINE HEADACHE AND THE ACTION OF ERGOTARME TARTRATE"

Harold G Wolff, M D, *New York*

DISCUSSION Norton S Brown, M D, *New York*

SECTION ON SURGERY

Chairman Benjamin W Seaman, M D, Hempstead
Secretary Clarence V Costello, M D, Rochester

Place of Meeting The Waldorf-Astoria, Ballroom

Wednesday, May 11th—10 00 A M

1 "GALL BLADDER DISEASE—OPTIMUM TIME FOR OPERATION"

Howard L Prince, M D, *Rochester*

DISCUSSION Henry F Graham, M D, *Brooklyn,* and Thew Wright, M.D, *Buffalo*

2. "CHRONIC APPENDICITIS IN CHILDREN"

Edward V Denneen, M D, *New York*

DISCUSSION James S Regan, M.D, *Buffalo,* and Edward W Peterson, M D., *New York*

3 "THYROID."

Emil Goetsch, M D, *Brooklyn*

DISCUSSION George W Cottis, M D, *Jamestown,* and Martin B Tinker, Jr., M.D, *Ithaca*

Thursday, May 12th—10 00 A M

1 "CANCER OF THE RECTUM AND COLON—EARLY DIAGNOSIS AND TREATMENT"

Frank C Yeomans, M D, *New York*

DISCUSSION John Douglas, M D, *New York,* and William H. Stewart, M D., *New York*

2 "HEAD INJURIES"

Joseph E J King, M D, *New York*

DISCUSSION John E. Scarff, M.D., *New York,* and Edwin G Ramsdell, M D., *New York*

3 "OBSTRUCTION OF THE SMALL INTESTINE."

William F MacFee, M D, *New York*

DISCUSSION John E. Jennings, M D, *Brooklyn,* and Percival K. Menzies, M D., *Syracuse*

4 "CHEST TRAUMA"

Frank B Berry, M D, *New York*

DISCUSSION Carl Eggers, M D., *New York,* and Ethan F Butler, M D, *Ithaca*

SECTION ON OBSTETRICS AND GYNECOLOGY

Chairman Goode R. Cheatham, M D, Endicott
Secretary William T Kennedy, M D, New York

Place of Meeting The Waldorf-Astoria, Sert Room

Wednesday, May 11th—10 00 A M

1 "PANHYSTERECTOMY—A STUDY BASED ON 2773 CONSECUTIVE HYSTERECTOMIES"

Edward P McDonald, M D,, *Albany*

DISCUSSION Frederick C. Holden, M D, *New York,* and Nathan P Sears, M.D, *Syracuse*

2 "THE USE OF THE X-RAY IN THE DIAGNOSIS OF PLACENTA PREVIA"

Alfred C Beck, M D, *Brooklyn,* and Frank P Light, M D, *Brooklyn*

DISCUSSION Stanley C. Hall, M D., *Brooklyn*

Scientific Program

All Meetings Will Be Held by Daylight Saving Time

GENERAL SESSIONS

Place of Meeting The Waldorf-Astoria, Ballroom

Tuesday, May 10th—2 00 P M

1 "THE SIGNIFICANCE OF HOARSENESS"

Mr Victor E Negus, M S, F R C S, Surgeon for Diseases of the Throat and Ear, King's College Hospital, London, England (invited guest)

2 "THE RELATION OF DIABETES TO SURGERY"

Irvin Abell, M D, President-Elect American Medical Association, Louisville, Kentucky (invited guest)

3 "PREVENTION OF MATERNAL DEATHS"

Charles A Gordon, M D, Brooklyn

4 "VITAMINS AND THE CLINICIAN"

George R. Cowgill, Ph D, Laboratory of Physiological Chemistry, Yale University, New Haven, Connecticut (invited guest)

Thursday, May 12th—2 00 P M

1 "SOME OF THE NEWER SURGICAL ENTITIES OF THE LAST DECADE—THEIR DIAGNOSIS AND MANAGEMENT"

Frank H. Lahey, M D, Director of Surgery, Lahey Clinic, Boston, Massachusetts (invited guest)

2 "THE PHYSICIAN'S RESPONSIBILITY IN PREVENTIVE PROCTOLOGY"

Louis A Buie, M D, Chief of Department of Proctology, Mayo Clinic, Rochester, Minnesota (invited guest)

3 "THE IMPORTANCE OF PSYCHOLOGY IN THE PRACTICE OF MEDICINE."

Edward A. Strecker, M D, Professor of Psychiatry and Chairman of the Department of Psychiatry, School of Medicine, Univ of Pennsylvania, Philadelphia, Pennsylvania (invited guest)

4 "DIET AND DENTAL CARIES"

Russell W Bunting, D D S, Dean of The School of Dentistry, University of Michigan, Ann Arbor, Michigan (invited guest)

NOTE At the end of Doctor Bunting's paper there will be afforded an opportunity for questions in regard to his subject.

THE SECTIONS

[All papers read before the Society by members become the property of the Society The original copy of each paper shall be left with the Secretary of the Section Discussers should have their remarks typed and hand them to the Secretary Section meetings shall begin promptly at the hour specified]

At some period in the meetings, an executive session will be held for the purpose of electing officers for the ensuing year

SECTION ON MEDICINE

Chairman — Ralph H Boots, M D, New York
Secretary — Byron D Bowen, M D, Buffalo

Place of Meeting The Waldorf-Astoria, Sert Room

Tuesday, May 10th—10 00 A M

1 "SYSTEMIC MANIFESTATIONS OF LYMPHOGRANULOMA INGUINALE."

Alexander B Gutman, M D, *New York*

DISCUSSION Henry M Dawson, M.D, William Curth, M D, *New York*, Arthur W Grace, M D, *New York*, and Borris A. Kornblith, M D, *New York*

2 "MEASUREMENTS OF THE CIRCULATION IN CONSTRICTIVE PERICARDITIS BEFORE AND AFTER RESECTION OF THE PERICARDIUM"

Harold J Stewart, M D, *New York*, and George J Heuer, M D, *New York*

DISCUSSION Robert L Levy, M D, *New York*, and Richmond L. Moore, M D., *New York*

DISCUSSION Carl H Laws, M D, *Brooklyn*, and John L. Rice, M.D, *New York*

3 "THE TREATMENT OF MENINGITIS"

Josephine B Neal, M D, *New York*

DISCUSSION Emanuel Appelbaum, M D., *New York*, and Adolph G DeSanctis, M D, *New York*

4 "MALIGNANCIES IN INFANCY AND CHILDHOOD"

D William Scott, M D, *New York*

DISCUSSION Albert Preston Knight, M.D, *Waverly*, and Alfred F Hocker, M D, *New York*

Wednesday, May 11th—2 00 P M

1 "EPIDEMIC DIARRHEA OF THE NEW-BORN —A NEW DISEASE?"

Samuel Frant, M D, *New York*, and Harold Abramson, M D, *New York*

DISCUSSION William J Orr, M D, *Buffalo*, and Walter D Ludlum, M D, *Brooklyn*

2 "URINARY INFECTIONS IN INFANTS AND CHILDREN—A COMPARISON OF THERAPEUTIC METHODS"

Benjamin W Carey, Jr, M D, *Boston, Massachusetts* (invited guest)

DISCUSSION Meredith F Campbell, M D., *New York*, and Albert D Kaiser, M.D, *Rochester*

3 "THE PREVENTION OF PURULENT OTITIS MEDIA IN INFANTS"

Harry Bakwin, M D, *New York*

DISCUSSION John F Fairbairn, M D., *Buffalo*, and Sam Z Levine, M D, *New York*

4 "MONOCYTOSIS IN THE COURSE OF ACUTE LYMPHATIC LEUKEMIA—A CASE REPORT"

Hugh C Thompson, Jr, M D, *Albany*

DISCUSSION Brewster C. Doust, M D, *Syracuse*

SECTION ON DERMATOLOGY AND SYPHILOLOGY

Chairman — Leo Spiegel, M D, New York
Secretary — Mark Heiman, M D, Syracuse

Place of Meeting The Waldorf-Astoria, Assembly Rooms N, P, R

Tuesday, May 10th—10 00 A M

1 "TREATMENT OF DERMATOPHYTOSIS WITH VACCINES"

Jesse A Tolmach, M D, *New York*, and Eugene F Traub, M D, *New York*

DISCUSSION Samuel M Peck, M.D, *New York*

2 "IMPETIGO CONTAGIOSA COMPLICATED BY ACUTE NEPHRITIS."

Seymour H Silvers, M D, *Brooklyn*

DISCUSSION Louis J Frank, M D., *Brooklyn*

3 "THE PATCH TEST—AN EVALUATION OF ITS POSSIBLE DANGERS"

Paul E Bechet, M D, *New York*

DISCUSSION Marion B Sulzberger, M D, *New York*

4 "DIAGNOSTIC VALUE OF THE ITO TEST IN CHANCROIDAL INFECTIONS"

Harry C Saunders, M D, *New York*

DISCUSSION David Bloom, M.D, *New York*

Wednesday, May 11th—2 00 P M

Joint meeting with the Section on Public Health, Hygiene and Sanitation—The Waldorf-Astoria, Ballroom

SECTION ON PUBLIC HEALTH, HYGIENE AND SANITATION

Chairman — Burke Diefendorf, M D, Glens Falls
Vice-Chairman — Chalmer J Longstreet, M D, Binghamton
Secretary — Frank E. Coughlin, M D, Albany

Wednesday, May 11th—2 00 P M Joint Meeting with the Section on Dermatology and Syphilology—The Waldorf-Astoria, Ballroom

Thursday, May 12th—9 30 A M
Place of Meeting The Waldorf-Astoria, Assembly Room

1 "PNEUMONIA PREVENTION"

Wilson G Smillie, M D, *New York* (invited guest)

DISCUSSION Edward S Rogers, M D, *Albany*

2 "REPORT ON INFANT MORTALITY STUDY IN NORTHERN NEW YORK."

Stanley W Sayer, M D, *Gouverneur*

3 "Postpartum Pain"

Stuart B Blakely, M D, *Binghamton*

Discussion Irving W Potter, M D, *Buffalo,* and Francis R. Irving, M D, *Syracuse*

Thursday, May 12th—10 00 A M

1 "Normal Children Born of Women Suffering from Amenorrhea—Sterility Following Treatment by X-Ray"

Ira I Kaplan, M D, *New York*

Discussion Howard C Taylor, Jr, M D, *New York,* and Samuel A Wolfe, M D, *Brooklyn*

2 "Cesarean Section—Its Relation to Maternal Mortality"

Paul Titus, M D, *Pittsburgh, Pennsylvania* (invited guest)

Discussion Henricus J Stander, M.D, *New York*

3 "A Consideration of the Woman with Early Abortion Associated With Fever in Respect to Etiology, Bacteriology, Pathology and Treatment"

William E Studdiford, M D, *New York*

Discussion Harvey B Matthews, M.D, *Brooklyn,* and Thomas C. Peightal, M D, *New York*

SECTION ON NEUROLOGY AND PSYCHIATRY

Chairman — Charles A McKendree, M D, New York
Secretary — Paul H Garvey, M D, Rochester

Place of Meeting The Waldorf-Astoria, Assembly Rooms J, K, L, M

Wednesday, May 11th—10 00 A M

1 "Bromide Intoxication"

Albert G Odell, M D, *Clifton Springs*

Discussion Eugene N Boudreau, M D, *Syracuse,* and George Kirby Collier, M D, *Rochester*

2 "Tonics and Sedatives as Used in Neurological Practice."

Hubert S Howe, M D, *New York*

Discussion Harold T Hyman, M D, *New York*

3 "Endocrine Therapy in the Affective Psychoses"

Irving H Pardee, M D, *New York*

Discussion Clarence O Cheney, M D, *White Plains,* and Walter Timme, M D, *New York*

4 "The Role of Physical Measures in the Treatment of Neurological Conditions"

Richard Kovacs, M D, *New York*

Discussion Joseph E J King, M.D, *New York,* and John H Nolan, M D, *New York*

Thursday, May 12th—10 00 A M

1 "Care of the Chronically Ill from the Neurological Point of View"

Orman C Perkins, M D, *Brooklyn*

Discussion S Philip Goodhart, M D, *New York,* and Gerald C Parker, M D, *New York*

2 "Retrobulbar Neuritis in Disseminated Sclerosis

Wardner D Ayer, M D, *Syracuse*

Discussion Searle B Marlow, M D., *Syracuse,* and Leon H Cornwall, M D, *New York*

3 "Studies in Water Metabolism in Relation to the Nervous System"

Rowland T Bellows, M D, *Rochester*

Discussion William P Van Wagenen, M D, *Rochester,* and Leo Davidoff, M D, *Brooklyn*

4 "The Effects of Insulin, Metrazol, and Camphor on Brain Metabolism"

S Bernard Wortis, M D, *New York*

Discussion Foster Kennedy, M D, *New York,* and Nolan D C Lewis, M D, *New York* (invited guest)

SECTION ON PEDIATRICS

Chairman — John Dorsey Craig, M D, New York
Vice-Chairman — Paul W Beaven, M D, Rochester
Secretary — Norman L Hawkins, M D, Watertown

Place of Meeting The Waldorf-Astoria, Assembly Rooms J, K, L, M

Tuesday, May 10th—10 00 A M

1 "Unusual Clinical Pathological Observations in Cases of So-called Status Thymo-lymphaticus"

Tyree C Wyatt, M D, *Syracuse*

Discussion George R. Murphy, M D, *Elmira,* and Reginald A Higgons, M D., *Port Chester*

2 "The Stillbirth and Neonatal Death Problem"

Herbert C Soule, M D, *Rochester*

SECTION ON UROLOGY

Chairman — Albert M Crance, M D., Geneva
Vice-Chairman — Francis N Kimball, M D, New York
Secretary — John E Heslin, M D, Albany

Place of Meeting The Waldorf-Astoria, Jansen Suite

Tuesday, May 10th—10 00 A M

1 "Accessory Urethra"

Oswald Swinney Lowsley, M D, *New York*

Discussion General

2 "Industrial Epididymitis and Epididymo-Orchitis"

George E Slotkin, M D, *Buffalo*

Discussion Allan L Parlow, M D, *Rochester*, and William J Kennedy, M D, *Gloversville*

3 "The Diagnosis and Management of Subacute Blood Stream Infections of the Kidney"

Hugh Cabot, M D, *Rochester, Minnesota* (invited guest)

Discussion Leo E. Gibson, M D., *Syracuse*

Wednesday, May 11th—2 00 P M

1 "A Clinical Review of the Effects of Renal Sympathectomy on the Physiological Function of the Human Kidney"

J Sydney Ritter, M D, *New York*

Discussion Elmer Hess, M D, *Erie, Pennsylvania* (invited guest), and Clarence G Bandler, M D, *New York*

2 "Kidney Tumors—Some Causes of Poor End-Results"

E Ross Mintz, M D, *Boston, Massachusetts* (invited guest)

Discussion Frederick J Parmenter, M D, *Buffalo*, and Edward L Keyes, M D, *New York*

3 "Sulfanilamide in the Treatment of Urological Infections"

Terry M Townsend, M D, *New York*

Discussion James H. Borrell, M D, *Buffalo*, and Arthur H Paine, M D, *Rochester*

Thursday, May 12th—10 00 A M

A clinic in urological surgery will be held at the New York Hospital, to be conducted by Oswald S Lowsley, M D Tickets for admission to the clinic may be obtained from any of the officers of the section

SECTION ON RADIOLOGY

Chairman — Clifford R. Orr, M D, Buffalo
Vice-Chairman — William P Howard, M D, Albany
Secretary — Henry K. Taylor, M D, New York

Place of Meeting The Waldorf-Astoria, Jansen Suite

Wednesday, May 11th—10 00 A M

1 "Epithelioma of the Tonsil."

Walter L Mattick, M D, *Buffalo*

Discussion William Harris, M.D, *New York*, and James J Duffy, M D, *New York*

2 "A System of Radiation Therapy Based on the Half-Value Layer for the Determination and Selection of Ray Quality"

William H Meyer, M D, *New York*

Discussion Maurice Lenz, M D, *New York*, and A. Mutscheller, Physicist, *New York* (invited guest)

3 "Dosage in Radiation Therapy"

Edith H. Quimby, *New York* (invited guest)

Discussion Harriet C. McIntosh, M D, *New York*, and Carl B Braestrup, Physicist, *New York* (invited guest)

4 "Roentgen Therapy in Toxic Thyroid Disease"

Jacob R. Fried, M D, *New York*

Discussion Bertram Julian Sanger, M D, *New York*, and A. L Loomis Bell, M.D, *Brooklyn*

Thursday, May 12th—10 00 A.M

1 "Bone Tumors"

Louis C. Kress, M D, *Buffalo*

Discussion Samuel J Stabins, M.D, *Rochester*, and Bradley E Coley, M D, *New York*

2 "Carcinoma of the Cardia"

William H Stewart, M D, *New York*

Discussion John R. Carty, M D, *New York*, and Ross Golden, M D, *New York*

3 "Anatomico-Radiographic Studies of the Spine."

DISCUSSION Leo F Schiff, M D, *Plattsburg*

3 "CERTAIN ADMINISTRATIVE CONSIDERATION IN DISTRICT HEALTH WORK"

Harry S Mustard, M D, *Baltimore, Maryland* (invited guest)

DISCUSSION Margaret W Barnard, M D, *New York*

4 "DUST AND DISEASE."

Arthur J Vorwald, M D, *Saranac Lake* (invited guest)

DISCUSSION Homer Sampson, M D, *Saranac Lake* (invited guest)

JOINT MEETING

SECTION ON DERMATOLOGY AND SYPHILOLOGY

with the

SECTION ON PUBLIC HEALTH, HYGIENE AND SANITATION

Place of Meeting The Waldorf-Astoria, Ballroom

Wednesday, May 11th—2 00 P M

1 "THE PROBABILITIES OF A DISASTROUS OUTCOME IN TREATED AND UNTREATED SYPHILIS"

Raymond A Vonderlehr, M D, *Washington, D C* (invited guest)

2 "THE SEROLOGIC LABORATORY AND THE PRACTITIONER IN THE SYPHILIS CONTROL CAMPAIGN"

Joseph Earle Moore, M D, *Baltimore, Maryland* (invited guest)

3 "SIGNIFICANCE OF ASYMPTOMATIC NEUROSYPHILIS"

Paul A O'Leary, M D, *Rochester, Minnesota* (invited guest)

4 "ADMINISTRATIVE AND EPIDEMIOLOGICAL ASPECTS OF SYPHILIS CONTROL."

Clealand A Sargent, M D, *Buffalo*

SECTION ON OPHTHALMOLOGY AND OTO-LARYNGOLOGY

Chairman Marvin F Jones, M D, New York
Secretary Algernon B Reese, M D, New York

Place of Meeting The Waldorf-Astoria, Le Perroquet Suite

Tuesday, May 10th—9 00 A M

Instruction Hour—9 00-10 00 A M

Tumors of the Eye and Adnexa.

Georgiana Theobald, M D, *Chicago, Illinois* (invited guest)

1 "COMPENSATION FOR EYE INJURIES—ITS PAST, PRESENT AND FUTURE IN NEW YORK STATE."

Albert C Snell, M D, *Rochester*

DISCUSSION D F Gillette, M D, *Syracuse*, Anton S, Schneider, M D, *Plattsburg*, and, Morris Davidson, M.D, *New York*

2 "THE TREATMENT OF TUMORS OF THE LIDS"

A By Radiation.
Hayes E Martin, M D, *New York*

B By Surgery
John M Wheeler, M D, *New York*

DISCUSSION Arthur J Bedell, M D, *Albany*, Walter S Atkinson, M D, *Watertown*, and, Ralph I Lloyd, M D, *Brooklyn*

Wednesday, May 11th—2 00 P M

1 "OTOGENOUS NON-SUPPURATIVE ENCEPHALITIS AS A CLINICAL ENTITY"

E Miles Atkinson, M D, *New York*

DISCUSSION Albert B Siewers, M D, *Syracuse*

2 "THE DIFFERENTIAL DIAGNOSIS OF LARYNGEAL CARCINOMA"

Mr Victor E Negus, M S, F R C S, *London, England* (invited guest)

3 "TREATMENT OF OTITIC MENINGITIS"

Daniel S Cunning, M D, *New York*

DISCUSSION D'Arcy McGregor, M D, *Buffalo*, and James M Dunn, M D, *Schenectady*

Paul C Colonna, M D, *Oklahoma City, Oklahoma* (invited guest)

Discussion Armitage Whitman, M D., *New York*, and John C McCauley, Jr, M.D, *New York*

SECTION ON PATHOLOGY AND CLINICAL PATHOLOGY

Chairman — James Ewing, M D, New York
Vice-Chairman — N Chandler Foot, M D, New York
Secretary — M J Fein, M D, Brooklyn

Place of Meeting The Waldorf-Astoria, Le Perroquet Suite

Wednesday, May 11th—10 00 A M

1 Opening Address

James Ewing, M D, *New York*

2 "Tumors of the Mediastinum"

N Chandler Foot, M D, *New York*

Discussion James Ewing, M D *New York*, and A. Purdy Stout, M D., *New York*

3 "The Serodiagnosis of Infectious Disease."

Augustus B Wadsworth, M D, *Albany*

Discussion C. Zent Garber, M D., *New York* (invited guest), and Carl Lange, M.D., *Albany* (invited guest)

4 "Therapeutic Uses of Bacteriophages, Particularly in Sepsis"

Ward J MacNeal, M D, *New York*

Discussion Morris L. Rakieten, M D., *Brooklyn*, and Josephine B Neal, M D, *New York*

Thursday, May 12th—10 00 A.M

1 "The Clinical and Pathological Significance of Solid Tumors of the Ovary"

Walter Schiller, M D, *Chicago, Illinois*, (invited guest).

Discussion Alfred Plaut, M D, *New York*

2 "Relationship of Adenomatous Polypi and Carcinoma of the Colon"

Paul Klemperer, M D, *New York*

Discussion Sylvan D Manheim, M D, *New York*, and N Chandler Foot, M D., *New York*

3 "Malignant Manifestations of Bowen's Disease and Bowenoid Lesions"

A. Purdy Stout, M D, *New York*

Discussion Gerald F Machacek, M D., *Long Island City*

4 "Architectural Patterns in the Kidney of Chronic Bright's Disease"

Jean Oliver, M D, *New Jersey* (invited guest)

Discussion Paul Klemperer, M D, *New York*

SESSION ON PHYSICAL THERAPY

Chairman — Madge C. L McGuinness, M D, New York
Secretary — Harold J Harris, M D, Westport

Place of Meeting The Waldorf -Astoria, Assembly Rooms N, P, R

Wednesday, May 11th—10 00 A M

1 "Physical Therapy in Smaller Hospitals"

Joseph A E Syracuse, M D, *Buffalo*

Discussion Jerome Weiss, M D., *Blooklyn*

2. "The Circulation of the Joints of Chronic Arthritis"

John W Ghormley, M D, *Albany*

Discussion Edward F Hartung, M D, *New York*

3 "Prognosis in Peripheral Vascular Disease and Indications for Treatment"

William S Collens, M D, *Brooklyn*, and Nathan D Wilensky, M.D, *Brooklyn*

Discussion Karl Harpuder, M.D, *New York*

4 "Short Wave Diathermy—Clinical Application and Technic."

John S Coulter, M D, *Chicago, Illinois* (invited guest)

Discussion Gustav Bucky, M.D, *New York*

5 "Radio Interference by Electrical Equipment Used by Physicians and Surgeons, and Means of Eliminating It"

Horatio B Williams, M D, *New York*

Discussion Myron Schwartzchild, Physicist, *New York* (invited guest)

Lee A Hadley, M D, *Syracuse.*

DISCUSSION William Harris vonLackum, M.D., *New York,* and James P Cole, M D., *Buffalo*

4 "INTUSSUSCEPTION"

Emanuel Mendelson, M D, *Brooklyn.*

DISCUSSION W E. Howes, M D, *Brooklyn,* and Bernard Ehrenpreis, M.D, *Brooklyn*

SECTION ON INDUSTRIAL MEDICINE AND SURGERY

Chairman . William A. Sawyer, M.D, Rochester
Secretary .. .. Dan Mellen, M D, Rome

Place of Meeting The Waldorf-Astoria, Blue Room

Wednesday, May 11th—10 00 A M

1 "THE EFFECTS OF BREATHING THE PRODUCTS OF COMBUSTION FROM THE ELECTRIC ARC"

Philip Drinker, M D, *Boston, Massachusetts* (invited guest)

2 "NECESSARY STANDARDS IN OCCUPATIONAL DISEASE CONTROL"

James H Sterner, M D, *Rochester*

3 "NEWER CONCEPTS IN THE TREATMENT OF ACUTE LEAD POISONING"

Irving Gray, M D, *Brooklyn.*

Thursday, May 12th—10 00 A M

1 "INFLUENCE OF INDUSTRIAL MEDICAL WORK ON GENERAL HEALTH AND MEDICAL SCIENCE."

R. R Sayers, M D, *Washington, D C* (invited guest)

2 "THE RELATIONSHIP OF A TRIVIAL INJURY TO THE ALLEGED AGGRAVATION OF A CONSTITUTIONAL AILMENT"

John J Moorhead, M D, *New York*

3 "FATIGUE IN INDUSTRY"

Foster Kennedy, M D, *New York*

4 "RELATIONSHIP OF INDUSTRIAL MEDICINE TO PRIVATE PRACTICE"

Clarence D Selby, M D, *Detroit, Michigan* (invited guest)

SECTION ON ORTHOPEDIC SURGERY

Chairman Samuel Kleinberg, M D, *New York*
Secretary Arthur Krida, M D, New York

Place of Meeting The Waldorf-Astoria, Blue Room

Tuesday, May 10th—10 00 A M

1 "ACUTE OSTEOMYELITIS"

Carl T Harris, M D, *Rochester*

2 "THE RATIONALE AND RESULTS OF MAGGOT THERAPY IN CHRONIC OSTEOMYELITIS"

Joseph Buchman, M D, *New York*

DISCUSSION Fred H Albee, M.D., *New York,* Isadore Zadek, M.D., *New York,* and Maurice M Pomeranz, M D., *New York*

3 "COMPRESSION FRACTURES OF THE SPINE."

M Beckett Howorth, M D, *New York*

DISCUSSION Clay Ray Murray, M D, *New York,* and Wm H. Watters, M.D., *New York*

4 "RESTORATION OF MUSCLE BALANCE IN THE TREATMENT OF OBSTETRICAL PARALYSIS"

Joseph B L'Episcopo, M D., *Brooklyn*

DISCUSSION Leo Mayer, M.D, *New York,* and Joseph E. Milgram, M D, *Brooklyn*

Wednesday, May 11th—2 00 P M

1 "SURGERY IN SPASTIC PARALYSIS."

Fremont A Chandler, M.D, *Chicago, Illinois* (invited guest).

DISCUSSION Mather Cleveland, M.D., *New York,* and Lewis Clark Wagner, M.D., *New York*

2 "TREATMENT OF FRACTURES OF BOTH BONES OF THE FOREARM IN THE LOWER FIFTH"

Donald E McKenna, M D, *Brooklyn*

DISCUSSION Philip D Wilson, M D, *New York,* and Herbert C. Fett, M D, *Brooklyn*

3 "TUBERCULOSIS OF THE TENDONS AND TENDON SHEATHS"

Frank N Potts, M D, *Buffalo*

DISCUSSION Richard S Farr, M D., *Syracuse,* and Alan DeF Smith, M D., *New York*

4 "A RECONSTRUCTION OPERATION FOR OLD UN-UNITED FRACTURES OF THE FEMORAL NECK"

Space A-5

Frank E Adair, M D, Memorial Hospital, New York

CARCINOMA OF THE BREAST

Description Breast tumors Photographs showing different pathological types and specimens of breast tumors Charts showing symptoms and signs

Space A-6

William P Healy, M D, Memorial Hospital, New York

GYNECOLOGICAL CARCINOMA

Description Carcinoma of corpus uteri and cervix uteri Photographs, clinical histories and end results

Space A-7

Hayes E Martin, M D, Memorial Hospital, New York

CARCINOMA OF THE HEAD AND NECK

Description Intraoral Cancer Various types showing before and after treatment

Space A-8

William I Watson, M D, Memorial Hospital, New York

CARCINOMA OF THE ESOPHAGUS

Description Photographs showing diagnosis and treatment.

Space A-9

George E Binkley, M D, Memorial Hospital, New York

TUMORS OF THE RECTUM

Description Exhibit consists of photographs of gross tumors and microscopic sections of various types of tumors Metastatic lesions to various parts of the body Treatment, radiation therapy consisting of external applications of roentgen and radium rays, interstitial applications of gold-filtered radon seeds Special surface rectal applicators Snare removal and fulguration of rectal polyps Surgery illustrating different forms of technic for radical removal of colon and rectal cancer Small number of gross specimens and wax models

Space A-10

S L Cash, M D, Department of Gastroenterology, New York Polyclinic Medical School and Hospital, New York

A DIRECT METHOD OF DIAGNOSIS AND TREATMENT OF PEPTIC ULCER

Description The exhibit consists of x-ray films of the stomach, photographs of x-ray films and of exudate from ulcers Also of test braids and tubes and a card giving a brief resume of the procedure.

Space A-11

Charles Murray Gratz, M D, New York Post-Graduate Medical School and Hospital—Columbia University, and City Hospital, New York

FASCIAL ADHESIONS IN LOW BACK PAIN

Description Fascial adhesions shown anatomically, radiologically and histologically, rational of selecting cases in which fascial adhesions should be treated, result of treating fascial adhesions over a period of three years with reports, a new method of measuring limitation of motion of the back

The motion picture in connection with this exhibit will be shown in the Scientific Motion Picture Exhibit as follows *"Fascial Surgery,"* Tuesday evening, 7 00 P M, and Wednesday morning, 9 00 A M

Space A-12

Kanematsu Suigiura, M D, Memorial Hospital, New York

TRANSPLANT OF ANIMAL TUMORS

Description Evidence of direct and indirect actions of radiation on the malignant cells

Space A-13

Jerome M Lynch, M D, and G Johnson Hamilton, M D, The Lynch Clinic, New York Polyclinic Medical School and Hospital, New York

CARCINOMA OF THE CAUDAL BOWEL

Description The operative technics used in the eradication of this pathology are illustrated by drawings Lynch's "Simplification of the Perineal Excision of the Rectum" is shown by an animated film The lymphatic spread in cancer of the rectum is depicted diagrammatically and its relation to the operative technic explained Microphotographs of the various stages of cancer in the caudal bowel will be shown and the Duke's method of grading will be demonstrated

The motion picture in connection with this exhibit will be shown in the Scientific Motion Picture Exhibit as follows *"Ex-*

SESSION ON REGIONAL AND GENERAL ANESTHESIA

Chairman — Robert B Hammond, M D, White Plains
Secretary — S LeRoy Sahler, M D, Rochester

Place of Meeting The Waldorf-Astoria, Assembly Room

Wednesday, May 11th—2 00 P M

1 "CYCLOPROPANE ANESTHESIA IN THORACIC SURGERY"

Pol N Coryllos, M D, *New York*

DISCUSSION F A D Alexander, M D, *Albany*, and Frank B Berry, M D, *New York*

2 "ANESTHESIA PROBLEMS IN SMALL COMMUNITIES"

Charles J Wells, M D, *Syracuse*

DISCUSSION Maurice A Barnard, M.D., *Rochester*

3 "CERVICAL PLEXUS BLOCK."

Hippolyte M Wertheim, M D, *New York*, and Emery A Rovenstine, M D, *New York*

DISCUSSION J A Kalb, M D, *Endicott*

4 "OXYGEN THERAPY"

John H Evans, M D, *Buffalo*

DISCUSSION Alvan L Barach, M D, *New York*

Scientific Exhibits

WALDORF-ASTORIA HOTEL, MAY 9–12

Space A-1

Tibor de Cholnoky, M D, New York Post-Graduate Medical School and Hospital—Columbia University, New York

ELECTROSURGERY FOR ADVANCED CARCINOMA

Description The results of electrosurgery in advanced carcinoma of the head, neck, chest, breast, rectum, etc Demonstration of plastic reconstruction showing the results of one to five years arrest

The motion pictures in connection with this exhibit will be shown in the Scientific Motion Picture Exhibit as follows *"Advanced Carcinoma of the Ear with Plastic Repair" and "Recurrent Carcinoma of the Rectum"* Monday afternoon, 2 15 P M, and Wednesday afternoon, 2 00 P M

Space A-2

I Seth Hirsch, M D, College of Medicine New York University and Beth Israel Hospital, New York

THE APPLICATION OF ROENTGENKYMOGRAPHY TO DIAGNOSIS

Description The exhibit will illustrate by Roentgenkymograms and diagrams the application of this method of graphically recording visceral movement, in the diagnosis of diseases of the heart, lungs, diaphragm, and the gastro-intestinal tract.

Space A-3

Adolph G DeSanctis, M D, Department of Pediatrics, New York Post-Graduate Medical School and Hospital—Columbia University, New York

MALIGNANT NEOPLASMS IN CHILDREN

Description A survey of all cases of malignant neoplasms in children over a period of ten years Pathological specimens, both macroscopic and microscopic, statistical charts and models will be demonstrated

Space A-4

Benjamin S Barringer, M D, and **Archie L Dean, M D**, Memorial Hospital, New York

GENITOURINARY CARCINOMA

Description Tumors of the kidney, bladder and epithelioma of scrotum Photographs, various forms of radiation treatment, specimens, tables of five years survivals

Letter designations of spaces are as follows
A—refers to Second floor foyer
B—First balcony south side Ballroom
C—Second balcony, south side Ballroom
Motion pictures are shown in the Empire Room

Space A-21

John E Jennings, M D, W. E. Howes, M D, Herman Bolker, M D, Siegfried W Westing, M D, and Staff, Brooklyn Cancer Institute, Brooklyn, New York.

BRONCHIAL CARCINOMA.

Description Presentation of a group of cases, synopsis of history with x-rays of lesions and metastases, pathological specimens, gross and microscopic, illustration of surgical and radiological treatment.

Space A-22

Department of Pathology and Bacteriology in collaboration with the Surgical Service of Chas Gordon Heyd, M D., New York Post-Graduate Medical School and Hospital—Columbia University, New York

(1) 10,000 OPERATIONS TABULATED AND SOME UNUSUAL EXAMPLES FEATURED (2) MISCELLANEOUS SPECIMENS (3) BACTERIOPHAGES AND THEIR THERAPEUTIC USES

Description Pathological material obtained from 10,000 consecutive operations at the New York Post-Graduate Hospital, are summarized and certain basic facts revealed. Presentation of the therapeutic use of bacteriophages

Space A-23

Anna Samuelson, M D, Cardiac Clinic and Departments of Medicine and Laboratories, Morrisania City Hospital, New York

PANCREATIC TISSUE EXTRACT IN CARDIOVASCULAR ARTERIOSCLEROSIS

Description Chemical, Biochemical, clinical and experimental studies in the human and rabbit

Space A-24

Asta J Wittner, M D, and Sophie Spitz, M D, Departments of Surgery and Pathology, New York Infirmary for Women and Children, New York

VALUE OF THE ENDOMETRIAL BIOPSY AS AN ADJUNCT TO A DIAGNOSTIC CURETTAGE.

Description A series of fifty microphotographs of endometrial biopsies followed at regular intervals, in contrast to a single diagnostic curettage from a series of fifty cases

Space B-25

R Franklin Carter, M D, F. Howard Westcott, M D, Fred W. Graef, M D, and James F Henegan, D D S, Medical Department of the New York Times, New York

TEN YEAR MEDICAL SURVEY, THE NEW YORK TIMES

Description Charts, graphs, and tables describing the frequency of various diseases and relative costs

Space B-26

A Charles Posner, M D, Department of Obstetrics, Harlem Hospital, New York

PUERPERAL MORBIDITIES

Description The routes and pathological processes involved in puerperal infections with original drawings, charts, and outline of treatment—from the Obstetrical Service of Harlem Hospital

Space B-27

Joseph A Hyams, M D, Department of Urology, New York Post-Graduate Medical School and Hospital—Columbia University, New York

SURGICAL DISORDERS OF THE UPPER URINARY TRACT

Description The surgical pathology of the kidney and ureter, illustrated by Roentgenographic studies and colored transparencies of operative specimens

Space B-28

Frederich W Williams, M D, Morrisania City Hospital, New York

GUIDE FOR SURGERY IN LOWER EXTREMITY LESIONS IN DIABETICS

Description Charts, diagrams, photos and case histories demonstrating the classification, the criteria, diagnosis (without instruments), and the value to the surgeon in determining the level and procedure to be done.

Space B-29

John S Coulter, M D, and Herman Chor, M D, Northwestern University Medical School, Chicago, Illinois

EFFECTS OF ELECTRICAL MUSCLE AND NERVE STIMULATION

Description Charts, photographs and histologic specimens of damaged monkey

cision of the Rectum for Carcinoma—Lynch's Simplification," Monday afternoon, 2 35 P M, and Wednesday afternoon, 4 17 P M

Space A-14

Ralph E Herendeen, M D, Memorial Hospital, New York

BONE TUMORS AND THEIR TREATMENT WITH X-RAY

Description Effect of x-ray treatment on bone tumors

Space A-15

Samuel George Schenck, M D, Jewish Hospital of Brooklyn, Brooklyn

CONGENITAL CYSTIC DISEASE OF THE LUNG

Description Fifteen cases of congenital cystic disease of the lung are shown and described, particularly their roentgenological features Wherever available, the pathologic specimen and microphotographs are exhibited. A classification of congenital cystic disease of the lung is given In conjunction with 380 cases found in the literature, the patients are grouped together according to their age and type of cyst found Charts showing sex, symptoms, cause of death, and other characteristics are displayed Much of the data including the classification and tables are reproduced in mimeographed copies to be distributed to those interested.

Space A-16

Seymour F Wilhelm, M D, Beth Israel Hospital, New York.

VASO-SEMINAL VESICULOGRAPHY

Description The exhibit consists of roentgenograms made following the injection of iodized oil into the vasa deferentia Studies are shown of normal and diseased seminal vesicles, as well as observations on the physiology of the seminiferous tract.

Space A-17

Louis C Kress, M D, Division of Cancer Control, State Department of Health—State Institute for the Study of Malignant Disease, Buffalo

CANCER.

Description The exhibit consists of transparencies portraying cancer in different parts of the body before and after treatment, types of treatment, photomicrographs and end-results Wax models show in realistic manner cancer in various parts of the body

Space A-18

Mather Cleveland, M D, and **David M Bosworth, M D**, Sea View Hospital, New York

TUBERCULOSIS OF BONES AND JOINTS—DIAGNOSIS AND COMPLICATIONS

Description X-ray transparencies, photographs, photomicrographs, pathological specimens with photoenlargements are demonstrated. A moving picture in color showing lesions of various parts in different stages, with and without complicating factors, and cases rehabilitated following operation to demonstrate final result of joint fusions, will be shown in the Scientific Motion Picture Exhibit, as follows *"Tuberculosis of Bones and Joints—Diagnosis — Complications — Rehabilitation,"* Tuesday afternoon, 2 00 P M, Thursday evening, 7 00 P M

Space A-19

S F Weitzner, M D, X-ray Department, Morrisania City Hospital, New York.

LATERAL ROENTGEN PELVIMETRY

Description X-ray films will demonstrate the method and its practical application

Space A-20

William Z Fradkin, M D, Jewish Hospital of Brooklyn, New York

COLITIS AND THE DIARRHEAS

Description (1) Apparatus used at the bedside. (2) Pathological specimens (3) Instructive x-ray plates (4) Classification of colitis and the diarrheas (5) Charts and models illustrating the aspiration of exudate from lesions in the sigmoid and rectum (6) Chart of bacteriologic and serologic findings in 200 cases of colitis and diarrhea (7) Value of blood agglutination tests (8) Local therapy in colitis and the diarrheas (9) A motion picture on this subject will be exhibited in the Scientific Motion Picture Exhibit, as follows *"Colitis and the Diarrheas,"* Monday afternoon, 4 30 P M, and Wednesday afternoon, 2.20 P M

THE PROGRESSION OF DEFORMITIES IN ARTHRITIS

Description Photographs of a normal individual, posed in various stages of deformity, imitating the manner in which a mild, simple arthritic deformity progresses to a serious, complex one Comparison is made with photographs of actual arthritic patients, demonstrating the essential points of the exhibit.

Space B-37

Theodore Neustaedter, M D, The Endocrine Clinic and Laboratory, Department of Gynecology, New York Post-Graduate Medical School and Hospital—Columbia University, New York

ENDOMETRIAL EXAMINATION BY THE BIOPSY METHOD

Description The exhibit consists of photomicrographs of endometrial specimens obtained by biopsy One group of photographs picture the various changes in the endometrium during a normal menstrual cycle, a second group illustrates the abnormal changes which occur in the various menstrual endocrinopathies, a third group illustrates changes in human castrate endometrium produced by organotherapy

Space C-38

Edward F Hartung, M D, John D Currence, M D, and Miss Margaret Straub Neil, New York Post-Graduate Medical School and Hospital—Columbia University, New York

SOCIAL ASPECTS OF CHRONIC RHEUMATISM

Description This exhibit demonstrates the incidence, the economic loss, the importance of early treatment, the great number of patients not under medical supervision, the lack of hospital facilities for this disease, and what can be done with proper facilities

Space C-39

William H Meyer, M D, Department of Radiology, New York Post-Graduate Medical School and Hospital—Columbia University, New York

A SYSTEM OF RADIATION THERAPY

Description The selection of the proper ray quality for each type and location of lesion is as important as the "r" dose intensity In the treatment of lesions at various depths, the selection of ray quality should be such that the greatest absorption occurs at the site of the lesion It is equally important to avoid such overdosage that damage of the deeper lying tissues might result

It is well to remember that the "r" dose is a physical measure and varies not only by change of ray quality, but markedly so by variations in the size of the portal, the intensity of dose administration, as well as the rhythm of dose application

Space C-40

Ruth Morris Bakwin, M D., and Harry Bakwin, M D, New York University — Bellevue Hospital, and New York Infirmary for Women and Children, New York

GROWTH STUDIES IN HEALTH AND DISEASE.

Description Charts showing growth in normal children and children with various diseases—intestinal intoxication, eczema, rheumatic heart disease.

Space C-41

Elaine P Ralli, M D, and Harold Brandalene, M D, College of Medicine New York University, Department of Medicine, and Third Medical Division of Bellevue Hospital, New York

THE EFFECT OF APPLICATION OF COD LIVER OIL ON FOOT ULCERS IN DIABETIC PATIENTS

Description Photographs of ulcers of the feet in patients with diabetes mellitus before and after the application of cod liver oil Twenty-one patients were treated in this manner, and eleven controls were observed.

Space C-42

Harry C W S de Brun, M D, New York Polyclinic Medical School and Hospital, New York

THE TREATMENT OF FRACTURES OF THE METACARPAL BONES

Description Two charts illustrating the deformity, reduction, and immobilization of metacarpal fractures A simple moulded plaster splint with wire tractor illustrated Open reduction illustrated Splints exhibited.

tissues caused by severed nerves, demonstrating the effects of electrical muscle and nerve stimulation, versus massage and active motion

Space B-30

Gustave Aufricht, M D, Department of Plastic Surgery, New York Post-Graduate Medical School and Hospital—Columbia University, New York

PLASTIC AND RECONSTRUCTIVE SURGERY

Description Exhibit of moulages and photographs of patients, also diagrams illustrating surgical procedures

The motion pictures in connection with this exhibit will be shown in the Scientific Motion Picture Exhibit as follows *"Reconstruction of the Face and Neck,"* Tuesday morning, 9 30 A M, *"Combined Plastic Operation for Prominent Nose and Receding Chin,"* Tuesday afternoon, 5 16 P M, and Thursday morning, 10 10 A M, *"Mammaplastic Operation,"* Tuesday evening, 8 16 P M *"Construction of New Era for Congenital Absence,"* Monday afternoon, 4 47 P M, and Wednesday afternoon, 3 37 P M, *"Correction of Saddle Nose by Use of Nasal Tissue Only,"* Monday morning, 9 00 A M

Space B-31

John S Labate, M D, College of Medicine, New York University, and Obstetrical and Gynecological Service, Bellevue Hospital, New York

THE ANATOMY OF THE ABDOMINAL AND PELVIC SYMPATHETIC NERVOUS SYSTEM

Description Casts of human dissections in adults and infants showing the main abdominal and pelvic sympathetic plexi Special attention is given to the superior hypogastric plexus (presacral nerve) Drawings of the dissections will also be exhibited

Space B-32

Edward Levy, M D, Anatomic Laboratory, College of Medicine, New York University, New York

FUNDAMENTALS IN PROCTOLOGY

Description Sections of pelves male, female—newborn and adult Dissections of perineum—male, female, anatomic spaces of surgical interest shown by diagram, photograph and specimen Pelvic nervous system

Space B-33

Jacob Sarnoff, M D, Israel Zion Hospital, New York

PLASTIC SURGERY

Description The exhibit consists of life size models of the before and after of plastic surgery, with transparencies and diagrams of plastic operations of the nose, ears, face, breasts and deforming scars

The motion pictures in connection with this exhibit will be shown in the Scientific Motion Picture Exhibit as follows *"Nasal Plastic,"* Monday afternoon, 2 00 P M, and Tuesday morning, 10 45 A M, *"Breast Plastic,"* Monday evening, 7 45 P M, and Wednesday afternoon, 4 27 P M, *"Disease of the Breast,"* Tuesday morning, 9 00 A M, and Thursday afternoon, 2 00 P M, *"Uterine Fibroids,"* Tuesday morning, 9 15 A M, and Thursday morning, 9 55 A M, *"Lorek Orchidopexy,"* Tuesday afternoon, 5 01 P M, and Thursday afternoon, 2 15 P M, *"Intussusception and Bobby Pin in Duodenum,"* Tuesday afternoon, 3 46 P M, and Thursday morning, 9 40 A M

Space B-34

J K Cline, M D, and Norman Jolliffe, M D, Department of Medicine, College of Medicine New York University, the Psychiatric Medical Service of the Third Medical Division of Bellevue Hospital, and the Merck Research Institute, New York

CHEMICAL AND CLINICAL STUDIES OF VITAMIN B_1

Description A demonstration of a chemical method for the determination of Vitamin B_1 in the urine, charts showing variations in the daily urinary output, correlated with the dietary intake of Vitamin B_1

Space B-35

Hermann Fischer, M D, Lenox Hill Hospital, New York

MODELS OF PATHOLOGICAL SPECIMENS

Description Models of pathological specimens made by Dr Fischer for the Educational Department of Lenox Hill Hospital

Space B-36

John P Stump, M D, Orthopedic and Arthritis Clinics, New York Post-Graduate Medical School and Hospital—Columbia University, New York

Description Methods employed by the Laboratory of the State Department of Health for diagnosis of venereal diseases and of enteric infections

* * *

The following exhibits consist of motion pictures only These will be shown in the Scientific Motion Picture Exhibit. Refer to motion picture schedule

Exhibit 53

Herbert C Chase, M D, New York Polyclinic Medical School and Hospital, New York

CARCINOMA OF THE BREAST

Description A postgraduate teaching sound film in color covering the incidents, diagnosis, deferential classification, and pathology of carcinoma of the breast. The evolution of the radical operation from the time of Hippocrates and the present day radical operation is depicted.

The film will be shown in the Scientific Motion Picture Exhibit as follows Monday evening, 8 00 P M , Wednesday morning, 10 20 A M , Thursday afternoon, 4 55 P M

Exhibit 54

Samuel L Siegler, M D, Brooklyn Women's Hospital, Brooklyn, N Y

STERILITY—ITS CAUSES, INVESTIGATION, AND TREATMENT

Description A motion picture in color portraying the subject matter by means of legends, animation, drawings, and x-ray Both the male and female factors are included

The film will be shown in the Scientific Motion Picture Exhibit as follows Monday morning, 10 00 A M , Wednesday afternoon, 5 02 P M , Thursday afternoon, 3 55 P M

Exhibit 55

H Harold Gelfand, M D, Gouverneur Hospital, New York

CLINICAL MANIFESTATIONS OF ALLERGY

Description Pollen Allergy, botanical, clinical Diagnosis and treatment.

The film will be shown in the Scientific Motion Picture Exhibit as follows Monday afternoon, 3 30 P M , and Wednesday afternoon, 2 37 P M

Space AA

New York and Brooklyn Regional Fracture Committee, New York

PRESENT DAY METHODS OF FRACTURE TREATMENT

Description Wall posters and transparencies demonstration of traction-suspension apparatus, and methods of transportation of spine and extremity fractures

SCIENTIFIC MOTION PICTURE EXHIBIT

WALDORF-ASTORIA HOTEL, MAY 9–12

Place of Showing Empire Room

MONDAY MORNING

9 00 A M Correction of Saddle Nose by Use of Nasal Tissues Only
9 30 A M Varicose Veins
9 45 A M Serial Uterosalpingography
10 00 A M Sterility Its Causes, Investigation and Treatment.
11 00 A M Standard Obstetrical Routine.
12 10 P M Treatment of Asphyxia Neonatorum.
12 30 P M Care of the Premature Infant.
12 55 P M Morning show terminates

MONDAY AFTERNOON

2 00 P M Nasal Plastic.
2 15 P M Advanced Carcinoma of the Ear with Plastic Repair
2 25 P M Recurrent Carcinoma of the Rectum
2 35 P M Excision of the Rectum for Carcinoma—Lynch's Simplification
2 45 P M Thoracoplasty—Semb Modification
3 05 P M Management of the Hypertrophied Nose
3 30 P M Clinical Manifestations of Allergy
4 30 P M Colitis and the Diarrheas
4 47 P M Construction of New Ear for Congenital Absence.
5 27 P M Interposition of Uterus
5 47 P M Technical Aspects of Intravenous Serum Therapy of Pneumonia
6 05 P M Afternoon show terminates

Space C-43

Aaron Sumner Price, M D, New York Polyclinic Medical School and Hospital, New York

THE LAUGHLEN TEST FOR SYPHILIS

Description A new and accurate test for syphilis The reagent is a modified Kahn antigen, but the technic has been simplified to be adaptable to small laboratories or office use Time required for test is ten minutes Demonstration of technic and charts

Space C-44

Henry C Falk, M D, Gynecological Service, Harlem Hospital, New York

THE INFECTED ABORTION

Description Drawings in color showing various types of postabortal infection, paths by which infection travels, lesions produced by the various types of infection, methods of recognizing the various types, showing typical temperature charts and a description of the management of various types

Space C-45

James F Hart, M D, and James R Lisa, M D, Welfare Island City Hospital, New York

HISTOGENESIS OF HEPATIC CIRRHOSIS

Description Diagrams illustrating the changes in the liver following injury from hepatotoxic agents supplemented with photographs and photomicrographs

Space C-46

Samuel Weiss, M D, William B Rawls, M D, and Vera L Collins, M D, New York Polyclinic Medical School and Hospital, New York

LIVER FUNCTION IN RHEUMATOID (CHRONIC INFECTIOUS) ARTHRITIS

Description The present study was made to determine whether the liver plays an important role in arthritic states It is based on 100 cases (1932–1937) studied at the Gastroenterological and Arthritis clinics of the New York Polyclinic Medical School and Hospital

Space C-47

Leo Wilson, M D, and Raphael Kurzrok, M.D, Morrisania City Hospital, New York

PRIMARY AMENORRHEA DUE TO CONGENITAL NONFUNCTION OF THE OVARIES.

Description Photographs and roentgenograms illustrating the growth of the breasts and genitalia following estrone therapy Description of clinical and hormone findings before and after treatment. End results and their significance.

Space C-48

Arthur A Knapp, M D, and S N Blackberg, Ph D, Department of Pharmacology, Columbia University, New York

NORMAL FUNDUS OCULI OF EXPERIMENTAL ANIMALS

Description Colored drawings of ocular fundi of experimental animals will be exhibited. The animals include macacus rhesus and ringtailed monkeys, rat, cat, dog, sheep, guinea pig, horse, pigeon, and ferret.

Space C-49

Sigmund Epstein, M D, Bronx Hospital, New York

TRANSPORTATION OF THE SICK AND WOUNDED IN HISTORY AND ART

Description One hundred or more prints, tracing the art history of the litter, the stretcher and the ambulance

Space C-50

Division of Syphilis Control, State Department of Health, Albany

SYPHILIS CONTROL

Description Photographs and text showing the roles of the physician, laboratory, local health officer, and State Department of Health in the control of syphilis

Space C-51

Dr Ralph Muckenfuss and Dr W D Sutliff, Bureau of Laboratories, New York City Department of Health

PNEUMONIA CONTROL

Description Method of pneumococcus typing for use of therapeutic serum in pneumonia, serums available, method of use and results obtained

Space C-52

Dr A B Wadsworth, New York State Department of Health, Albany

NEW DIAGNOSTIC PROCEDURES FOR INFECTIOUS DISEASES

12.26 P M Blood Transfusion
1 06 P M Morning show terminates

THURSDAY AFTERNOON

2 00 P M Disease of the Breast
2 15 P M Torek Orchidopexy
2 30 P M Tuberculosis in Childhood
2 40 P M Care of the Premature Infant
3 05 P M Restoration for Sub-Total Loss of Nose
3 35 P M Schede Operation for Residual Pleural Cavity
3 55 P M Sterility Its Causes, Investigation and Treatment
4 55 P M Carcinoma of the Breast
6 25 P M Afternoon show terminates

THURSDAY EVENING

7 00 P M Tuberculosis of Bones and Joints—Diagnosis — Complications—Rehabilitation
8 00 P M Technical Aspects of Intravenous Serum Therapy of Pneumonia
8 18 P M A New Day
8 29 P M Syphilis
9 59 P M Man Against Microbe
10 14 P M Evening Show terminates

Motion Picture Exhibitors

AMERICAN MEDICAL ASSOCIATION Syphilis

GUSTAVE AUFRICHT, M D 1 Reconstruction of the Face and Neck
2 Combined Plastic Operation for Prominent Nose and Receding Chin
3 Mammaplastic Operation
4 Construction of New Ear for Congenital Absence.
5 Correction of Saddle Nose by Use of Nasal Tissues Only

BLOOD TRANSFUSION BETTERMENT ASSOCIATION Blood Transfusion

ROBERT E. BUCKLEY, M D Total Laryngectomy for Carcinoma of the Larynx

HERBERT C CHASE, M D Carcinoma of the Breast.

TIBOR DE CHOLNOKY, M D 1 Advanced Carcinoma of the Ear with Plastic Repair
2 Recurrent Carcinoma of the Rectum

MATHER CLEVELAND, M D, DAVID M BOSWORTH, M D, B M BOSWORTH, M D Tuberculosis of Bones and Joints—Diagnosis—Complications—Rehabilitation

WILLIAM M COOPER, M D Varicose Veins

LOUIS R DAVIDSON, M D 1 Thoracoplasty —Semb Modification 2 Schede Operation for Residual Pleural Cavity

JOHN DUFF, M D Pyelotomy for Calculus

WILLIAM Z FRADKIN, M D Colitis and the Diarrheas

H HAROLD GELFAND, M D Clinical Manifestations of Allergy

CHARLES MURRAY GRATZ, M D Fascial Surgery

MORTIMER N HYAMS, M D Serial Uterosalpingography

JULIUS JARCHO, M D Roentgenographical Diagnosis in Gynecology

FRANK LAHEY, M D 1 Esophageal Diverticulum
2 Interposition of Uterus
3 Abdomino-Perineal Resection

JEROME M LYNCH, M D Excision of the Rectum for Carcinoma—Lynch's Simplification

MEAD JOHNSON & COMPANY, 1 Tuberculosis in Childhood
2 Epidemic Meningitis in Infancy
3 Allergy
4 Care of the Premature Infant

THE MENNEN COMPANY Standard Obstetrical Routine

METROPOLITAN LIFE INSURANCE COMPANY
1 Man Against Microbe
2 A New Day

NEW YORK STATE DEPARTMENT OF HEALTH, DIVISION OF PNEUMONIA CONTROL Technical Aspects of Intravenous Serum Therapy of Pneumonia

HENRY RASCOFF, M D Treatment of Asphyxia Neonatorum

JACOB SARNOFF, M D 1 Nasal Plastic
2 Breast Plastic
3 Disease of the Breast
4 Uterine Fibroids
5 Torek Orchidopexy
6 Intussusception and Bobby Pin in Duodenum

SAMUEL L SIEGLER, M D Sterility Its Causes, Investigation and Treatment

C R STRAATSMA, M D 1 Restoration for Sub-Total Loss of Nose
2 Management of the Hypertrophied Nose
3 Management of the Flop Ear

Monday Evening

7 00 P M Total Laryngectomy for Carcinoma of the Larynx
7 45 P M Breast Plastic.
8 00 P M Carcinoma of the Breast
9 30 P M Pyelotomy for Calculus
9 45 P M A New Day
9 56 P M Evening show terminates

Tuesday Morning

9 00 A M Disease of the Breast
9 15 A M Uterine Fibroids
9 30 A M Reconstruction of the Face and Neck
10 30 A M Pyelotomy for Calculus
10 45 A M Nasal Plastic.
11 00 A M Schede Operation for Residual Pleural Cavity
11 20 A M Abdomino-Perineal Resection
12 00 M Restoration for Sub-Total Loss of Nose.
12 30 P M Tuberculosis in Childhood
12 40 P M Epidemic Meningitis in Infancy
12 58 P M Morning show terminates

Tuesday Afternoon

2 00 P M Tuberculosis of Bones and Joints—Diagnosis — Complications—Rehabilitation
3 00 P M Allergy
3 46 P M Intussusception and Bobby Pin in Duodenum
4 01 P M Management of the Flop Ear
4 11 P M Esophageal Diverticulum
4 31 P M Roentgenographical Diagnosis in Gynecology
5 01 P M Torek Orchidopexy
5 16 P M Combined Plastic Operation for Prominent Nose and Receding Chin
5 46 P M A New Day
5 57 P M Afternoon show terminates

Tuesday Evening

7 00 P M Fascial Surgery
7 30 P M Blood Transfusion
8 10 P M Mammaplastic Operation
8 30 P M Syphilis
10 00 P M Evening show terminates

Wednesday Morning

9 00 A M Fascial Surgery
9 30 A M Varicose Veins
9 45 A M Serial Uterosalpingography
10 00 A M Treatment of Asphyxia Neonatorum
10 20 A M Carcinoma of the Breast.
11 50 A M Total Laryngectomy for Carcinoma of the Larynx
12 35 P M Management of the Hypertrophied Nose.
1 00 P M Morning show terminates

Wednesday Afternoon

2 00 P M Advanced Carcinoma of the Ear with Plastic Repair
2 10 P M Recurrent Carcinoma of the Rectum
2 20 P M Colitis and the Diarrheas
2 37 P M Clinical Manifestations of Allergy
3 37 P M Construction of New Ear for Congenital Absence.
4 17 P M Excision of the Rectum for Carcinoma—Lynch's Simplification
4 27 P M Breast Plastic
4 42 P M Interposition of the Uterus
5 02 P M Sterility Its Causes, Investigation and Treatment.
6 02 P M Afternoon show terminates

Wednesday Evening

7 00 P M Epidemic Meningitis in Infancy
7 18 P M Thoracoplasty—Semb Modification
7 38 P M Standard Obstetrical Routine
8 48 P M Technical Aspects of Intravenous Serum Therapy of Pneumonia
9 06 P M Syphilis
10 36 P M A New Day
10 47 P M Man Against Microbe.
11 02 P M Evening show terminates

Thursday Morning

9 00 A M Abdomino-Perineal Resection.
9 40 A M Intussusception and Bobby Pin in Duodenum
9 55 P M Uterine Fibroids
10 10 A M Combined Plastic Operation for Prominent Nose and Receding Chin
10 40 A M Roentgenographical Diagnosis in Gynecology
11 10 A M Esophageal Diverticulum
11 30 A M Allergy
12 16 P M Management of the Flop Ear

General Electric X-Ray Corp Chicago, Ill
Gerber Products Co Fremont, Mich
The Gevaert Co. of America Inc. New York
Graybar Electric Co New York
Guarantee Truss Co New York
Hanovia Chemical & Mfg Co Newark
Harold Surgical Corp New York
Fred Haslam & Co Inc Brooklyn
The Heidbrink Co Minneapolis, Minn
H. J Heinz Co Pittsburgh, Pa
Hellige, Inc. Long Island City
High Tension Corp New York
Hoffmann-La Roche, Inc. Nutley, N J
Holland-Rantos Co Inc. New York
Hospital Liquids, Inc New York
Hynson, Westcott & Dunning, Inc. Baltimore, Md
Jetter & Scheerer Products, Inc. New York
Jones Metabolism Equipment Co New York
K & B Electrical Equipment Co New York
Kalak Water Company of New York, Inc. New York
Kelley-Koett Manufacturing Co New York
Lea & Febiger Philadelphia, Pa
Lederle Laboratories, Inc. New York
Lepel High Frequency Lab , Inc New York
Libby, McNeill & Libby Chicago, Ill
Liebel-Flarsheim Co Cincinnati, Ohio
J B Lippincott Co Philadelphia, Pa
The Macmillan Co New York
Mallinckrodt Chemical Works New York
McIntosh Electrical Corp Chicago, Ill
T H McKenna Inc New York
Mead Johnson & Co Evansville, Ind
The Mennen Co Newark, N J
Merck & Co Inc. Rahway, N J
E. B Meyrowitz Surgical Instrument Co Inc. New York
Philip Morris & Co New York
C. V Mosby Co St Louis, Mo
Murley-Rolleston Corp New York
Mutual Pharmacal Co Inc. Syracuse
The National Drug Co Philadelphia, Pa
National Electric X-Ray Co New York
Thomas Nelson & Sons New York
New York Medical Exchange New York
New York Physicians' Mutual Aid Ass'n. New York State Pharmaceutical Association
Nichols Nasal Syphon Inc New York
The Nursing Bureau of Manhattan & Bronx, Inc. New York
Oxford University Press New York
Oxygen Therapy Service, Inc. New York
The E. L Patch Co Boston, Mass
Pediforme Shoe Co New York
The Pelton & Crane Co Detroit, Mich.
Pervel Corporation New York
Petrolagar Laboratories, Inc Chicago, Ill
Pfau's American Instrument Co New York
Pharmax Sales Corp New York
Philips Metalix Corp Mt. Vernon
Photographic Fair New York
Physicians' Home New York
M B Picker Corp New York
The Picker X-Ray Corp New York
Pistany Spa Information New York
The Pomeroy Co New York
Professional Printing Co New York
Prometheus Electric Corp New York
Radium Chemical Co Inc New York
Radium Emanation Corp New York
Ralston Purina Co St. Louis, Mo
Rare Chemicals Inc Nepera Park, N Y
Riedel-de Haen, Inc New York
E. J Rose Manufacturing Co New York
Ross Equipment Co Inc New York
The Sanborn Co Cambridge, Mass
Sandoz Chemical Works, Inc. New York
Saratoga Springs Authority Saratoga Springs
Schering Corp Bloomfield, N J
J Sklar Manufacturing Co Brooklyn
S M A Corporation Cleveland, Ohio
Smith & Nephew, Inc. New York
Smith, Kline & French Lab Philadelphia
C. M Sorensen Co Inc. Long Island City
E R. Squibb & Sons New York
Standard X-Ray Co New York
Sterisol Ampoule Corp Long Island City
R. J Strasenburgh Co Rochester, N Y
The Sun-Rayed Co Frankfort, Ind.
Hugh Tebault & Co New York
Charles C Thomas Springfield, Ill.

(*Continued on next page*)

Technical Exhibits

One of the features of the coming Annual Meeting is the unprecedented number of exhibitors participating in the Technical Exhibits Never before has this Society, or any other State Medical Society, had such a diversified and large number of technical exhibitors reserving space to display their products and services

It is needless to suggest that every member attending the 132nd Annual Meeting should take time to see each exhibit

The past has shown that practically no one misses the opportunity to inspect new products and equipment, and to familiarize themselves with services useful to the medical and surgical practitioner The Technical Exhibits enjoy, along with other features of an Annual Meeting, a constantly increasing attendance each year

In addition to the many who are constant exhibitors at Annual Meetings of the Medical Society of the State of New York, will be found many friends who have been serving the medical profession for years, but for the first time are making it possible for the physician to become a little more familiar with their products or services at a convenient time

For the benefit of members with office hours which do not permit spending much time at the meeting during the morning or afternoon, as well as for the busy delegate, the exhibit rooms will be open until 10 30 P M on Tuesday

The following list shows the impressive number of outstanding concerns participating in the 1938 Annual Meeting

Aceon Oxygen & Ambulance Service Inc. New York
Adlanco X-Ray Corp New York
Allergia Products Co Newton, Mass
American Hospital Supply Chicago, Ill
American Safety Razor Corp Brooklyn
Arch Corrector Corp Brooklyn
The Arlington Chemical Co Yonkers
Bard-Parker Co Inc Danbury, Conn
Barr Laboratories, Inc New York
Rudolph Beaver, Inc. Waltham, Mass
Becton, Dickinson & Co Rutherford, N J
J Beeber Co New York
Bell & Howell Co Chicago, Ill
Benjamin Shoes Inc New York
Bilhuber-Knoll Corp Jersey City, N J
The Borden Co New York
Brooklyn Hospital Equip Co New York
The Burdick Corp Milton, Wis
Burroughs Wellcome & Co Inc. New York
Cambridge Instrument Co Inc. New York
Cameron Heartometer Co Chicago, Ill
Cameron Surgical Specialty Co New York
S H Camp & Co Jackson, Mich
Campbell Electric Corp New York
Chappel Brothers Rockford, Ill
Cheplin Biological Lab Inc Syracuse
Ciba Pharmaceutical Products, Inc Summit, N J
Clay-Adams Co New York
Cochrane Physician's Supplies New York
The Coward Shoe, Inc New York
Crescent Surgical Sales Co Inc. New York
Crookes Laboratories, Inc. New York
Cutter Laboratories Chicago, Ill
Dairymen's League Cooperative Association, Inc. New York
Davies, Rose & Co Ltd Boston, Mass.
R. B Davis Sales Co Hoboken, N J
Dictograph Products Co Inc. New York
The Doak Co Cleveland, Ohio
The Doctor's Printery, Inc. Brooklyn
The Drug Products Co Inc. Long Island City
H E Dubin Laboratories, Inc. New York
Duke Laboratories, Inc. Long Island City
E & J Resuscitator & Inhalator } New York
E & J Company of N Y }
H G Fischer & Co New York
Foregger Co Inc. New York
Form Publishing Co New York
E. Fougera & Co New York
Fryxell & Hill New York
Gastro-Photor Laboratories New York

EXPERT MEDICAL TESTIMONY

JOHN KIRKLAND CLARK
Member of the New York Bar

Medical expert testimony classifies itself roughly into three major groups (1) Injuries resulting from negligent or willful torts—whether they be claims between two individuals, or workmen's compensation claims, or accident claims against individuals who are represented by insurance companies, (2) inquiries into mental condition, whether the question arises in probate proceedings, a criminal trial, a matrimonial case, or incidental to some other issue, and (3) claims of malpractice by members of the medical profession

Except in the latter class of cases, in which lawyers find it almost impossible to obtain reputable or supposedly reputable medical experts to testify for a plaintiff, one is accustomed to find in the other two groups of cases an apparently well-qualified medical expert, on one side, answering the same hypothetical question "yes" which another similarly apparently well-qualified medical expert, on the other side, answers "no" This obviously is a situation which calls for careful, self-searching study in each profession and consideration of possible means to be adopted to end present conditions

Ingrained in the constitution of our state is the right to a jury trial in the determination of issues of fact arising in actions at law The historical basis for this method of trial was laid centuries ago in the development of the English common law In general, it is held that every issue of fact in the trial of a law case must be determined by a jury unless both parties agree to the contrary In the group of cases which we are discussing the physical condition, or the mental condition, of an individual, which is brought into question as one of the issues of a litigation, raises a question of fact which a jury, under this rule, apparently must decide.

There are strong arguments made from time to time for the abolition of jury trials In a recent survey in Connecticut, the results of which have just been published, the jury system in automobile accident litigation is designated as an "expensive, cumbersome and inefficient trial device."

Another illustration of this movement to do away with the jury trial in automobile accident cases, which constitute by far the largest volume of litigation in which so-called expert medical testimony is employed, is the strong effort now under way to do away completely with litigation over injuries received in automobile highway accidents by creating a new form of compensation roughly comparable to that employed in workmen's compensation cases This proposal will, I believe, be submitted to the constitutional convention this year

There is, and in my judgment there will continue to be, a sharp difference of opinion as to the desirability of doing away with jury trials, but my own opinion is that we may reasonably expect a continuance of the jury trial system for another generation In other words, I seriously doubt whether the jury trial of such cases will be discontinued for twenty or thirty years

No matter how one feels about the desirability of jury trials the propriety of submitting intricate questions of a medical nature to an average group of twelve men drawn as jurors is almost universally deprecated For the most part, few, if any, members of the average jury have any conception of what medical experts are talking about when they give their testimony About all they get is that one doctor says that the defendant ought to pay and the other doctor says he ought not to pay, and the conclusion from that comprehension, or lack of comprehension, of the value of the testimony of the two or more differing experts is based all too frequently upon the plausibility, or personality, of one or more of the experts on one side, as against those on the other side, rather than on inherent merit. Confronted as we are, however, by the continuance of the jury system in the solution

The above article, reprinted from the *New York Law Journal* is the substance of an address delivered by Mr Clark before the Medical Society of the County of New York at a recent meeting held at the New York Academy of Medicine.

George Tiemann & Co New York
U M A Incorporated New York
United Fruit Co New York
Vegex, Inc New York
Wallace & Tiernan Products Inc Belleville, N J
Wegner Canning Corporation Sodus, N Y
Westinghouse X-Ray Co Inc Long Island City
White Laboratories Newark, N J
Wilmot-Castle Co Rochester, N Y
Winthrop Chemical Co New York
Wisconsin Alumni Research Foundation Madison, Wis
William Wood & Co Baltimore, Md.
Worcester Salt Co New York
John Wyeth & Brother, Inc Philadelphia, Pa

PROGRAM OF THE WOMAN'S AUXILIARY

MRS FRANCIS R. IRVING, *President* MRS EDWIN A. GRIFFIN, *Convention Chairman*

Convention Headquarters, Hotel Waldorf-Astoria, New York City

All Doctors' wives will please register at Registration Desk, Carpenter Suite.

All Doctors' wives, whether members of a Woman's Auxiliary to a County Medical Society or not, are cordially invited to participate in all parts of the program

Monday, May 9

9 00 A M REGISTRATION OF DELEGATES, Carpenter Suite.
Mrs John L Bauer, *Chairman*
Mrs Charles A Gordon, *Vice-Chairman*
Mrs Elmer A Kleefield, *Vice-Chairman*
GENERAL REGISTRATION OF ALL DOCTORS' WIVES continuing to 5 00 P M through the Convention, Carpenter Suite.
Mrs Walter F Smith, *Chairman*
Mrs Raymond F Johnson, *Vice-Chairman*
Mrs Russell Fowler, *Vice-Chairman*

9 00–10 00 A M EXECUTIVE BOARD MEETING, Jansen Suite

10 00–12 30 P M HOUSE OF DELEGATES MEETING, Jansen Suite

2 00–4 00 P M CONTINUATION OF HOUSE OF DELEGATES MEETING, Jansen Suite.

2 00 P M ADDRESS BY MR DWIGHT ANDERSON, Subject "Public Relations and the Woman's Auxiliary"

2 00 P M HOBBY SHOW (to 10 00 P M)
Mrs Thomas B Wood, *Chairman*
Mrs G Scott Towne, *Vice-Chairman*
Mrs G Emerson Noll, *Vice-Chairman*

7 00 P M DINNER for Auxiliary Members and all Doctors' wives, and lay friends, Le Perroquet Suite

Tickets must be secured before 3 00 P M Monday, at Registration Desk, Carpenter Suite.
Mrs John W Mahoney, *Chairman*
Mrs Herman W Galster, *Vice-Chairman*
Mrs Carlton F Potter, *Chairman of Entertainment*

Tuesday, May 10

10 00 A M HOBBY SHOW (continued to 10 00 P M)

10 00 A M–12 00 M POST - CONVENTION MEETING

4 00–6 00 P M TEA, Le Perroquet Suite. Host Medical Society of the State of New York
Hostess Woman's Auxiliary to the Medical Society of the State of New York
Mrs Louis A VanKleeck, *Chairman*
Mrs John B D'Albora, *Vice-Chairman*

7 00 P M BANQUET of the Medical Society of the State of New York

Wednesday, May 11

10 00 A M–10 00 P M HOBBY SHOW
Day left for sight-seeing and shopping

Thursday, May 12

10 00 A M–12 00 M Call for Hobbies

Please Notice

AN INFORMATION BOOTH will be open Monday, Tuesday and Wednesday from 10 00 A M–4 00 P M
Mrs Morris W Henry, *Chairman*
Mrs George H Smith *Vice-Chairman*
Mrs Charles E Scofield, *Vice-Chairman*

at the trial the right to reach a determination and instruct the jury, but, in order to make this definite, chapter 690 of the Laws of 1933 specifically directs that the so-called "foreign law" shall be "determined by the court and included" in the charge to the jury

The query naturally suggests itself, is it not possible to provide by a similar statute that where a question raised by medical testimony arises in the course of the trial of an issue of fact the judge may be authorized to reach a determination on that subject and give his instruction to the jury thereon?

In other words, is it practicable, and if practicable advisable, to devise some method of procedure whereby the justice presiding at a trial, and presumably better qualified because of his training, may be enabled to pass upon such a question as one of medical condition, or the causal relation between injuries and disease, and, instead of leaving its determination to the jury, make a definite finding thereon and "lay down the law" to the jury on the subject?

The question will, no doubt, arise as to whether such a question which may be a material issue, or the material issue, in the litigation can be taken from the jury without violating the constitutional prohibition

If it should be held that it is probable that such a provision is in violation of the present terms of the constitution, is this a question worthy of consideration by the convention which is to assemble to consider the revisions of the constitution? If the plan is a highly desirable one and popular opinion can be efficiently organized to support it the people of the state would have the power by an amendment to the constitution at this coming convention to make possible the enactment of the necessary legislation

At this time, therefore, it is particularly worthwhile to consider the validity, logically and as a practical matter, of a course which shall enable the judge to determine such matters

A plan which has been suggested for general adoption in connection with the improvement of medical expert testimony has been the creation of the office of expert medical adviser to the court. It is proposed that there shall be created, either by the medical profession or by the joint action of the medical profession and the legal profession, through the courts, a panel of physicians really well qualified to act as experts in the several branches of medical practice. Either by the consent of the parties or by the action of the judge one, or perhaps three, of these men might be selected to act as consultants to enlighten the "conscience of the court" as to the questions of physical condition and causation from the medical point of view

This might be done either separate and apart from or in connection with the offering of medical expert testimony by the parties on either side. Whether or no the medical experts tendered by either side should likewise be restricted to men qualified by some accrediting agency of the profession or not, it would be reasonably certain that attorneys would not bring before a court testimony calling for a duly qualified expert in a particular subject of medical practice, with a doctor posing as an expert who was in fact not properly qualified

Objection is made to this plan of procedure on the ground that it would create a body of "political doctors"—members of the profession who would be attempting to curry favor with the justices of the court. I fear that it will not be in our day that we attain the highly desirable objective of a Bench which is entirely non-political Politics, to some extent, we shall for some time have in public office even among jurists If, however, the experts chosen by the court must first have been duly accredited by a board chosen by the medical profession we should at least have properly qualified doctors advising the court.

The committee representing your profession and mine, with which I have had the privilege of serving during the past year or so, has, I feel, a strong tendency to support some such proposal We must do something to drive out those who pose as medical experts without possessing the basic qualifications to sustain such a claim More could, no doubt, be done by a more active participation by the court in determining the preliminary question whether the "expertness" of the alleged expert is real or genuine

Under our practice it is, in my judgment, entirely practicable for a judge, without actually declining to permit a doctor to give testimony as an expert when he is insufficiently qualified, to indicate to the jury the faintness of his claim to expert qualifications I believe, however, that if our judges

of these problems, how can we best obtain reasonably reliable medical expert testimony and reasonably sound advice to the jury as to the implications growing out of that testimony as they affect the issues which the jury is to determine—and yet not employ a method which shall be declared unconstitutional because of the provision as to jury trials?

One suggestion I offer, which, in my judgment, is worthy of careful consideration, grows out of the decision of our highest court in connection with the determination of the validity of the method adopted in workmen's compensation cases for the qualification of medical experts in the various branches of the practice of the profession.

In the case of Szold v Outlet Embroidery Co, Inc. (274 N Y, 271), our highest court unanimously upheld a decision which precludes a medical expert from recovering the value of the services rendered by him to an injured person entitled to compensation under the Workmen's Compensation Law, unless the doctor has established his qualifications before an accrediting board conducted by the organized medical profession in the state. This is one of the most advanced decisions which our court has rendered in many years and constitutes one of the first, if not the first, recognition of the right of a governmental agency to adopt the classification of a professional accrediting agency created by a non-governmental association of members of a profession.

The Supreme Court of the United States has just declined to disturb the decision in *Szold* case (March 1938)

Of course, under the Medical Practice Act now in force the medical profession is much more self-conscious than the legal profession has ever been in this state. The current licensing provisions requiring annual renewals keep a "live" list of members of the medical profession who are actually engaged in practice. We lawyers have no such list of the members of our profession. Your state and local organizations embrace in their membership a substantially larger proportion of the doctors than our Bar associations include of the members of the Bar For your profession, then, the way has been, to some extent, paved by the progress made in the last score of years in the closer organization of your profession.

Now that our highest court has recognized the propriety in connection with workmen's compensation cases of restricting the participation of members of the medical profession to those who have established their qualification by the appropriate accrediting agency it would seem not a violent step forward to confine testimony of members of your profession who undertake to qualify as experts to those similarly qualified on a list of experts accredited by a suitable committee of your organization. You know far better than we lawyers know how large a percentage of those who are now engaged in giving expert medical testimony in accident cases would be precluded by the application of such a rule. From what I have heard I should imagine that a substantial proportion, if not a majority, of those who pose as experts would no longer be permitted to engage in that particular branch of their profession—of giving testimony as expert medical witnesses

The Court of Appeals decision is only one step forward. It protects the public only by the exclusion of a group of unworthy members of the medical profession from posing as experts. It still leaves the jury, in the trial of cases, at the mercy of the duly accredited and qualified medical experts who continue to practice this profession by giving expert testimony How can we enable the jury to be suitably enlightened and guided in the solution of the problem created by flatly contradictory medical testimony? Some of us who have been studying this problem have reached the conclusion that a practicable method may be found by enabling the judge to exercise a greater, if not a complete, power in the determination of the problems raised by conflicting medical testimony

Two methods have suggested themselves as possible and perhaps practicable. The first of these is suggested by the statute adopted a few years ago by our Legislature as a part of the Civil Practice Act dealing with the problem of determining what is the law in jurisdictions outside of the State of New York.

Many of you may not know that only comparatively recently the problem of determining what is the law of Connecticut, or what is the law of Ohio, or of one of the Provinces of Canada, or of any other foreign country, has been regarded as a question of fact to be determined by a trial of the issue before a jury Some decisions pointed toward giving the justice presiding

at the trial the right to reach a determination and instruct the jury, but, in order to make this definite, chapter 690 of the Laws of 1933 specifically directs that the so-called "foreign law" shall be "determined by the court and included" in the charge to the jury

The query naturally suggests itself, is it not possible to provide by a similar statute that where a question raised by medical testimony arises in the course of the trial of an issue of fact the judge may be authorized to reach a determination on that subject and give his instruction to the jury thereon?

In other words, is it practicable, and if practicable advisable, to devise some method of procedure whereby the justice presiding at a trial, and presumably better qualified because of his training, may be enabled to pass upon such a question as one of medical condition, or the causal relation between injuries and disease, and, instead of leaving its determination to the jury, make a definite finding thereon and "lay down the law" to the jury on the subject?

The question will, no doubt, arise as to whether such a question which may be a material issue, or the material issue, in the litigation can be taken from the jury without violating the constitutional prohibition

If it should be held that it is probable that such a provision is in violation of the present terms of the constitution, is this a question worthy of consideration by the convention which is to assemble to consider the revisions of the constitution? If the plan is a highly desirable one and popular opinion can be efficiently organized to support it the people of the state would have the power by an amendment to the constitution at this coming convention to make possible the enactment of the necessary legislation

At this time, therefore, it is particularly worthwhile to consider the validity, logically and as a practical matter, of a course which shall enable the judge to determine such matters

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Objection is made to this plan of procedure on the ground that it would create a body of "political doctors"—members of the profession who would be attempting to curry favor with the justices of the court. I fear that it will not be in our day that we attain the highly desirable objective of a Bench which is entirely non-political Politics, to some extent, we shall for some time have in public office even among jurists If, however, the experts chosen by the court must first have been duly accredited by a board chosen by the medical profession we should at least have properly qualified doctors advising the court

The committee representing your profession and mine, with which I have had the privilege of serving during the past year or so, has, I feel, a strong tendency to support some such proposal We must do something to drive out those who pose as medical experts without possessing the basic qualifications to sustain such a claim More could, no doubt, be done by a more active participation by the court in determining the preliminary question whether the "expertness" of the alleged expert is real or genuine

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should have, as they preside on jury trials, the expert assistance of a fully qualified expert on such medical matters as are involved in the case on trial, we could pretty completely kill the practice of such posing

The problem remains, however, is such a course, or a similar course, giving power to the judge to pass upon such an essential question of fact as physical condition, or causation, from a medical standpoint, sufficiently desirable to gain the necessary support to justify an attempt to procure legislation and constitutional changes required to make the plan operative?

Although our studies are by no means as complete as we hope to make them before our research is completed, my own opinion is quite strong that we can look forward to reaching a conclusion, in the light of the decision in Szold v Outlet Embroidery Co, Inc, that a panel of experts can be created and that a law can be passed forbidding the introduction into evidence of any expert testimony on medical subjects except by persons thus shown to have been qualified. I am likewise strongly inclined to urge the proposal that an impartial medical expert chosen from such a panel should be available to the justice presiding at a trial where such a question is involved to whom the judge may turn for guidance and advice in reaching a determination as to the medical questions involved

One thing seems reasonably plain, and that is that unless the Bar and the medical profession clean house in this dirty room, the room will be torn out of the house and we shall have, instead of automobile accident litigation, some scheme of highway accident compensation which shall remove the determination of questions as to compensation for injuries from the jurisdiction of the courts and place it in the hands of yet another administrative commission. If the doctors and the lawyers feel that the determination of questions such as we are here discussing should continue to be handled by the courts we must jointly work out some such plan as embodied in those proposals which I have roughly sketched, or look forward in the not far distant future to a further invasion of the jurisdiction of our courts in the determination of the rights of persons injured in traffic accidents

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EFFECTS OF CONTRACEPTIVES ON FERTILITY

Young people who try to "postpone" the arrival of little ones may find they have postponed it entirely, if certain British physicians are right. A discussion is going on in the *British Medical Journal* over a statement by Dr V B Green-Armytage, of London, that "contraceptive measures in the early days of marriage are inimical to pregnancy at a later date" This was questioned by a medical subcommittee of the National Birth Control Association, but an array of authorities were cited by Dr G H Alabaster in support of it, and Dr Green-Armytage, in the February 19 issue of the *B.M.J.*, gives these reasons for his belief

(*a*) That if the hymen is unruptured at the time of marriage, insertion of jellies or medicated pessaries upsets the physiological *p*H of the vagina, with the result that the cervix is bathed in an acid medium far lower than *p*H 4 for some hours The result is irritation of the external os with subsequent erosion and endocervicitis

(*b*) Should in the early years or months of matrimony rubber caps with a containing soluble pessary be applied to the cervix for a matter of twelve hours or longer the resulting effect is the same as in (*a*)

(*c*) I have noted this particularly during the last twenty years, during which time I have seen over 800 cases of sterility A large number of these have used (*a*) or (*b*)

(*d*) In the discussion I stated that if for medical or other reasons contraception was necessary in the early months of matrimony it should be relegated to the use of a condom by the husband and not by the insertion of chemicals of any kind by the woman

(*e*) It is of course well recognized and taught psychologically that the early and continued use of contraceptives, either by husband or wife, diminishes libido and orgasm in both parties

(*f*) I also referred to the statement by Professor Miles Phillips which appeared in the *B.M.J.* a few weeks ago under the heading of "Endometrioma" in a discussion at the North of England Gynaecological Society, stating the opinion that the early use of contraceptives was responsible for the increasing number of cases of endometrioma which are seen to-day in young people.

(*g*) There are other moral and minor factors with which I need not detain you, but I think you will find that experienced gynaecologists, male or female, will agree with my statement that contraceptive measures in the early days of marriage are inimical to pregnancy at a later date.

Public Health News

Trainees

J Rosslyn Earp, L R C P, Dr P H
New York State Department of Health

"If you recite in detail the clinical history of a case cured by a simple but amazingly effective new method of treatment, I will try to listen politely but my mind may wander into speculation as to what the death rate from the disease in question was last year, and what will be the best procedure for seeing to it that all cases are discovered and treated with the new remedy Similarly, if I proceed to a lengthy exposition of costs and personnel distribution in syphilis control, your mind may revert to the electrocardiographic findings in the aortitis case you saw last week."

In these graphic terms Dr George H Ramsey described on the last day of February to the Medical Society of the County of New York, the differing viewpoints of the clinical physician and the health officer On the following day, I visited the School of Hygiene of Johns Hopkins University There I found eight young physicians from New York State. All of them had received good training in clinical medicine. Some, at least, had had experience as practicing physicians Now as "epidemiologist-in-training" each is acquiring that familiarity with the mathematical ratios of diseases and of human beings which makes a stranger out of a perfectly good medical fellow creature.

Dean Lowell J Reed was so kind as to tell me just what he hopes that these medical graduates will gain by their year's residence in Baltimore. He spoke of the acquisition of an ability to think in terms of "mass medical problems," i e., to get the point of view so well-illustrated by Dr Ramsey in the sentence which I have quoted In the second place they learn how government machinery functions in the administration of public health, and in the third place they acquire certain technical skills in courses on the basic sciences of public health, for example, in parasitology and vital statistics I was taken to the vital statistics laboratory and found our New York trainees busy with such technical apparatus as the Munroe calculating machine. I was soon surrounded by a group of young men with very lively minds eager to know what is going on in various health departments in this state, and with more difficult problems too What is to be the future relation of welfare to public health? That was one of their questions and one that cannot be answered off hand The leading editorial of the March 1 issue of this Journal states the case for a federal department of health and reminds me that the most successful national ministry of health is really a ministry of health and welfare under the permanent direction of a medical chief, though the minister himself is perforce a politician

These trainees are exposed to new instruments, to new knowledge, and to a group of men who are not only teachers but prophets Moreover, our students are intimately associated with fellow students from all parts of the United States and from many foreign countries A common room is furnished within the school itself where they meet in the few hours allowed for relaxation Who knows what revolutionary concepts are generated among that wicker furniture?

Principles and Proposals of 1714

That brings me to an early set of proposals for the extension of medical care that came to my attention only last week though they were published in 1714 * Three quarters of the people in those days were found by the Quaker John Bellers to be poor and unable to secure either medical advice or suitable medicines This leads him to write

> If the safety of the people be the supreme law, we have few articles in our statute-book of so great a consequence as such an Act of Parliament will be, that shall make thorough provision for the improvement of medicine. Every able industrious laborer that is capable to have children who so untimely dies may be accounted £200 loss to the Kingdom As for our Nobility and Gentry, I leave their valuation to themselves

He put forward twelve proposals The first four and the sixth propose the establishment of hospitals The fifth proposes

* John Bellers "Essay towards the Improvement of Physick in Twelve Proposals" 1714

"that a public laboratory and a physical laboratory be provided" The seventh reads

That in every hundred of a county and parish of a city there be appointed one doctor and chirurgeon (or more if needful) to take care of the sick poor and they to be paid by the overseers of the poor

Nor was the research overlooked Mr Bellers proposed

That the Royal Society should have some endowment the better to enable them to carry out that useful and great design of improving men in the knowledge of nature of which medicine is a principal branch

"Needless to say," comments the historian,* "this remarkable document, which made the revolutionary proposal that hygiene should be a national subject, was altogether too far in advance of its time to have any effect"

* Barnard, Cyril C "Quaker Contributions to Medicine and Public Health," Friends' Quarterly Examiner, page 69, First Month 1938

THE WOMAN'S AUXILIARY

To the Medical Society of the State of New York

Hygeia and Our Auxiliary

(Contributed by Mrs Carl Boettiger, Hygeia Chairman)

Hygeia is a magazine sponsored by the American Medical Association whose purpose it is to keep the public informed on matters regarding the prevention and treatment of disease The policy of *Hygeia* is to interpret to the layman in simple, understandable language information about scientific measures that are employed in prevention or cure of disease It likewise aims to deal with economic, social, political, industrial, and educational problems so far as they have bearing on the health and welfare of the people

Every member is full of timely suggestions and helps For illustration, the number for July 1937, contained articles on tennis, camp life, and snakebites—all suited to the vacation Its utility for placing before the public, medical truths, and exposing false cures and cults should make each auxiliary member anxious to spread this information Introducing *Hygeia* into homes, schools, and libraries is one of the best ways of educating the public and of helping the profession.

Every physician's wife should read *Hygeia* and become acquainted with its value to the layman against the danger of taking advice from persons not qualified to give information about health matters

Our slogan is "Every Auxiliary Member a Subscriber" So far we have fallen far short. This is such an important work for our Auxiliaries Can't we all unite and make a more determined effort to introduce *Hygeia,* not only to our Auxiliary members but to the general public?

KINGS COUNTY The monthly meeting of the Woman's Auxiliary to the Medical Society of the County of Kings was held March 8 at the Medical Society Building The Executive Board of the Auxiliary was hostess at a buffet luncheon prior to the meeting It was the third anniversary of the organization and the luncheon was given to celebrate this event.

A short business meeting over which Mrs Frederic E Elliott, president, presided, followed the luncheon Mrs Paul Eschweiler gave a report on the work of the legislative committee. A review of the new book "Madame Curie" was given by Mrs Vito Luongo

At the close of the business meeting, Mrs John L Bauer, Program Chairman, introduced Miss Laura Laurensen, whose subject was "The Potter's Wheel"

ROCKLAND COUNTY Mrs S W S Toms, Mrs J C Dingman, and Mrs John Sengstacken were elected directors of the Women's Auxiliary to the Rockland County Medical Society at a meeting and luncheon of the auxiliary held at the Villa Lafayette in Spring Valley on January 25 The auxiliary was organized one year ago and this was its first regular meeting to be held during its second year

Gas-masks numbering 26,000,000 have now been provided for the British civil population, and more are being turned out at the rate of 650,000 a week. They are stored in nitrogen to keep them in condition

Medical News

Allegany County

A SPECIAL MEETING of the Allegany County Medical Society was held on February 24 at The Hotel Belmont, to re-enact the constitution and by-laws, as the original, adopted many years ago, had become lost through the changing official personnel

Bronx County

DRS JOSHUA H LEINER AND Lewis J Doshay addressed the Bronx County Medical Society on February 16 on "Present Trends in Psychiatric Prognosis and Therapy"

A JOINT MEETING of the Bronx County Medical and Dental Societies was held at the Concourse Plaza Hotel on March 8 Robert M Box, Ph D, D D S, of Toronto, read a paper on "Maxillogenetic Migraine," and discussion followed.

Broome County

DR. HYMAN SNEIRSON addressed the Broome County Medical Society at Binghamton on March 8 on "Intestinal Obstruction" Discussion was led by Dr S S Sanderson

Chemung County

MORE THAN sixty physicians attended a meeting of the Chemung County Medical Society on March 1 at St. Joseph's Hospital in Elmira

After a meeting of the hospital staff physicians, at which Dr Raymond A Turnbull presided, a lecture on abdominal surgery was given by Dr John H Burke, Sr

Dr John H Burke Jr, read a paper on orthopedic and traumatic surgery, illustrated with slides

Frederick H Clark, manager of Health and Credit Service, Inc., led a discussion of the group hospital plan

Erie County

ADOPTION OF A RESOLUTION providing that physicians be paid $2 for a home visit and $1 for an office visit in caring for welfare clients, with a maximum monthly allowance in physicians' bills to be fixed by the newly created social welfare board, featured the February 21 meeting of the Medical Society of the County of Erie in Hotel Statler, Buffalo

An article to be printed in the Society's *Bulletin* condemning a "diatribe against physicians" appearing in current issues of a weekly magazine was read The source of the "diatribe," which was published anonymously, is a former Buffalonian, the article states

Dr Frederic E. Elliott told "How Your Society Dues Are Spent," with graphic lantern slides, and Dr Joseph S Lawrence, State Executive Officer, spoke on "Legislation Pending"

A POLICY OF cooperation with the *Health board in its recent move to curtail alleged abuses of laboratory facilities of the city of Buffalo* was decided upon by officers and members of the Medical Society of the County of Erie at a forum meeting on February 28 The Health board's resolution specifies that "the examination of routine urinalysis, blood chemistry, blood count and the preparation of autogenous vaccines will be performed only for such patients as the physician in charge will vouch in writing that said patient is unable to pay for such service"

SO FREQUENT AND INSISTENT are the telephone demands on physicians for contributions to this or that fund allegedly of a charitable nature, that the Erie County *Comitia Minora found it necessary to adopt* a motion to the effect that physicians when called should ask the solicitor if he—or she—has made contact with the office of the Medical Society for a checkup of the worthiness of the project and the reliability of the promoters Physicians then can call Cleveland 1810 for verification A similar warning was published in the Bulletin of the Better Business Bureau last summer Usually a very small proportion of funds thus collected is expended for actual charity

THE BUFFALO ACADEMY OF MEDICINE on *March 9 listened to an address on* "The 1937 Anterior Poliomyelitis Epidemic in Toronto" by Frederick F Tisdall, M D F R C P (C) The Section of Obstetrics and Gynecology, on March 16, heard papers on "Vaginal Cesarean Section" by Irving W Potter, M D, "Vaginal Hysterectomy by the Clamp Method" by Milton G Potter, M D, and "Rupture of Puerperal Uterus" by Hugh C McDowell, M D

Kings County

THE FIRST PUBLIC APPEAL for funds by the Kings County Medical Society after 116 years realized $10,000 toward the Dr Frank D Jennings Memorial Building Fund at the dinner to Dr Charles H Goodrich, president of the Medical Society of the State of New York in the Hotel Astor, Manhattan, on February 22

THE PROBABILITY THAT A district health station will be incorporated into the plans for an addition to the Kings County Medical Society headquarters was disclosed on March 5 The annex for the society will cost between $500,000 and $750,000, while the city will be called upon to invest about $400,000 in the health center Dr John L Rice, Commissioner of Health, said a station for the Bedford section was on the ten-year plan of the department

THE CONEY ISLAND HOSPITAL Alumni Association honored Dr Philip I Nash, president-elect of the Kings County Medical Society, at its second annual dinner in the Hotel St. George on February 26 Some 300 medical men and their guests attended

Dr Nash has been practicing in Brooklyn for thirty-six years, is director of medicine at the Coney Island Hospital, and medical assistant to the office of District Attorney Geoghan

THE RIDGEBORO MEDICAL SOCIETY will hold its monthly meeting on April 14 at the Kings County Lighting Co at 6740 Fourth Ave Dr Joseph H Globus, of Mt. Sinai Hospital of New York, will be the speaker The discussion will be by Dr A M Rabiner Dr William Ostrow is the newly elected president of the Medical Society

Livingston County

DR. ROBERT LEWIS, only physician in the town of Leicester for the past several years, has removed to Penn Yan where he joined the Foster-Hatch medical group His removal leaves Leicester without a resident physician Dr Lewis has served as secretary of the Livingston County Medical Society

Nassau County

THE FORMATION OF A Nassau county chapter of the Long Island Medical College Alumni Association was a feature of the dinner meeting of the association on February 21 in Rockville Centre. Officers elected were Dr Kenneth T Young, president, Dr H McD Painton, secretary, and Dr Jack Blimblum, treasurer

CONGRATULATIONS TO County Executive J Russel Sprague and to the county health board for its selection of Dr Earle G Brown as Nassau's new health commissioner, and assurance of cooperation were included in a resolution sent to Mr Sprague and other Nassau officials by the Medical Society of the County of Nassau. The resolution was passed unanimously on March 1 after Dr Benjamin R Allison, head of the board of health, had reported on Dr Brown's selection The meeting in the Bar Association building, Mineola, was the largest in the history of the medical group, according to J Louis Neff, executive secretary, who announced that more than 150 medical men attended, and all voted in favor of the resolution of approval, proposed by Dr Louis H Bauer

The meeting was the first annual "members night," and the program was made up of five-minute papers by more than a dozen members

"THERE IS NO POLITICS in lunacy but plenty of lunacy in politics," according to Dr George A Smith, who retired recently after devoting fifty years of his life to the care of the insane.

Looking back that span of years, Dr Smith insists he can not recall a single case in which, through political influence, a criminal was admitted to an insane asylum as a means of escaping the consequences of his acts

As reported in Nassau county papers, Dr Smith also belittled the thought that a sane person could be wrongfully committed to an institution for the insane. In the present age of scientific study of mental disorders, medical men would discover in a short time that the patient was not insane, he insisted

Dr Smith was medical superintendent of Central Islip State Hospital for thirty-seven years, superintendent at Hart's Island for three years, assistant superintendent at Hart's Island for ten years, and a member of the governor's personal commission to inquire into the mental condition of condemned prisoners for seventeen years

New York County

THE GOLD MEDAL OF THE New York Academy of Medicine was presented on March 3 to Dr Bela Schick, distinguished pediatrician, on the twenty-fifth anniversary of the announcement of the "Schick Test" for determining susceptibility to diphtheria, one of the greatest advances in the conquest of that disease of childhood The honor was conferred on Dr Schick at the New York Academy of Medicine by Dr James Alexander

Miller, president of the academy, before a gathering of New York physicians and scientists

DR. FRANCIS CRUGER EDGERTON, for many years chief surgeon at St Francis Hospital, died on February 19 at Doctor's Hospital He had been ill with pneumonia for several days Dr Edgerton was sixty-four

DR. CHARLES ALEXANDER CLINTON, a member of an old New York family and a physician in New York city for many years, died suddenly on March 4 at his office at the age of seventy-three He retired from private practice in 1931 to become medical director of the Macfadden Foundation, also becoming medical editor of *Physical Culture*, a Macfadden publication

DR. S J THANNHAUSER, of the Tufts Medical School, will speak at the New York Academy of Medicine at 4 30 on April 8 on liver function tests and diet treatment.

A ROUND TABLE DISCUSSION on heart diseases will be held at the New York Academy of Medicine at 4 30 on April 12

DR. REUBEN OTTENBERG, of the College of Physicians and Surgeons, will speak at the New York Academy of Medicine on April 15 at 4 30 on hemolytic streptococcus infections

FROM BRITISH GUINEA'S inland jungles came word of the death of Dr Frederick John Fox, New York scientist, and the safety of other members of an expedition searching for Paul Redfern, long-missing American aviator

A terse message said Dr Fox had died on Devil's Hole Island while other members of the Redfern search party under Theodore J Waldeck, hard-pressed for food, were making their way to Warwah, their destination

It was believed that Dr Fox died of exposure

The party left Georgetown several weeks ago on the search for Redfern, who vanished in 1927 while flying from the United States to South America Since the aviator's disappearance reports have trickled out of the jungle from time to time that he survived a crack up and was living as a "white god" with an Indian tribe in the interior

Dr Fox was a dermatologist with an office at 667 Madison Avenue and a home in South Salem, N Y He was graduated from Toronto University with an M D degree in 1908 and was senior dermatologist at the West Side Hospital and Dispensary

On December 13 last the thirteenth expedition in the ten-year quest for Redfern started up the Essequibo River from Bartica, British Guiana The expedition comprised Mr and Mrs Theodore J Waldeck, Dr Fox and William Aston Chanler, all of New York On January 4 the party was reported marooned on Devil's Hole by native crewman who returned to Bartica with the expedition's only boat after a dispute over food supplies, which they said were dangerously low

SIR WILLIAM ARBUTHNOT LANE, British surgeon, was guest of honor on February 15 at a dinner of the International Medical Club of America at the Hotel Delmonico

Sir William told of a few of his major achievements, resorting largely to anecdote, and dismissing as "accidental" accomplishments for which his profession has long honored him Giving as a basic idea his belief that "we bear a simple mechanical relationship to our surroundings and any alteration of that relationship entails damages to the individual," he told of his use of metal plates in fracture surgery, of his operating upon children under 4, of his studies of the effect upon the skeleton of its owner's occupation, and of his subcutaneous injection of saline solution

Harold Chapple, senior obstetrical surgeon and gynecologist of Guy's Hospital, London, and Sir Gerald Campbell, British Consul General also spoke and Dr William Seaman Bainbridge presided Sir Gerald asked his audience to perform two operations—one to temper the "too-excited" half of the world, the other to stir the "too-indifferent" half These might help "save the world for democracy," Sir Gerald added, although he said he was not certain what that meant these days

Onondaga County

THE ONONDAGA COUNTY Medical Society met in the auditorium of Syracuse University College of Medicine March 1 Papers were read by Dr Earl E Mack on "A Review of Our Present Day Conception of Food Deficiency Syndromes," by Dr Arthur B Raffle on "150 Cases of Appendicitis," and by Dr A. B Siewers on "A Case of Madness Cured by Blood Transfusion."

The Syracuse Academy of Medicine held a joint meeting with the Syracuse Eye, Ear, Nose and Throat Club March 15 at the University Club to hear Dr Edmund B Spaeth of Philadelphia, author of "Ophthalmic Plastic Surgery," speak on "Ptosis and Its Correction."

Queens County

QUEENS PHYSICIANS WERE warned at their meeting on February 24 by Dr Morris Fishbein of Chicago, editor of the *Journal* of the American Medical Association, that unless the medical profession studies and prescribes for the nation's present-day medical problems they may be compelled to accept a form of socialized medicine under government regulation

If this should happen, Dr Fishbein continued, the medical profession will degenerate, as, the speaker contended, the profession has in Sweden, Germany and other nations in which the government supervises physicans and their practices

Dr Fishbein spoke before 500 doctors in the auditorium of the Queens County Medical Society and devoted a greater part of his two-hour address to an attack on federal and private agencies which in recent years have studied and prescribed cures for the nation's medical ills

"A great deal of agitation is going on without those who are doing the agitating knowing what it's all about," the speaker said "The things which are being found out in these studies do not give a true picture of the medical situation as it is

"The medical care of its people is not the first duty of a government, as some agencies would like to have us believe The government's first duty is to provide every man with a job at sufficient wages to provide fuel, clothing, food and shelter to him and his family There probably wouldn't be a medical problem in this country if every man had that kind of a job"

DR GERARD L MOENCH, F A C S, associate professor of gynecology, New York Post-Graduate Hospital, spoke before the Medical Society of Queens on "Newer Concepts of Infertility," on March 4

Schenectady County

MEMBERS OF THE Union College Chapter of the Society of Sigma Xi and of the Schenectady County Medical Society heard Dean Robert S Cunningham of the Albany Medical College discuss "Nutrition and Endocrinology as They Are Related to Medical Problems," on February 13

Dean Cunningham's address was delivered in the Old Chapel, after a dinner in Hale House. Members of the Medical Society were guests of the Sigma Xi Society

Ulster County

HEADING THE FIRST SURGICAL unit to reach the interior of China under the sponsorship of the American League for Peace and Democracy, Dr Charles Parsons, well known Kingston physician and surgeon, has reached Hankow, China, temporary capital of the Chinese government, it is announced by Dr Henry L Bibby and Dr Elizabeth Parsons, who has carried on her husband's practice in addition to her own since his departure about the first of the year

DR. ALEXANDER A STERN, one of the founders of the Kingston Hospital and a leading surgeon and physician of Kingston for forty-nine years, died at the Kingston Hospital after a long illness, on February 26 He was a former president of the Ulster County Medical Society

Westchester County

THE PUBLIC HEALTH COMMITTEE of the Westchester Medical Society is conducting a series of "post graduate refresher sessions" for practicing physicians, consisting of practical demonstrations and lectures on technical points in diagnosis and treatment, given semi-monthly

The series began in February at Grasslands Hospital, with a session on pneumonia given by the division of internal medicine, the division of pathology and the section of anesthesia of Grasslands Hospital staff Then the committee gave programs on March 7, devoted to syphilis and March 30, to gonorrhea

In April, the committee on tuberculosis, under the chairmanship of Dr William Godfrey Childress will present a program

In May, the emphasis will be an maternal welfare, with a session on normal obstetrics and another on prenatal and postnatal care and care of the premature infant.

Dr Reginald A Higgons is chairman of the public health committee, other members of which are Doctors Edward H Marsh, John E. Gundy, M B Brahdy, Fairfax Hall, Donald R. Reed, and Romeo Roberto

DR. CHARLES C SWEET was host on March 1 at a dinner meeting of the Westchester Surgical Society

A paper entitled "Cancer of the Colon" was presented by Dr Sweet and discussed by the other surgeons present.

DR. WILLIAM HADDEN IRISH addressed the Medical Society of the County of Westchester on March 15 on "Common Disabilities of the Knee Joint"

Hospital News

Shorter Hospital Stay Now

HOSPITALS IN WHICH BABIES are born in Pennsylvania used to keep the mothers an average of twenty-one days But in the last few years, this length of time has steadily decreased Now the average stay is ten to twelve days Hospitals bills have been reduced in proportion, and chances of normal recovery, as well, have been very much improved, says a statement prepared by Miss Mabel Barr, superintendent, St. Christopher's Hospital for Children, Philadelphia.

Some other illnesses and the length of time spent in the hospital, compared to 1905 figures, are Gallbladder operations, twenty days, instead of thirty-eight, diabetes, thirteen days, as compared to forty-five, appendicitis twelve days, as compared to twenty-eight. Time has been saved—and time is money!

Relatively few persons may be aware of these achievements in modern hospital care, the reduction of amounts expended for individual illnesses, the modern surgical patient's greatly increased comfort, safety, and assurance of improvement and recovery

It is indeed expensive for the hospital, but is good for the patient and for the community in which its modern hospitals, open day and night, are rendering an irreplaceable service

The average length of stay of hospital patients is steadily dropping This is not news remarks the *Modern Hospital* But it may be news to most hospital administrators and trustees to know how many patients there are today who stay only one, two or three days in the hospital

Recently a large university hospital analyzed the length of stay of all private service patients discharged during June and July 1937 The results are revealing A total of twenty-one per cent of all these patients stayed one day only Nearly nine per cent stayed two days and another eight per cent stayed three days Thus in all thirty-eight per cent stayed three days or less

This high percentage of short stay cases was not due primarily to the ear, nose and throat department, as only 186 of the 1,487 patients reviewed were entered in that department. It is true that seventy-four per cent of these patients stayed but one day and eighty-nine per cent stayed three days or less But in the department of medicine fifteen per cent stayed one day and fifty-two per cent, three days or less In surgery the percentages were thirteen and twenty-seven, respectively For other departments the corresponding figures were pediatrics, twenty-four and forty-nine per cent, dermatology, 0 and twenty-nine per cent, urology, forty-one and sixty-two per cent, gynecology, fifteen and thirty-two per cent, eye, four and eleven per cent, obstetrics, eight and thirteen per cent, and orthopedics, thirty-three and fifty per cent (The figures for dermatology, urology and orthopedics were based on small samples and may not be truly indicative

From these data it is apparent that hospitals, insofar as this institution is typical, are nowadays offering a quite different type of service than a generation or two ago Many of these patients must be coming primarily to utilize the diagnostic facilities of the hospital and only incidentally to occupy beds and receive intensive nursing care.

This is an indication that the public is learning to use hospitals more intelligently, to use them before long bed stays become necessary

To the thoughtful hospital administrator and trustee, this analysis will suggest the importance of providing adequate personnel and equipment for the service of the public in diagnostic and other short-stay cases To the executive and trustee of hospital service insurance plans, it will show the necessity of studying carefully the scope of services provided and trying to predict as well as possible what these changing trends in the public's use of hospitals may do to existing statistics To the medical profession it may suggest the desirability of even closer professional and, perhaps, economic association with hospitals

Newsy Notes

MEMBERS OF THE board of directors of the New York Tuberculosis and Health Association have voted to join with the Public Health Relations Committee of the New York Academy of Medicine in urging upon the New York City Planning Commission "prompt action for the recommendation of new hospitals for tuberculosis patients to meet the urgent need of 5,000 additional beds in this city"

THE W P A FEDERAL MUSIC PROJECT in New York City supplies music teachers and entertainers to provide concerts and dances in the psychiatric wards of Bellevue, Kings County, Creedmoor and Brooklyn Street Hospitals Patients with talent participate. It is pointed out that dances and band concerts have been given in mental hospitals for nearly a hundred years

TWO SECOND COUSINS HAVE attacked the will of the late Nettie C Roe providing funds to build a hospital at Patchogue, L I, and the legal proceedings may delay its erection Ground was broken for it on Christmas day, and contracts were nearly ready for bids

EFFECTS OF THE "recession" were evident at St Francis Hospital at Port Jervis last year The annual report reveals that more than two-thirds of the patients treated during 1937 were unable to pay the full amount of their hospital charges compared with less than fifty per cent the previous year

WITH RECEIPTS AND EXPENDITURES both slightly increased, the deficit of Corning Hospital during 1937 was $3,976, nearly $2,000 less than in 1936, states the annual financial report of Walter W Oakley, treasurer

THE FRIENDS OF ST JOHN'S HOSPITAL, Long Island City, will hold their annual dance and entertainment on May 6 at the Hotel Commodore, Manhattan

THE 14TH CLINICAL SESSION on chronic pulmonary diseases, under the auspices of the Tuberculosis Sanitorium Conference of Metropolitan New York, will be held at the Cornell University Medical College on April 13, at 8 30 P M

THE SWEDISH HOSPITAL IN Brooklyn, through Colonel A W J Pohl, executive officer, announces its campaign to raise $250,000 promises to reach its goal within a few weeks

Many prominent civic leaders are cooperating to raise this fund, proceeds of which will go toward doubling the hospital's bed capacity

Impetus was given the drive by the plan devised by Michael Boras, automobile dealer of 1743 Bushwick Ave. Any person who donates $275 to the hospital receives a certificate of credit of equal value toward the purchase of a new automobile from Mr Boras' firm

UNSATISFACTORY CONDITIONS IN private institutions for the aged and the chronically ill receiving city funds have impelled Commissioner Goldwater to issue new rules Among them it is required that each home for the aged must have "a competent, graduate, full-time resident physician" and "an active staff of visiting specialists," and each institution for the chronically ill must have "an active visiting staff of physicians qualified in all specialties," and "an intern staff in the ratio of one to twenty-five patients"

COOPERATING IN THE DRIVE of the Cattaraugus County Health Department to reduce the number of deaths of premature infants in the county, the Sisters of the Third Order of St. Francis are planning to launch a special premature service in St. Francis Hospital, now under construction in Olean A special room is being set aside for prematures, and air conditioning features will be installed, together with incubators and other equipment needed in the care of prematures Two Sister nurses of the Order are now studying maternal and child health work in a Boston hospital in preparation for the start of the new premature service

EMPLOYEE GROUPS AS SMALL as two are included in the hospital service plan of the *Hospital Service Corporation of Western* New York, under a change in the rules just authorized by the board of directors, it is announced.

The change is made, the *management* states, in order to make the hospital available to employees of professional men, small stores and other establishments of two or more employees The minimum group formerly was five The one hundred per cent enrollment provision is retained—that is, all of the two or more employes must apply for the service.

THIS LETTER TO THE Bronx *Home News* is worth quoting It is written by J Nathaniel Lefowitz, who says

"Two of my relatives were recently confined to Morrisania Hospital at the same time, both suffering from serious illness which required exacting care and attention They were in different parts of the building, and in visiting them I came in contact with their respective nurses, doctors, attendants and immediate bedside *companions*

"My observations led me to appreciate deeply the efficiency, kindness and zeal with which the staff nurses performed the most laborious and trying tasks

"In this great city, where so many people needlessly and thoughtlessly heap unjust criticism on our hospitals, it is refreshing to find at first hand that for the most part this criticism is unwarranted and that praise is really warranted

"My two relatives and the patients near them had only the highest praise for the nurses

"I believe that Morrisania Hospital is indeed a credit to both the City and to the Borough of the Bronx."

Improvements

CONTRACTS FOR COMPLETION of the maternity annex to Jamestown General Hospital have been awarded The work will cost $17,598

A UNIT TO COST $150,000 to house private patients is being planned for the City Hospital in Binghamton

THE REPORT OF DIRECTOR James R Clark of the Southside Hospital at Babylon shows that in the past year a new electric elevator was installed, costing $5,500, a new sterilizer was put in the operating room, and an electro-surgical unit added. Two new oxygen tents were acquired and other modern pieces of equipment. A new steam and hot water system was also installed at a cost of $7,500, saving twenty-five per cent in fuel

PLANS ARE UNDER WAY to secure a modern respirator for the Chenango Memorial Hospital for the treatment of infantile paralysis cases

MENTAL HYGIENE CLINICS have been added at the Morrisania and Queens General Hospitals to meet pressing needs of the rapidly growing populations of the Bronx and Queens Heretofore patients from these boroughs have been obliged to travel to Bellevue Hospital clinic in Manhattan, or to Kings County Hospital in Brooklyn

A CAMPAIGN FOR A NEW New York city hospital to serve the communities of Throggs Neck, Pelham Bay, City Island, Unionport and Clason Point, in the East Bronx, is under way and backers of the drive have appealed for support of civic, social, business and patriotic organizations in those sections

METHODS OF RAISING AT LEAST $250,000 needed for construction of a proposed new, five-story, 250-bed hospital adjacent to their present buildings, were discussed on Feb 15 at a meeting of fifty members of the executive board of the Crippled Children's Division of the Jewish Sanitarium and Hospital for Chronic Diseases, E 49th St and Rutland Road, Brooklyn A committee was chosen to devise ways and means

Medicolegal

LORENZ J BROSNAN, ESQ
Counsel, Medical Society of the State of New York

Validity of Amendments to Workmen's Compensation Law Upheld by Highest Court

On previous occasions in these columns reference has been made to the progress through the Courts of the now well-known case of Szold v Outlet Embroidery Supply Company On March 7, 1938, a ruling was made in said case by the Supreme Court of the United States, which is of such importance to members of the medical profession, not only in this State but throughout the country as well, that further comment upon the case is well justified.

The Szold case was instituted in the Supreme Court, New York County, by a practicing physician to recover a fee for the rendering of medical services The services in question were rendered to an employee of the defendant who was entitled to receive medical care under the Workmen's Compensation Law The plaintiff alleged that he had been requested to render such treatment to the employee by the defendant employer In his complaint the plaintiff failed to allege that he had been duly authorized to render medical care under the Workmen's Compensation Law as amended by the Laws of 1935, particularly Section 13-b of said law The defendant made an application before Mr Justice Shientag, at Special Term, to dismiss the complaint for insufficiency, thereby bringing up for consideration the scope and validity of many of the important amendments to the Workmen's Compensation Law which had been enacted in 1935 Mr Justice Shientag granted the motion to dismiss plaintiff's complaint and in so deciding, handed down an extremely well-written opinion *

The plaintiff, not satisfied by the ruling of the lower court, appealed first to the Appellate Division of the Supreme Court in the First Judicial Department and then to the Court of Appeals In May 1937 that Court rendered its decision affirming the judgment of the Special Term, Judge Loughran writing the opinion of the court.**

Having exhausted his remedies within the courts of this State, plaintiff carried the matter to the Supreme Court of the United States, contending that the decision was a violation of his rights under the Federal Constitution The Supreme Court finally dismissed the appeal with a *Per Curiam* decision to the effect that after hearing argument, it appeared that no substantial Federal question was involved. No formal opinion was written by that Court in finally disposing of the action The Court, however, in support of its action cited certain cases in which there had previously been rulings that it is within the power of a state to make proper regulations for the practice of medicine

Whenever some new and wide reaching legislation becomes effective it is inevitable that some case will be presented to test out the scope and validity of the statute in question, and the Szold case has well served in proving the soundness of the Workmen's Compensation Law in its present form.

The growth and development of the Workmen's Compensation Law has been a long and gradual process, and as time went on abuses have developed in connection with its administration. The first such law when enacted years ago was declared unconstitutional In 1913 a section was added to the Constitution of the State of New York expressly authorizing such legislation, the avowed purpose of which was to be "for the protection of the lives, health or safety of employees" After that Section became a part of the basic law of the State, another Workmen's Compensation Law was enacted which became effective in 1914 From time to time changes have been made by the legislature as their need became manifest.

Prior to the 1935 amendments, while it was provided that injured employees were to be furnished medical care and treatment, the law contained very little language regulating the rendering of medical care under the Act The guiding principle was that the employer was to provide medical care, and it was he who in ordinary cases chose the physician to render that care. The matter of what sort of a physician was chosen to render the care, and what sort of care was rendered was left open Being left open, flagrant abuses developed which are

*159 Misc. 911
**274 N Y 271

only too well-known to the members of organized medicine Medical care became degraded into a commercialized venture Unscrupulous physicians and so-called medical clinics undertook to exploit the worker, the employer and the insurance carrier Rebating, fee-splitting, solicitation, and lifting of cases was widespread

Organized medicine had voiced its protests to such abuses, and on occasions had called for changes in the Law Finally, the Governor appointed a joint committee of the Medical Society of the State of New York and the Academy of Medicine to study the entire situation and report recommendations to him

After a study of many months this committee reported to the Governor and proposed many changes Governor Lehman then in a special message to the legislature in 1934 submitted the Committee's report to that body and called for action

The legislature responded and passed the so-called 1935 amendments to the Workmen's Compensation Law For the first time organized medicine, as represented by the various County Medical Societies and by the Medical Society of the State of New York, was given a definite part in the administration of the Law The large and important part played by these societies in connection with the authorizing of physicians to render compensation medical care, in disciplining such physicians, and in arbitrating disputes is now well-known throughout the State

In the Szold case the question for determination by the Courts went to the very roots of this entire structure set up by the 1935 Amendments The plaintiff contended that whether authorized under the law or not he had a common law right to be compensated for care rendered to an injured workman upon a private arrangement with the employer He claimed that it was unreasonable for the State, having licensed him to practice medicine, to impose the additional requirement of a special authorization to treat injured workmen He claimed that the delegation of duties to Medical Societies, non-governmental agencies, was unlawful and violative of both the State and Federal Constitutions He also claimed that the provisions relative to compulsory arbitration in disputes over medical bills (Section 13-g) violated his constitutional right by depriving him of trial by jury

If plaintiff had prevailed in any of these claims, a severe blow would have been dealt to the proper administration of the Workmen's Compensation Law However, our Court of Appeals has specifically ruled against the plaintiff on each of his contentions, and the Supreme Court of the United States has declined to interfere with the decision of the State Courts in the matter

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Foreign Body in Eye

A physician who specialized in diseases and surgery of the eye was consulted by a man about forty years of age who was referred to him by a general practitioner The patient gave a history that the day before he had been engaged in clipping a wire fence when some metallic chips flew into his right eye. A careful examination revealed the presence of a foreign substance in the cornea of the right eye with perforation of the cornea and anterior synchiae. Vision at the time was about 20/100 Under medication the doctor removed a fragment of wire from the cornea and after that had been done he determined that there was an additional fragment located in the lens Since the said fragment was deeply imbedded, he determined not to attempt its removal and permitted it to remain unless the eye should show evidence of nontolerance It was the physician's intention to wait and remove it with the cataract which would eventually develop and thus subject the eye to a minimum of trauma The patient returned to the doctor's office on four subsequent occasions within the next week and although the patient complained of pain the eye seemed to be definitely improved. During that period of time, the doctor issued prescriptions for the purpose of alleviating the patient's condition and he was directed to return to the doctor's office for further care which he failed to do

It was later learned that the patient went to another doctor who about a week later removed the foreign body by a magnet and also performed an iridectomy

A malpractice action was brought against the physician who had first undertaken to treat the case in which the charge was made that he had negligently failed to properly remove all of the foreign matter in plaintiff's eye as a result of which it was claimed that he was almost completely blind. A physical examination made of the plaintiff indicated the presence of a cataract with vision of 20/100 and it was the opinion of the examining physician that the defect of vision was not progressive.

When the case came on for trial, plaintiff's attorney was not ready to proceed and after the case had been delayed for a considerable period of time, an application was made to the Court to dismiss the action for lack of prosecution Plaintiff thereupon consented to discontinue the action thereby admitting that he was unable to establish that the defendant had been guilty of malpractice in caring for him.

Across the Desk

A National Crusade to "Keep Fit"

ENORMOUS POPULAR CAMPAIGNS are on in Great Britain, Japan, and other countries to "keep fit" Fit to fight is perhaps really meant in lands shadowed by the threat of war, but there is no reason why we should not keep fit to live in peace just as well as fit to die in battle In fact, if anything, health is more important if we expect to stay on the sunny side of the sod for a normal span of life. We may think other nations have gone crazy in some ways, but a craze to keep in good shape physically is the very essence of sanity—*mens sana in corpore sano*

The significant thing about this sort of movement is that it is not just an effort to keep out of the hospital, or two jumps ahead of the undertaker Lord Harder said at one of the meetings in England that what he had in mind when he spoke of fitness was "health and happiness," and that the chief object should be not to make life longer but to make life better and happier Thousands of people, perhaps most people, are not getting their full measure of the joy and exhilaration of living because they are below par physically They are not sick but they are not entirely well To them life is a dull and drab business They find no thrill in the songs of birds, the sweet breath of flowers, the purple aurora of dawn, or the crimson glory of sunset. Their work is just a job, and the rosiest sunrise means only another day

Get the Works Clicking Right

Now it may be respectfully submitted that when one person finds our world a place of wonder and joy, while another finds it little better than a dreary prison, then the second is in some way out of harmony Something is wrong in him somewhere, and it is a good bet that if he can get his works clicking right, if he can make himself "fit", he will know once more that effervescence of good spirits that made him dance and whistle his way along the street in his early teens A campaign to "keep fit," to restore our physical machinery to smooth, easy-running, efficient harmony, would be repaid a hundred times in the gain in national happiness and well-being

That is what the British are trying to do, with their National Fitness Council to guide the movement. Leaders in industry and commerce, employers, school and local authorities, athletic clubs, and everybody, in short, are called upon to help make the British people fit for whatever is before them Here is a duty, said King George in February, at a big public gathering in London, "which will bring swift returns in human happiness, for nothing adds more to the pleasure of life and to the joy of work and play than physical fitness" Prolonged cheering greeted his words

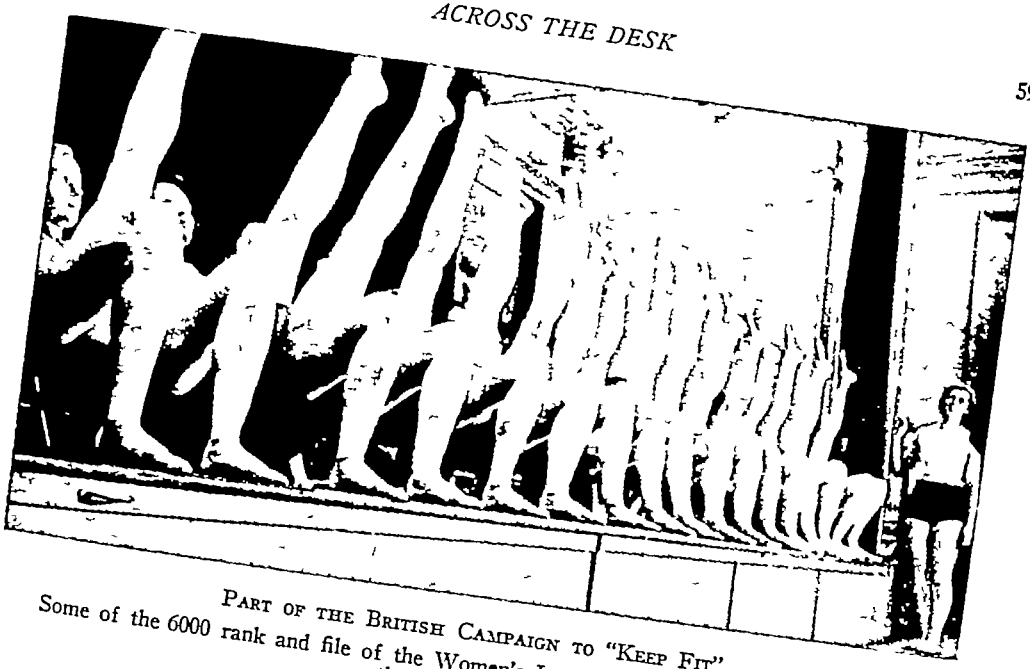
Resurrection of the Half-Dead

Here is a new way of measuring national health, only we cannot measure it. It is too intangible We sometimes compare the health of different nations by their death-rates, but how about people in a half-dead and half-alive condition? Some, we may say, are seventy-five per cent alive, some fifty, some twenty-five The problem is to restore them to one hundred per cent, or as near it as we can We can not raise the dead, but maybe we can restore the half-dead to life, and that is worth trying The British are out to reduce the number of the dead-and-alive folks, and it is a move worth emulation.

A fine thing, too, about their plan, is that it is entirely voluntary There is no regimentation Nobody is dragooned into it Said King George, speaking particularly to youth

"The future will be in your keeping The present is your opportunity to fit yourselves for a full, and active, and useful, and therefore happy life The decision is left to your free choice."

A speaker at an earlier meeting stressed the part to be played by the family doctor in the health crusade He is expected to work individually with the families under his care, to interest them all in the campaign, and help bring them up to one hundred per cent fitness In other words, it



PART OF THE BRITISH CAMPAIGN TO "KEEP FIT"
Some of the 6000 rank and file of the Women's League of Health and Beauty doing their daily dozen.

is of, by, and for the people, there is no regimentation about it, and the doctor works individually with his patient, the only way to produce the best results

How the Japanese Go At It

Japan, which has attained power and dominance by imitating other nations, is out with a "keep fit" movement, too Every morning last summer the Tokyo central broadcasting station made the ether throb with music for gymnastic exercises, and all the nation was supposed to do a "daily dozen" at 6 A.M The yards of schools, temples, and factories, the parks and the seashore were alive with little brown figures contorting themselves in strange postures unknown to their ancestors, in order to be "fit." It is reckoned that 10,000,000 men and children all over the country participated. Another part of the plan provides for an inquiry into the health of every family As applied to the big industrial city Osaka, we read in a letter from Japan to the *A M A Journal*, the work will be done by twelve health officers

Each office will supervise the examination of 60,000 citizens The reports will include the following information how many members of the family have died, particularly infants, the number of workers in the family, the number who have been dismissed or are out of employment and the causes of dismissal

Concerning the individual citizen, the examination will inquire into his habits, tastes, occupation, office hours, leisure hours, monthly income, medical history, hours of sleep, cough, sputum, night-sweats, fatigue, tendency to catch cold, stomach complaints, and the price and ingredients of his lunch.

Is Such a Movement Possible Here?

Could a campaign to "keep fit," supervised by competent medical leaders, be successfully aroused and carried through in this country? Certainly there has never been a time when the people have been more concerned about their health Cruel advantage has been taken of their anxiety by every sort of unscrupulous charlatan and pseudo-medical scalawag to dupe the credulous by the thousands and pour down their throats a cataract of nauseous nostrums that make them worse instead of better What a blessing it would be if a tidal wave of health sanity could flood the land, sweep into oblivion the quacks and their quackery, and float a great national movement to make and keep everyone fit for life, for work, for happiness! It would require the full time of every physician in America. Other nations are doing it. The door of opportunity stands wide open Who will lead the way?

Books

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and the interest to our readers.

RECEIVED

Pediatric Urology By Meredith F Campbell, M D Volumes I & II Quarto, illustrated. New York, The Macmillan Company, 1937 Cloth, $15 00 per set.

Surgical Pathology of the Diseases of the Neck. By Arthur E Hertzler, M D Octavo of 237 pages, illustrated Philadelphia, J B Lippincott Company, 1937 Cloth

Fever Therapy Abstracts and Discussions of Papers Presented at the First International Conference on Fever Therapy Edited by the Members of the American Committee Octavo of 486 pages New York. Paul B Hoeber, Inc, 1937 Cloth $5

Surgical Anatomy of the Head and Neck. By John F Barnhill, M D Quarto of 921 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $20 00

Organization, Strategy and Tactics of the Army Medical Services in War By T B Nicholls, M B Octavo of 372 pages. Baltimore, William Wood and Company, 1937 Cloth, $4 00

Medico-Legal Aspects of the Ruxton Case. By John Glaister, M D and James C. Brash, M D Quarto of 284 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $6 00

REVIEWED

Drug Addiction. By E W Adams, M D Octavo of 173 pages New York, Oxford University Press, 1937 Cloth, $3 00

The conscience of the world has become more awake and concerned by the problem of drug addiction The evil is a universal one, and the whole world is concerned about it In 1934, the Minister of Health in England appointed a committee to deal with the problem Dr Adams was one of its secretaries He had access to data unavailable to the average investigator The book that he has published carries a certain stamp of authority, and adds dignity to the entire investigation. It discusses almost every phase of the subject, prevalence, nature, causation, treatment, after-care, and prognosis It is well written, and will prove invaluable to those who have occasion to treat drug addicts, and of great interest to those who prescribe narcotic drugs

It is highly recommended as an authoritative book on the subject of drug addiction

IRVING J SANDS

A Text-Book of Ophthalmic Operations. By Harold Grimsdale, M D and Elmore Brewerton, F R C S Third edition Octavo of 322 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $6 00

This little book is practically a compend of surgical technique, and as such, fills a necessary need It is useful to the neophyte in that it explains simply and clearly the actual steps of procedure. It is useful to the finished operator in that it enables him at a glance to refresh his mind on some technical point which may have escaped his memory in a rarely used procedure.

Obsolete operations have been omitted, and newer procedures included in this third edition, so that one need not think the work out of date. The bibliography at the end of each chapter lends a feeling of assurance that the authors have considered every aspect of this actively developing field.

JOHN N EVANS

The Abdominal Surgery of Children By Sir Lancelot Barrington-Ward, F R C S Second edition Octavo of 333 pages, illustrated New York, Oxford University Press, 1937 Cloth, $9 00

This is a well written text covering a field of surgery which has been sorely in need of emphasis Following a chapter on general principles, in which the differences between surgery of the child and of the adult are well brought out, the common and rare surgical diseases are thoroughly described. Treatment advised is uniformly sound. The work is well arranged, excellently illustrated, and will be of value to any surgeon

EDWARD P DUNN

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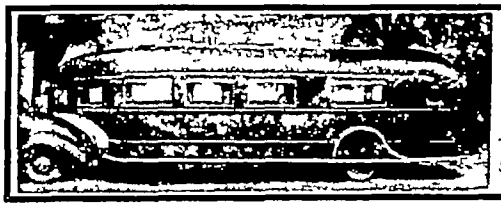
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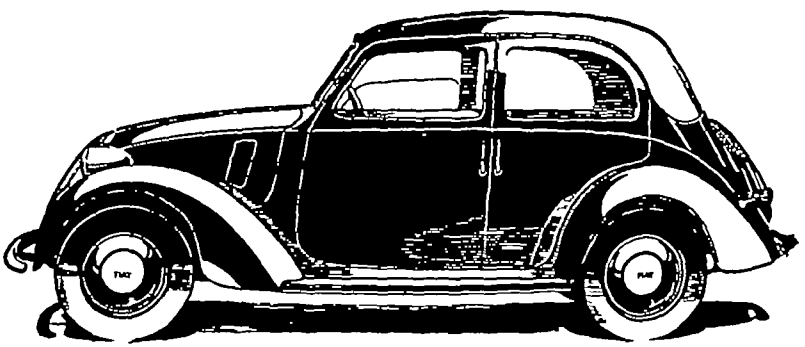
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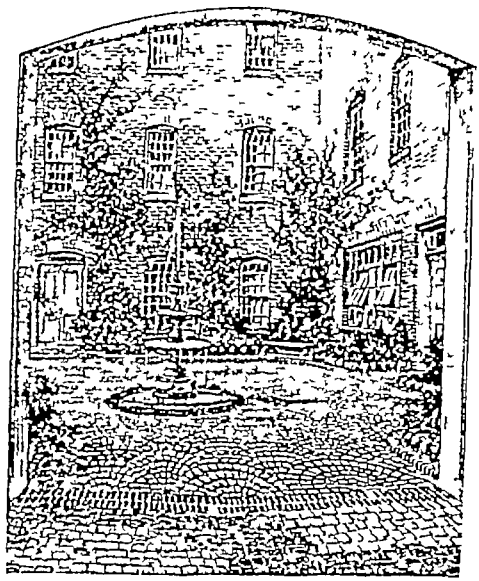
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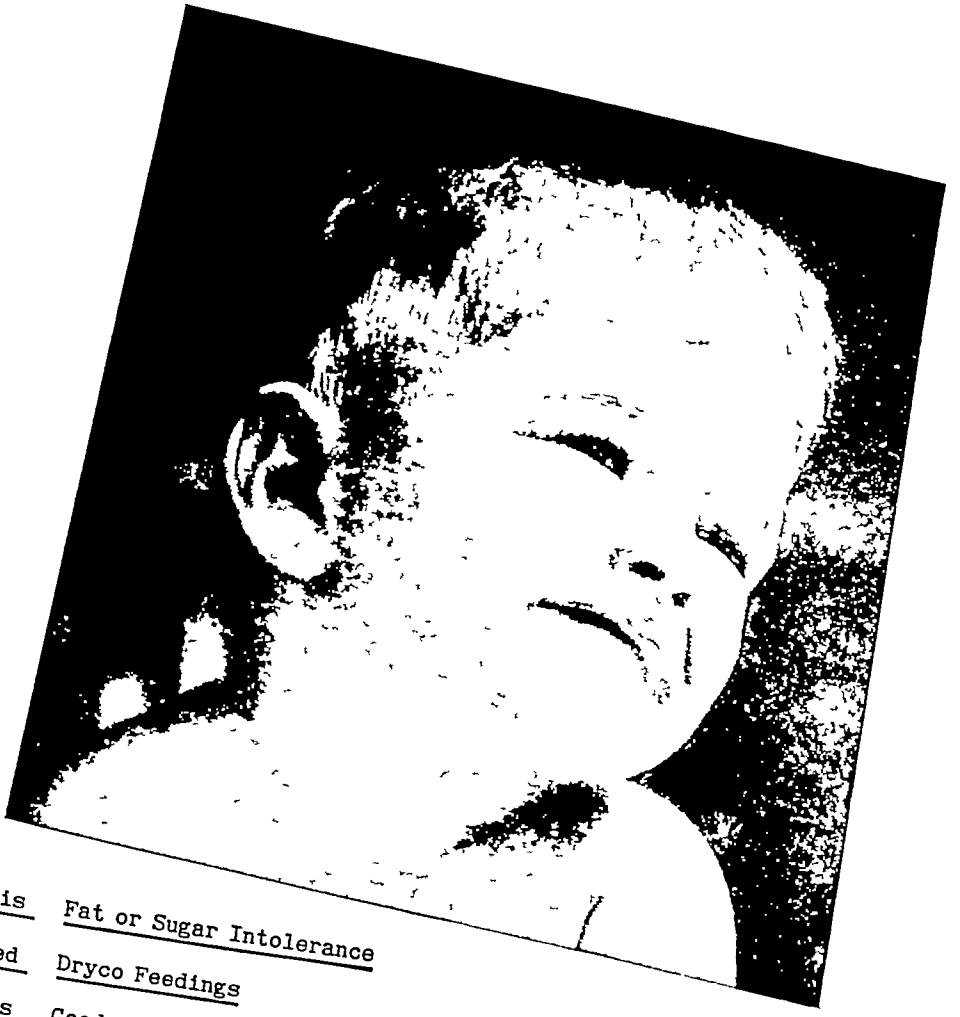
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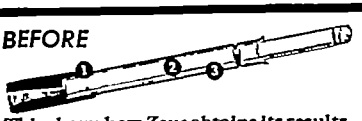
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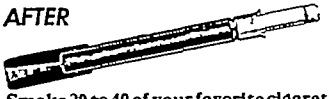
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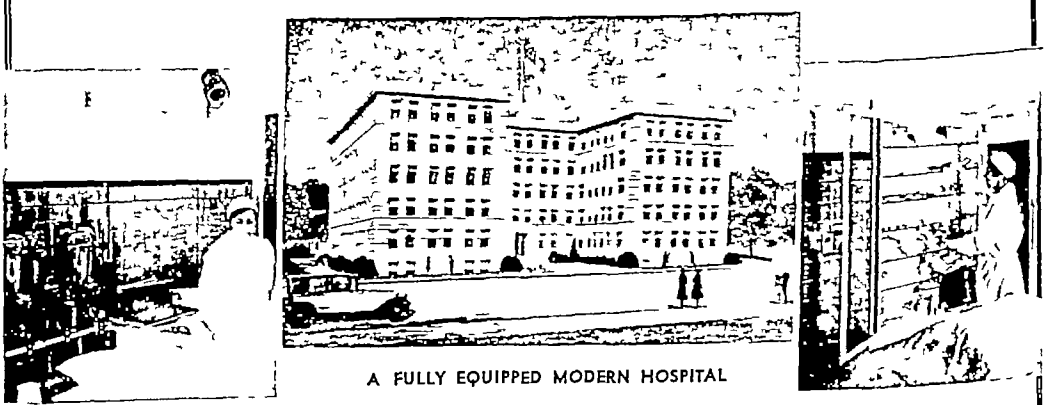
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(Continued on page lxiv)

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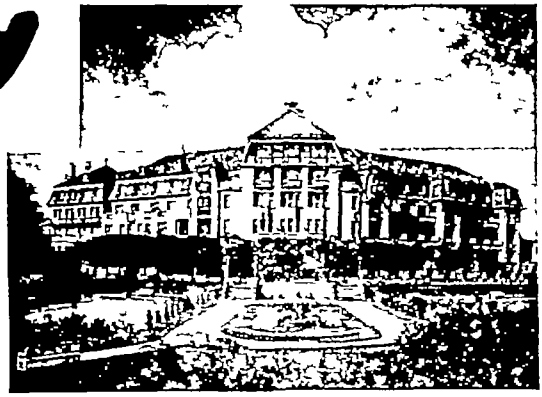
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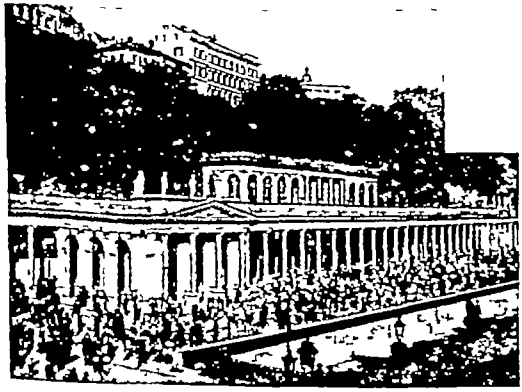


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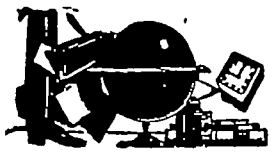
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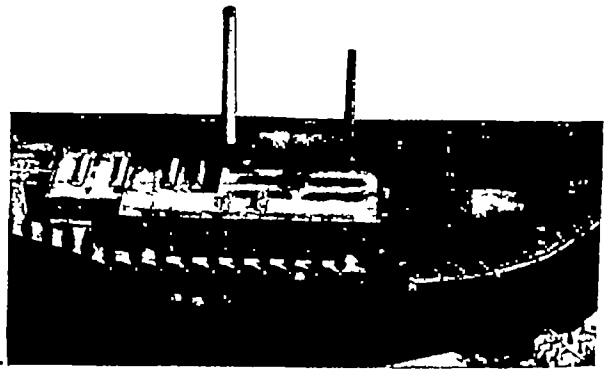
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SPECIAL LOCATING SERVICE

PRACTICES — OFFICES — APARTMENTS — SANITARIUM SITES or OFFICES-TO SHARE located or disposed of through one with thorough knowledge of medical requirements from years of employment in the medical field. For assistance anywhere in the State or Metropolitan Area phone or write

MARY JANE MOORE
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SUMMER HOMES TO RENT

PINE PLACE SAUGERTIES, N Y in Catskills. Furnished cottages for selected clientele Month or season. Alkaline Diuretic Water Electricity Sanitary Sports Reasonable Jan A. Williams, 1837 E 15th St. Brooklyn, N Y DEwey 9-3391

For Rent—REAL ESTATE—For Sale

222 WEST 83rd STREET (Corner Broadway) established doctor's office—high class sixteen story building available on account of death Private entrance Can share with present occupant, Dentist or rent entire office—rent reasonable—Longacre 5-4777

HOME AND OFFICE DR ROBT CASTREE deceased Dec. 1937 after 30 years practice Saratoga County population 63 000 Reasonable price for quick disposal Address, M. V Castree Ballston Spa, N Y

WATERFRONT ESTATE NEAR SARATOGA SPRINGS Modern buildings overlooking river eighteen rooms, fifteen rooms eight baths others Swimming pool tennis, lodge barn stable Acreage. Ideal Sanitarium, School Convalescence Exceptional opportunity Box 335 N Y S J M.

FOR SALE OR RENT—Imposing residence suitable doctor and/or dentist office and residence 2954 Grand Concourse (at 200th St.) N Y C

CATSKILL, N Y

7-room modern home and office 281 Main Street, now occupied by Doctor Village pop 5 500 county pop 24 000 new 50 bed hospital in town Good opportunity for well-trained man Dr D J Hoy 1775 Broadway N Y C. CIrcle 7-4262

SPEECH AND SPEECHES

A. B. C.'s OF PERSONALITY

Attractive brilliant, convincing speech Dynamic self expression Eliminating "Inferiority Complex" establishing self-confidence. Individual lessons Quick progress. Speech defects corrected Speeches written and coached Special service for physicians

KILDARE INSTITUTE (Est 1913)

205 W 57th St, N Y C Phone CIrcle 7-5420

This is

THE LARGEST ISSUE OF THE JOURNAL EVER PUBLISHED —

containing 208 pages in all, 90 of which contain advertisements of outstanding medical allied businesses

The Yorkshire Indemnity Company of New York

90 JOHN STREET



"We appreciate the whole-hearted cooperation of the MEDICAL SOCIETY of the STATE of NEW YORK"

TRAVEL *and* RESORTS

WHERE TO GO • HOW TO GO • WHAT TO DO • WHERE TO STAY • WHERE TO DINE

Your Guide to "lil old New York"

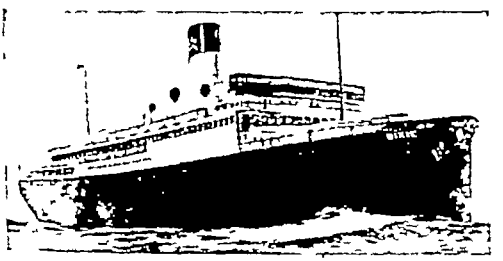


This is primarily for the benefit of New Yorkers themselves, for it is said that of all people unconscious of the attractions of this Metropolis, the resident of New York City is the guiltiest It is undoubtedly true that the out-of-towner sees more of the world's greatest city than does the person born and raised within its "grand canyons" But we publish the following guide to "things to see" for the visitor too, so he or she may perchance find one more item of interest that may have been overlooked on previous trips to New York

Of the thousand and one marvels that make up the pulse-beat of this modern beehive of humans, the following are offered as the most outstanding and worth spending the time between meeting sessions and a few pennies to see

Just a handspring from "Meeting Headquarters" is the now world-famed Rockefeller Center—a city within a city Here there are several guided tours to take you through Broadcasting Studios, buildings of different nations, the Gardens of the Nations, a view of the City from 850 feet high, and many other things including its famous theatres and its Museum of Science and Industry

Private automobiles may be hired (see advertised rental services in this issue) for drives around the city, through Long Island, etc., over great bridges, beautiful State parkways, through vehicular tunnels, and for quick transportation to famous golf *(Continued on page lxxviii)*



Attention-GOLFING DOCTORS!

S. S. DIXIE *will sail from New York*

WEDNESDAY, JUNE 1st FOR

NEW ORLEANS

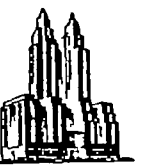
and connect there with the American Medical Golfing Association Sunset Route Special Train for the Convention at San Francisco

Numerous golf tournaments and entertainments at cities and resorts en route going and returning have been arranged and are set forth in detail in an itinerary promulgated by Dr Walt P Conaway, who will be glad to make reservations for you

Steamship accommodations being limited, we advise you to send your applications early to Dr Walt P Conaway, 1723 Pacific Avenue, Atlantic City, N J

SOUTHERN PACIFIC STEAMSHIP LINES

"Morgan Line"



Plan to stay at the hotel which is headquarters for leading medical societies and the New York home of their distinguished visiting members Here are rooms with the charm of a private residence . restaurants that offer a wide variety of menus at popular prices . rates that are surprisingly moderate direct transportation to Rockefeller Research Institute, New York-Cornell Medical Center and many other medical institutions

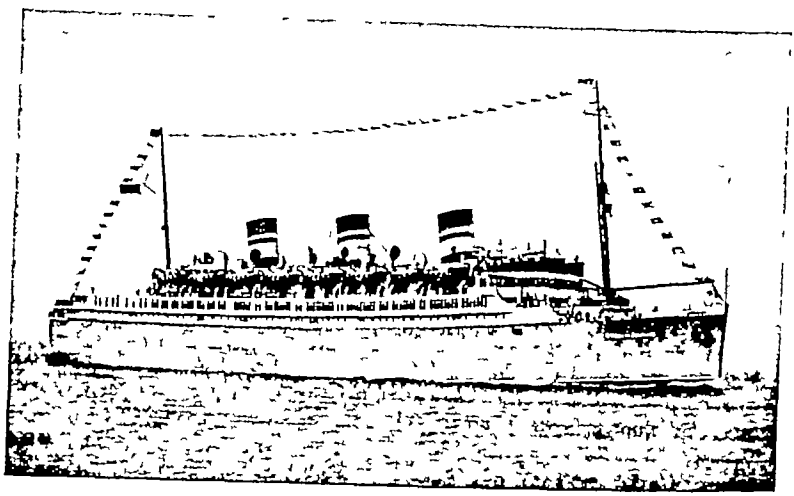
The 132nd Annual Meeting of the Medical Society of the State of New York will be held at the Waldorf Astoria Hotel, May 9th-10th-11th and 12th, 1938

THE

WALDORF-ASTORIA

Park Avenue • 49th to 50th • New York

Special Cruise
to
BERMUDA



offered by

TRAVELWAYS, INC.

to

doctors attending the 132nd Annual Meeting of the Medical Society of the State of New York—sailing the day following the convention

6 DAYS

PRICE

$88.50 UP

covers cabin with private bath, hotels and meals in Bermuda

ITINERARY

M/S MONARCH OF BERMUDA

Sail New York—3 P.M., Sat. May 14th
Arr Bermuda—8 A.M, Mon May 16th
In Bermuda 3 days and 2 nights
Sail Bermuda—3 P M, Wed May 18th
Arr New York—9 A M, Fri May 20th

While in Bermuda, enjoy unexcelled golf and swimming, visit Crystal Caves, old St George, the Aquarium, Devil's Hole, etc. Special program will be arranged

Write at once for reservation

TRAVELWAYS, INC. • 542 FIFTH AVE., N. Y. C.

$ MORE $

TO SPEND IN EUROPE

ONE CLASS RUN-OF-THE-SHIP

The inexpensive costs of modern "one-class run-of-the-ship" transportation has brought a trip to Europe within the range of most travel budgets And experienced travelers have found that they have more to spend abroad by sailing "tourist class is top" on the Red Star Line

In spite of this saving in cost you can enjoy excellent accommodations, splendid food and service . and the unrestricted facilities of a fine trans-Atlantic ship

To secure complete and comprehensive information of this modern way to have the luxury of a trip abroad, write for beautiful free booklet JM illustrated with over thirty photographs (many in natural color) taken on actual crossings

WEEKLY SAILINGS

ROUND TRIP ANTWERP $189

S.S Konigstein, Gerolstein, Ilsenstein

TOURIST CLASS IS TOP

Round Trip Southampton $246—Antwerp $253

S S Pennland, Westernland

BRING YOUR CAR $165 UP

See the *real* Europe far from the beaten tourist paths It's as easy as driving at home We will arrange all details Your car will be carried uncrated in a patented floating garage on shipboard

YOUR LOCAL AGENT OR

★ RED STAR LINE ★

Arnold Bernstein Line

17 BATTERY PLACE NEW YORK



THERE IS

no hay fever

IN BERMUDA

Hay fever causals (see report quoted below) simply do not exist in Bermuda. Nor can they go there, thanks to Bermuda's unique air-conditioning apparatus

This apparatus consists of salt water and a system of prevailing breezes All air bound for Bermuda must cross a 600-mile stretch of briny deep En route, even the most persistent ragweed pollen—as well as soot and cinders and taxi-cab honks—must weary and fall, despairing, into the waiting waves Thus the breeze continues on toward Bermuda in a state of constantly increasing cleanliness.

You, meanwhile, are sunning your complexion on these famous pink beaches Or perhaps you are splashing in multi-coloured surf playing golf tennis watching the yacht races—anything, in fact, but sneezing!

Bermuda's freedom from hay fever has long been known to visitors It received official confirmation when Professor Frederick H Hodgson, in August of 1935, spent several weeks there, under the auspices of the New York State Journal of Medicine, to secure an expert, unprejudiced opinion on the occurrence or absence of hay-fever causals in Bermuda

" *the Colony,*" stated Professor Hodgson's official report, *"passed a hundred per cent as a sanctuary for hay-fever sufferers"*

"BUT CAN I AFFORD BERMUDA?"

The inexpensiveness of a trip to Bermuda surprises those making their first visit. Round trip passage (with private bath) on a superlative liner costs as little as $65 for four luxurious days at sea In Bermuda the many attractive hotels and cottages offer accommodations at a wide range of price

Bermuda

PLEASURE ISLAND

For booklet Your travel agent, or The Bermuda Trade Development Board 500 Fifth Avenue New York In Canada Victory Building Toronto

BELMONT MANOR

A self-contained 225-acre resort estate with 18 holes of golf and a beautiful pool at the very door Belmont was designed for your own vacation needs Complete in every detail and recently reconditioned, Belmont Manor will continue to include among its guests only those socially congenial

For information etc —John O Evans, Manager Belmont Manor Bermuda or authorized travel agencies Bermuda Hotels, Inc. 500 Fifth Ave., N Y C. PEnnsylvania 6 0665



INVERURIE

On Hamilton Harbour, a few minutes from Hamilton, in picturesque Paget, Inverurie furnishes its visitors with the enjoyment of all sports the year round. Dancing on the Marine Terrace to enchanting music The food is always of the best Golf privileges at nearby Belmont Manor Clientele carefully selected.

For information, etc —J Edward Connelly, Manager or your local travel agent. Bermuda Hotels, Inc. 500 5th Ave. N Y PEnn. 6-0665



BERMUDA
an ideal place from every standpoint of health!
NO HAY FEVER
•
NO FUMES
NO DUST
NO NOISE
•

The LANGTON

Provides a wide diversity of entertainment and recreation, fresh food products from its own extensive gardens and dairy farm as well as every assistance in making arrangements to give guests the maximum enjoyment and satisfaction while visiting Bermuda Reasonable tariffs

Write direct for information or consult your nearest travel agent, or J J Linnehan, Suite 1230 R. C. A. Bldg Rockefeller Center N Y Circle 7-5679



SHERWOOD MANOR--by the Sea

This small hotel located on the waters' edge one mile from Hamilton offers you tastefully decorated rooms, fresh water from our own artesian well, private bathing beach an excellent cuisine and free transportation to and from Hamilton and nearby golf courses. We cater only to a carefully selected clientele.

For information, etc. Walter L. Couchlin Proprietor or your local travel agent.



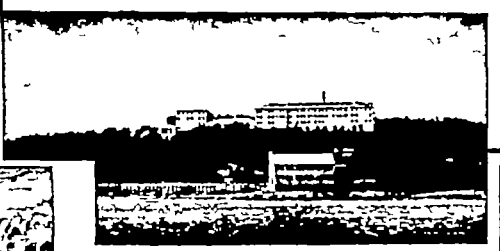
ELBOW BEACH

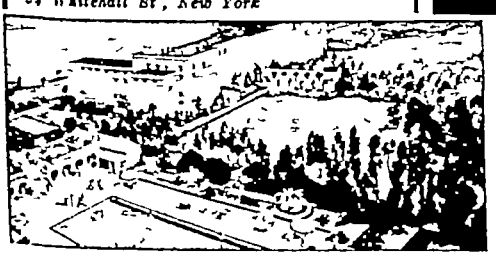
Bermuda s only beach hotel with the world s finest surf bathing providing the beneficial effects of sea and sunshine Beautiful surroundings conducive to rest and relaxation Perched high above the beach excellent accommodations delicious cuisine and attentive service *For information, rates, and reservations*—your travel agent, the hotel, or New York Office, 51 East 42nd St., MUrray Hill 2-8442. *Restricted patronage*

THE BERMUDIANA

A modern resort hotel in a beautiful 15 acre estate New Floral Sports Garden with magnificent swimming pool, tennis, lawn sports Special golf and skeet privileges Sparkling entertainment program Excellent cuisine Modern rates

Apply, your Travel Agent, or Robert D Blackman, General Manager Hotel Bermudiana Bermuda or New York representative, 34 Whitehall St , New York

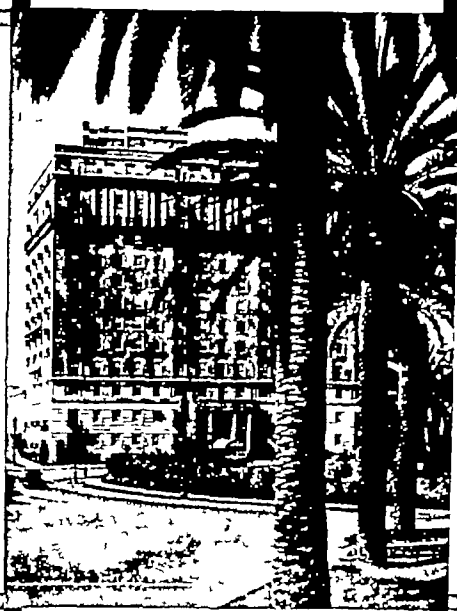




These Hotels are Members of the
BERMUDA
HOTEL ASSOCIATION

IN

Los Angeles



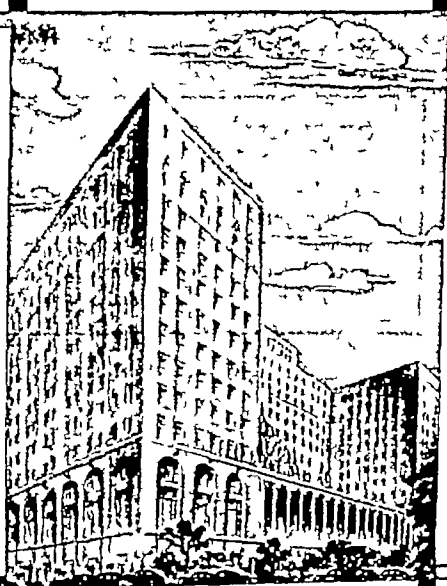
ENJOY an address of prestige offering every convenience for the discriminating traveler Beautifully furnished suites and apartments, one to three bedrooms from $12 50 Single rooms from $6 00

The Town House

WILSHIRE BOULEVARD
AT COMMONWEALTH

IN

Chicago



A DISTINGUISHED hotel offering every luxury and convenience of fine living Overlooking Lake Michigan Beautifully furnished suites and apartments, one to three bedrooms from $12 50 Single rooms from $6 00

The Drake

MICHIGAN AVENUE
AT LAKE SHORE DRIVE

A S KIRKEBY, *Managing Director*

Rx

FOR COMFORT AND CONVENIENCE IN NEW YORK

Many Doctors have found this hotel offers them the utmost in comfort and convenience Perfect personalized service to meet their every need Centrally located in the Grand Central Area the Lexington is near to all means of transportation All the cheery outside rooms have radio circulating ice water and combination tub and showers Rates from only $3.50



Visit the Famous *Hawaiian Room*

On your next trip to New York be sure to see Manhattan's most unique restaurant An authentic Hawaiian setting even to a tropical hurricane It has taken the town by storm Dining and dancing nightly

HOTEL LEXINGTON

LEXINGTON AVE. at 48th ST
NEW YORK, N Y
Charles E Rochester Managing Director



Convention-eers!



So much more for your money

. . . AT NO EXTRA COST GO NORTHERN PACIFIC TO OR FROM CALIFORNIA

See more of America on your way to or from the convention in California at no extra cost. Route yourself one way at least via Northern Pacific, selected as part of the official route for the Medical Society of the State of New York. See the glorious scenic Northwest the North Pacific Coast, the great American Rockies and *diverse* gateways into Yellowstone National Park in Gardiner, out-Cody and if you can take a little extra time, be sure to include this country's newest travel thrill . the new HIGH-Road trip by motor along the "top-of-the-world" through beautiful Red Lodge entrance, serviced exclusively by Northern Pacific. May we help you plan a most satisfactory trip? Just 'phone drop in or mail the coupon below

TRAVEL BY TRAIN NORTHERN PACIFIC

NORTHERN PACIFIC RAILWAY

H M. Fletcher
Dept C, 560 Fifth Ave.
New York

☐ I am considering attending the medical convention Please send me information and fares
☐ I will not attend the convention but plan a Western trip to—

Name_____
Address_____ Phone_____
City_____ State_____

ROUTE OF THE AIR-CONDITIONED
NORTH COAST LIMITED

For those who like to try something different in culinary arts, New York boasts of restaurants where the foods of almost every nation are featured (see advertisements in this issue and in your Medical Directory of New York, New Jersey and Connecticut)

Its hotels are more numerous and offer a greater choice of selection than anywhere else in the world. They offer every fulfillment of purse and taste as well as the comfort and service enjoyed nowhere else. (May we again refer you to advertisements in this issue, and remind you to make reservations early?)

To describe New York in full would be an endless task Information on items in particular may be had at your hotel or the travel services at your transportation terminal

As a fitting climax to what promises to be the Medical Society's greatest convention, a weekend at Atlantic City is suggested, or a cruise to Bermuda.

Special arrangements have been made by Travelways, Inc, travel agency for this JOURNAL, for a postconvention cruise to Bermuda—see their advertisement for details

For any information, in which we may be helpful, you are invited to call upon the NEW YORK STATE JOURNAL OF MEDICINE'S business and editorial offices

★

The Welcome of

SAN FRANCISCO

Traditional — Sincere
is extended to the

AMERICAN MEDICAL ASSOCIATION

June 13-17, 1938

★

The "Story City" of the West ★ ★ Superbly situated on her 14 hills, San Francisco is rich in beauty and in interest, unequalled at making the visitor genuinely welcome. An ideal setting for serious thought or carefree gaiety

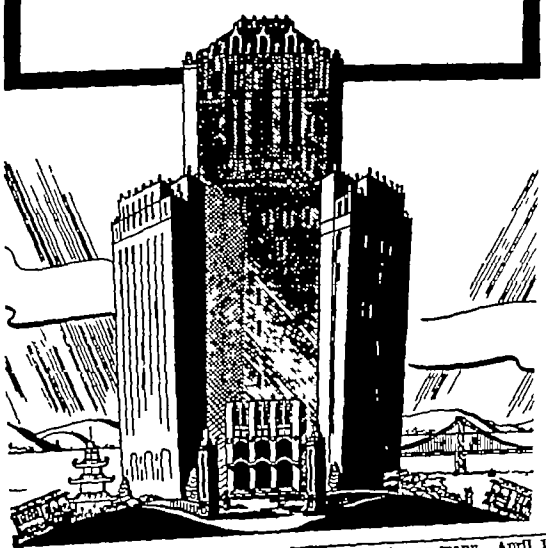
Convention Headquarters ★ ★ High atop Nob Hill, San Francisco's most distinguished address, with a sweeping panorama of the Bay and great new Bridges, three minutes from shops and theaters, three blocks from old Chinatown, the MARK HOPKINS is San Francisco's finest, friendliest place to stay Garage just an elevator ride downstairs

Rates from $4 00 per day
Early Reservations advisable

GEORGE D SMITH *Manager*

★

THE MARK HOPKINS HOTEL



By word of mouth

The popularity of The Woodstock with members of The New York State Medical Society is best attested by the fact that those who stay here recommend it to their friends and return themselves whenever they visit New York.

Single from $2 50
Double from $4 00

Our restaurant is famous for good food and the cocktail lounge is a favorite meeting place before dinner or theatre

HOTEL WOODSTOCK

43rd Street just East of Broadway
Next to Town Hall
NEW YORK

links and other interesting sports places

Boat trips around Manhattan Island, to the Statue of Liberty (and believe it or not, only one in a thousand New Yorkers have ever stood at the base of the Goddess who proclaims "Sweet Land of Liberty"), across New York Bay, and other short water trips can be made for the smallest charge.

Bus sightseeing is also worthwhile. Take a Fifth Avenue bus for its entire run (10 cents one way) and truly see how the other half of the world lives—as well as some of the world's finest architecture, shops, and "fashions" Other bus lines will take you into the foreign sections of the city, to Chinatown, and to Coney Island.

Planes can be rented or regular trips taken at any one of the nearby airports, for views of the city from the sky—or to take you to Atlantic coast shore resorts in quick time.

For theatres—over 250 legitimate theatres are located within walking distance of the Meeting Headquarters, and offer every known type of entertainment from the play to the finest in motion pictures

There is every variety of night club in New York—some to satisfy the taste of the most fastidious, some bizarre.

For doctors who wish to take a "busman's holiday," New York has numerous medical centers, great medical schools, and the finest Medical Academies, as well as many noted clinics and allied institutions

LOW-COST FUNERALS

Contrary to impressions that sometimes prevail, Campbell service is *not* "high priced" In fact, many of the funerals we conduct cost less than $200 complete (Caskets $75 up—plainly price marked)

FRANK E. CAMPBELL

THE FUNERAL CHURCH, Inc

Broadway at 66th St Phone TRafalgar 7-8200

When in Baltimore —

Stay at The Belvedere Quiet, restful. Convenient to leading hospitals and medical centers. Rates begin at $4.00 Write for free Map of Historic Baltimore showing routes, hospitals and points of interest.

The **Belvedere** Charles St at Chase Baltimore, Maryland



Follow THIS FELLOW to the SENATOR

if you want to enjoy

A GRAND WEEK-END VALUE

Food is important when enjoying any vacation and Senator food comes first in food—it s a first prize winner in New Jersey Hotel Competition.

The Senator is only 100 yards from the boardwalk, has all outside rooms, sea water baths solarium and broad sun decks Come to the Senator where you ll find the best week end values good food, enjoyable surroundings at reasonable rates

Write for special week end and vacation rates

A. G Towers, Gen. Mgr F Ernest Todd, Res. Mgr

The SENATOR ATLANTIC CITY

Bisquit IS Cognac BRANDY AT ITS BEST!



THE warm sunshine of France lives in each mellow, golden drop of Bisquit Cognac Brandy, for generations preferred throughout the world for its particularly delightful flavor and ever uniform quality.

Bisquit COGNAC *Brandy*

G H Mumm Champagne (S V C S.) & Associates Inc New York N Y

all Aboard

FOR A GLORIOUS TRIP TO

GERMANY



LEADERS of the medical profession from all over the world take trips to beautiful Germany to observe the interesting work done in the famous German

HEALTH RESORTS AND SANITORIA.

Such trips offer a splendid combination of rest, vacation and study The German spas—Nauheim, Wiesbaden, Baden-Baden, Wildbad, Kissingen, Homburg, Ems, Oeynhausen, Pyrmont, to mention just a few—extend special courtesies to visiting physicians

Follow the lure of the romantic Rhine and the blue Danube Stroll along the boulevards of Berlin and Vienna Browse in the galleries of Munich or Dresden Dream in the historic grandeur of medieval picture towns

For your personal comfort modern transportation and homelike accommodations at honest, reasonable prices Railroad fares are reduced 60% and Travel Marks are available far below regular Reichsmark quotations

Write for "Germany, The Land of Healing Spas," and interesting maps and travel folders

GERMAN RAILROADS INFORMATION OFFICE

665 Fifth Avenue, New York

HOTEL LUCERNE

201 West 79th Street
NEW YORK

Subway Station and Bus Lines at door

Automobile Express Highway Entrance and exit at 79th Street

Museum of Natural History and Planetarium within one block

Rooms with bath	
Single	$3 00
Double	$4 00

Garage Facilities

Telephone Endicott 2-7100

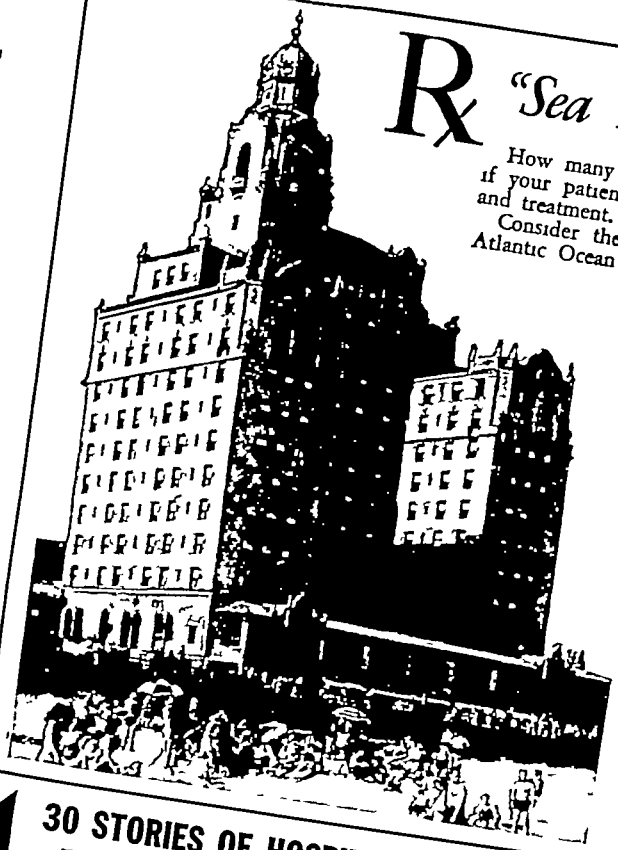
HOTEL
DENNIS

With the coming of Spring, our register begins to read much like a medical roster, so well represented is the profession among our guests.

SUN DECKS • SEA WATER BATHS
SPECIAL HEALTH BATH DEPARTMENT
DIET KITCHENS • GARAGE



WALTER J. BUZBY INC.



Rx "Sea Air, Sun and Rest"

How many times would you have prescribed a sea trip—if your patient could still be close at hand for supervision and treatment.

Consider the Half Moon—New York's only hotel on the Atlantic Ocean! Here your patients will have the benefit of fresh sea air, sun bathing on the ocean deck, rest, comfort and change, regular meals of the finest food, tastefully prepared, light exercise on the Boadwalk, relief from the distractions and noises of the city streets

300 quiet, modern rooms—salt water baths—efficient, 24-hour hotel service—low residential and weekly rates for recommended guests Free parking for Doctors and guests 30 minutes from downtown Brooklyn and Manhattan

Your visit of inspection will be welcome, at the Professional rate Full information from Paul E Fulton, Managing Director

Boardwalk and West 29th Street
Brooklyn, N Y
Telephone Mayflower 9-3800

HALF MOON
HOTEL—ON THE ATLANTIC OCEAN

30 STORIES OF HOSPITALITY
In the Smart East Fifties
Opposite the Waldorf-Astoria

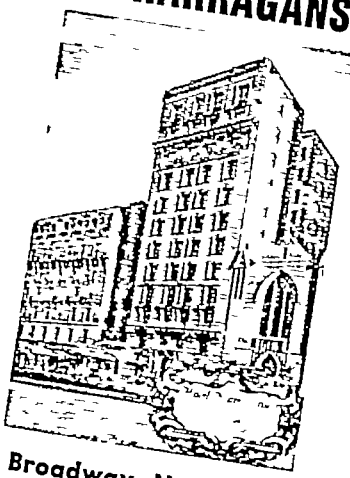


● Quiet dignity for your background Every measure of comfort — Spacious rooms, beautifully furnished—Plus convenience of location . Excellent restaurant and duplex cocktail lounge . air-conditioned

Single Rooms $4-$5 • Double $6 $7
Suites from $8
Special monthly and yearly rates

The Beverly
HOTEL
William A Buescher, Manager
125 EAST 50th STREET • NEW YORK

Attending the Convention?
Send your reservation to
HOTEL NARRAGANSETT



2510 Broadway, New York City
93rd & 94th Streets
Excellent Service—Reasonable Rates

A first class uptown hotel of quiet dignity having the atmosphere and appointments of a well conditioned home Delightfully situated between Central Park and Riverside Drive. Seven minutes to Times Square Exceptional service. 1 2 3 ROOM SUITES.

Riverside 9-9500

902 Office

Lakewood, N. J.

Excellent hotels and many points of interest

for PATIENTS *requiring . . .*

an atmosphere conducive to rest and speedy convalescence—clean, helpful pine-laden air—and excellent outdoor recreation facilities

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In the Heart of Philadelphia



ONE OF THE FEW FAMOUS HOTELS IN AMERICA . .

BELLEVUE-STRATFORD

Claude H Bennett, General Manager

RATES BEGIN AT $3 85

Sentimental is the Word for AUSTRIA



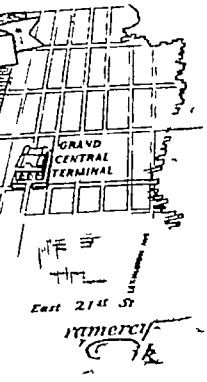
So it remains a refuge for romance in our prosaic age Go native in Alpine Tyrol in quaint Vorarlberg by the laughing lakes of the Salzkammergut Spend festival time in Salzburg relax by Carinthian waters conquer the Glockner glaciers by motor Recapture romance on the beautiful blue Danube amid the subtle sophistications of his toric Vienna A sun loved land whose very air is a tonic Spas All sports Friendly inns de luxe hostels excellent accommodations on any budget

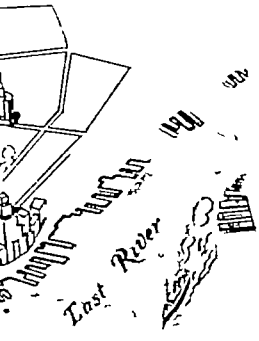
FESTIVALS:
at VIENNA
LINZ
SALZBURG
GRAZ
the WOERTHERSEE
PASSION PLAY
at THIERSEE

Consult your travel agent today or write for details to Dept JN

AUSTRIAN STATE TOURIST DEPARTMENT
630 FIFTH AVENUE · NEW YORK







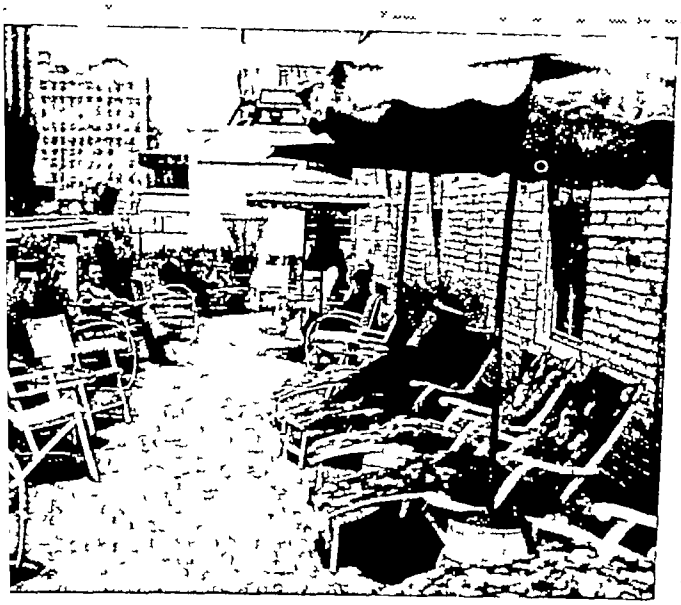
ARRANGE RESERVATIONS *NOW!*

An exclusive modern hotel, located in quiet, historical Gramercy Park—only five minutes by bus or subway directly to your meeting place This hotel is patronized by the finest clientele because it offers all the comforts, finest service, tastiest foods, etc, at the most moderate rates Write immediately for special convention rates and meeting facilities

Hotel

Tel. GRAMERCY 5-4320

Make this YOUR PERSONAL HEADQUARTERS *for the Annual Meeting*





Away from midtown congestion and noise — yet convenient, only five minutes transportation

SPECIAL CONVENTION RATES!

GRAMERCY P

The

BEVERLY

New York's Gayest Restaurant
AND DUPLEX COCKTAIL LOUNGE

Luncheons from 75c Cocktails from 30c
Dinners from $1.25

SPECIALTIES
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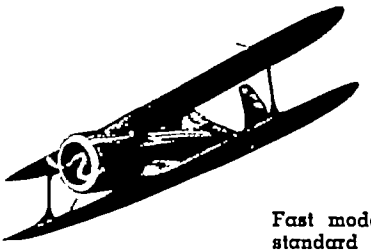
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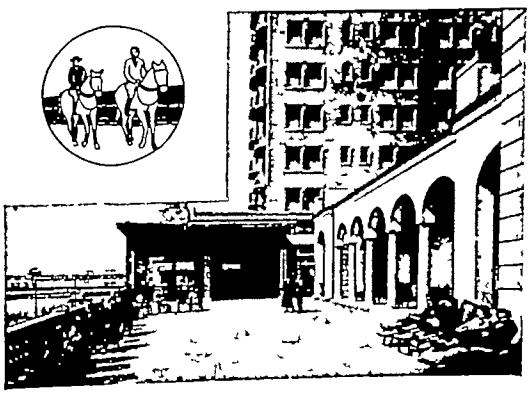
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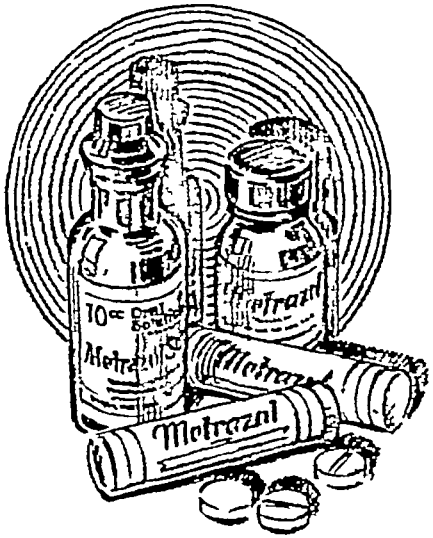
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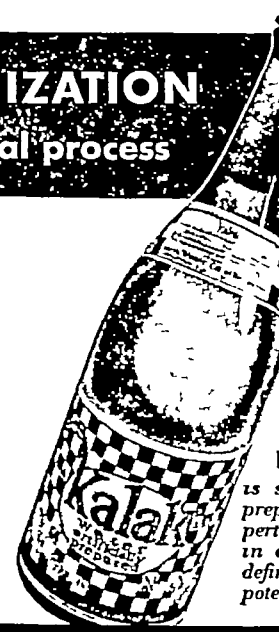
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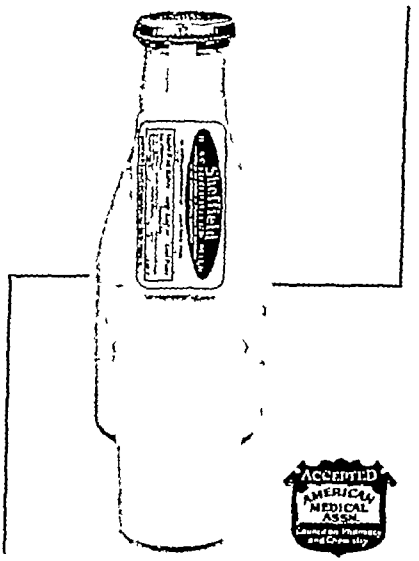


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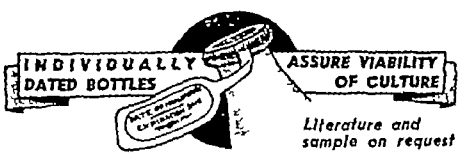


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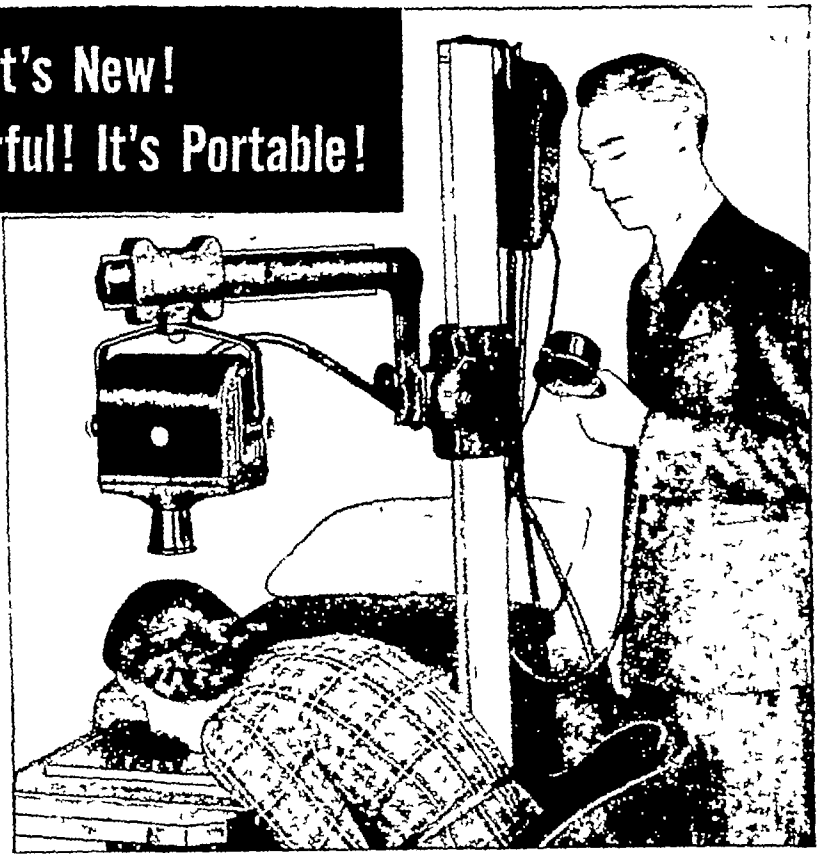
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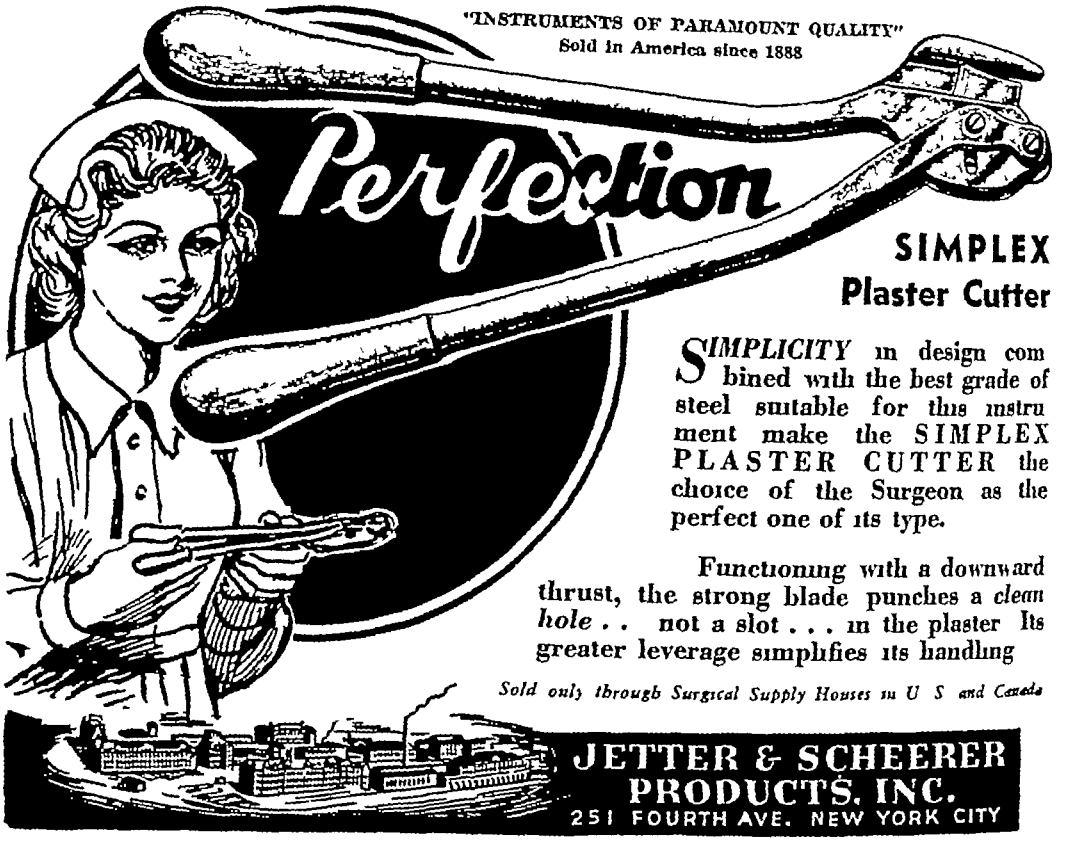
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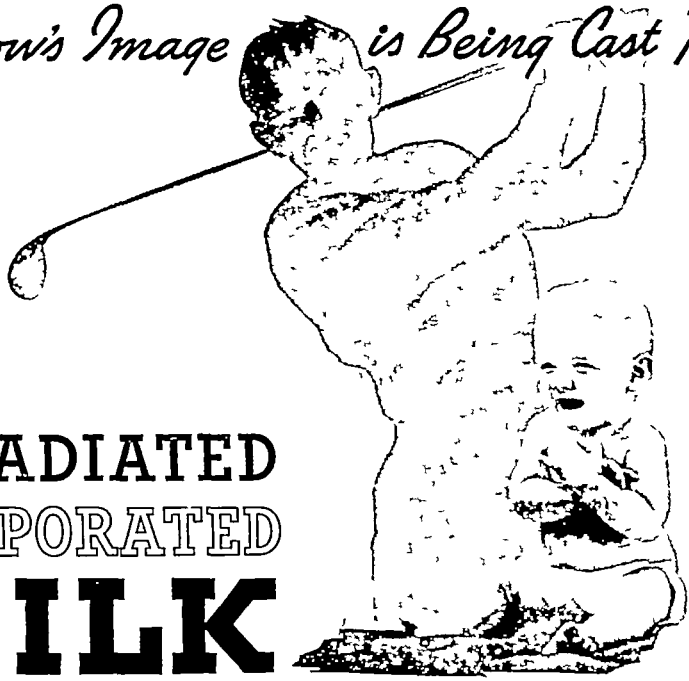
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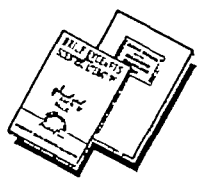
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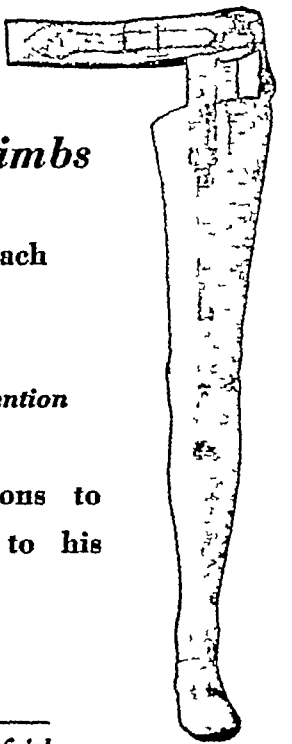
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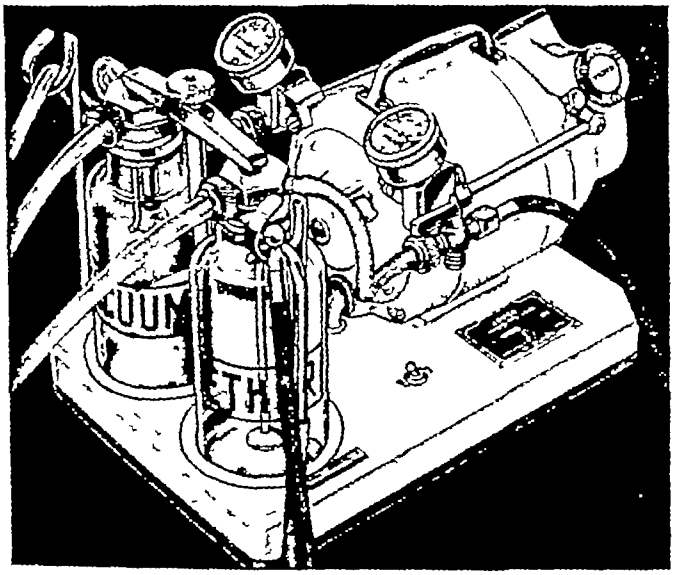
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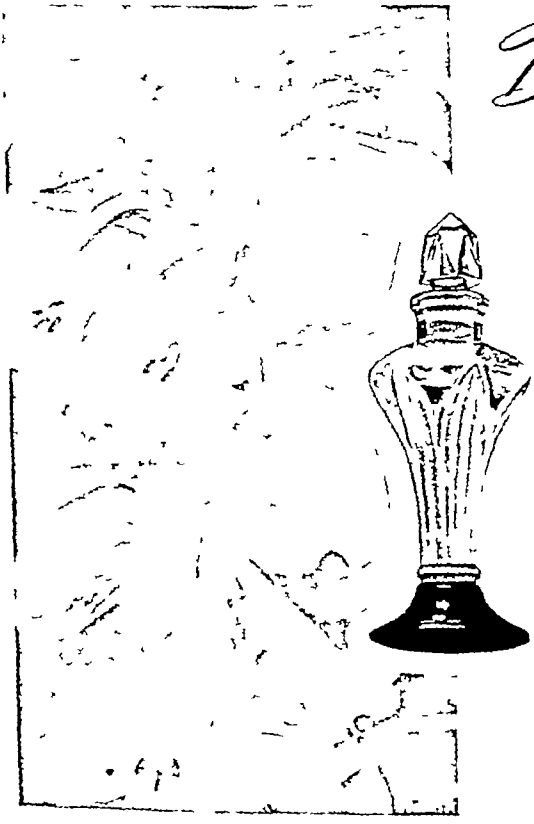


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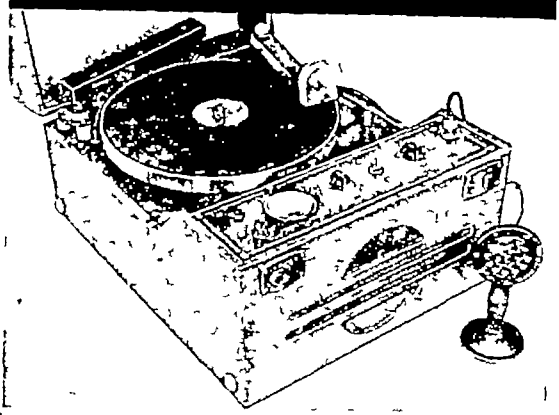
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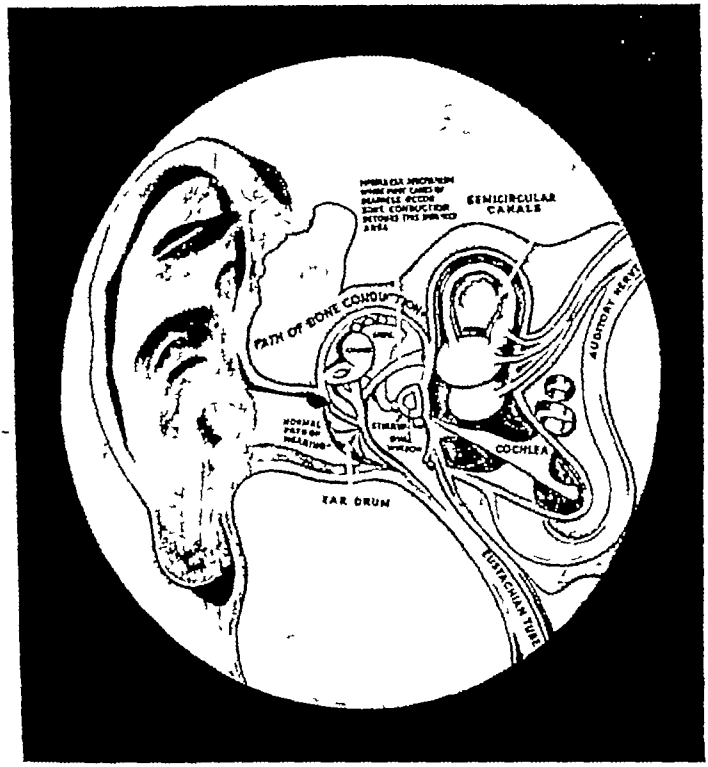
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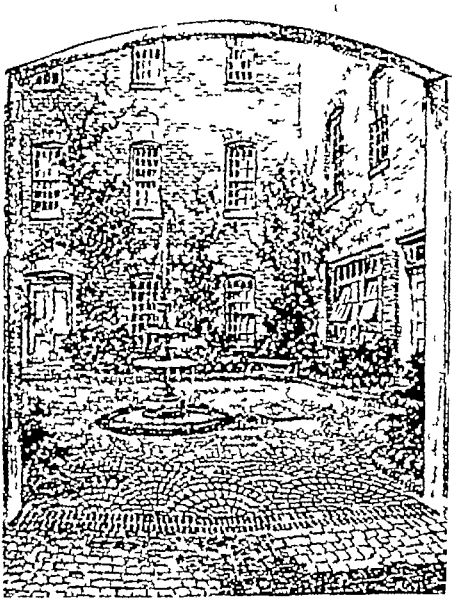
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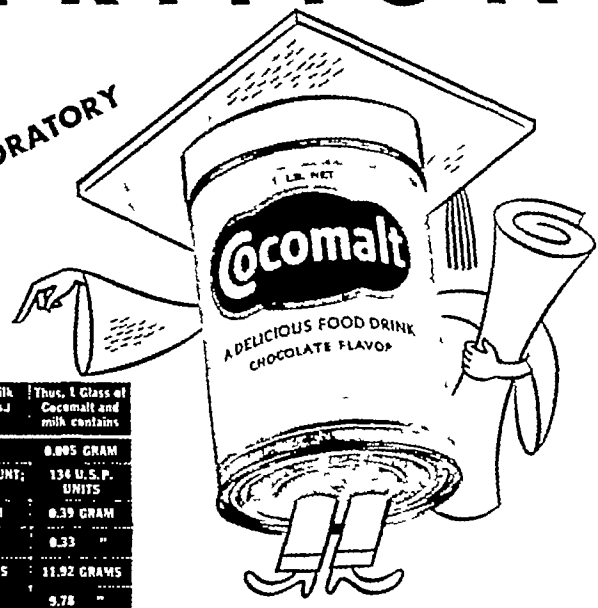
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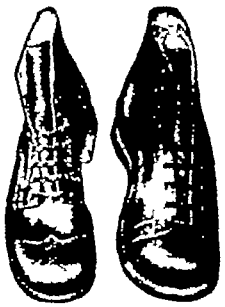
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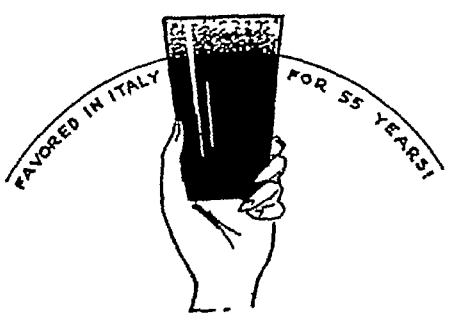
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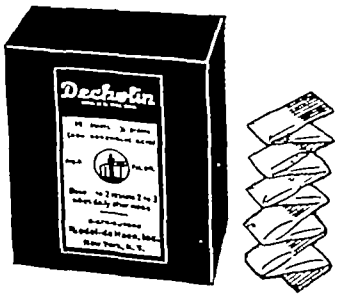
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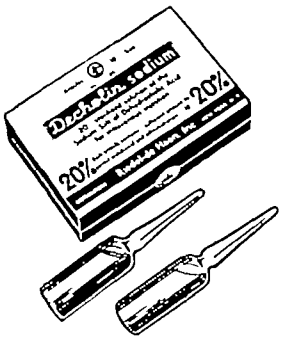


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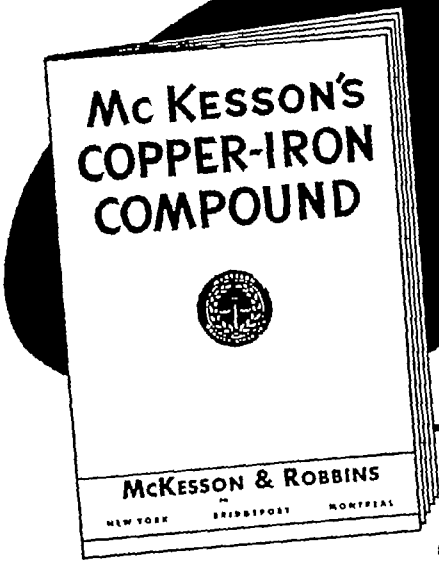
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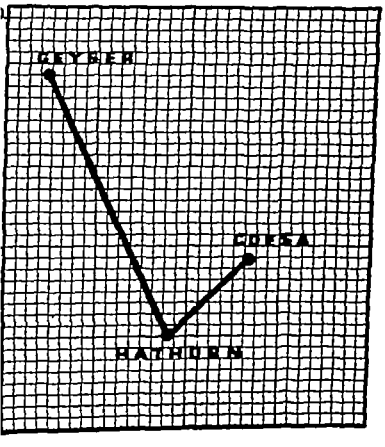
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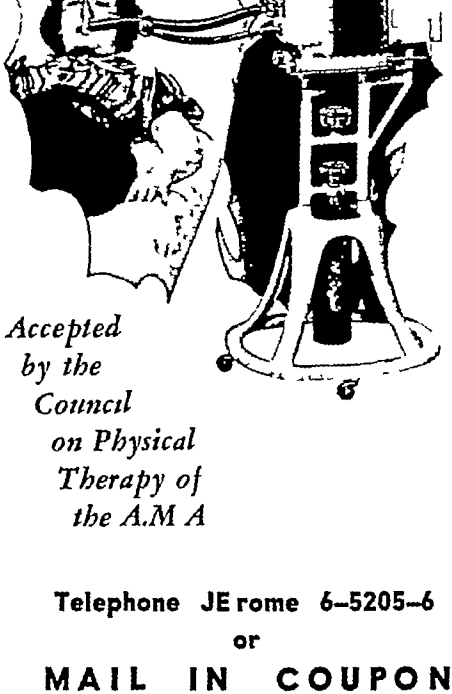


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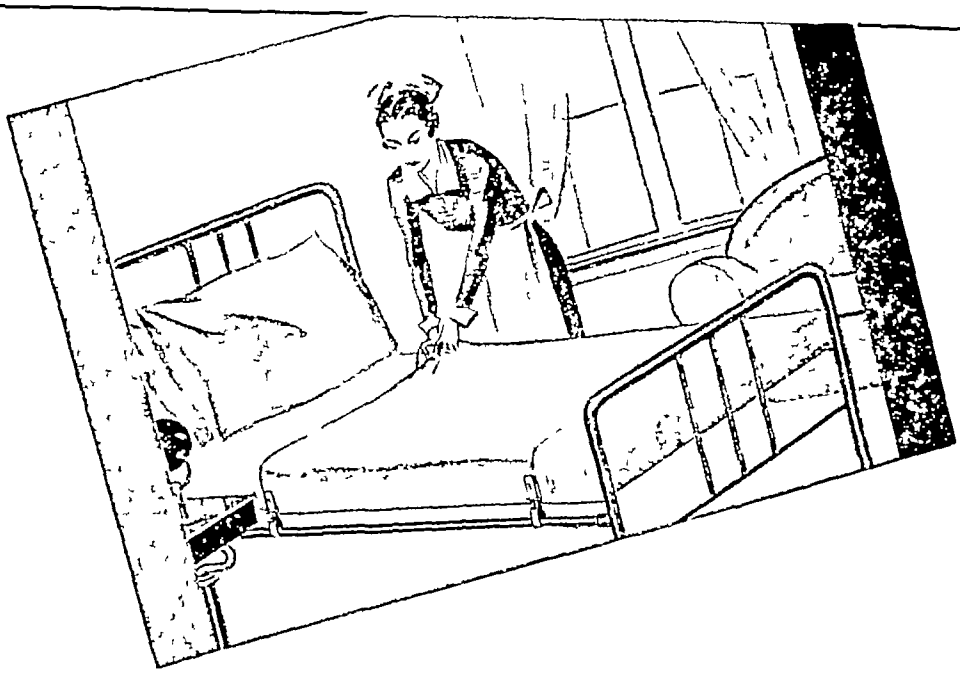
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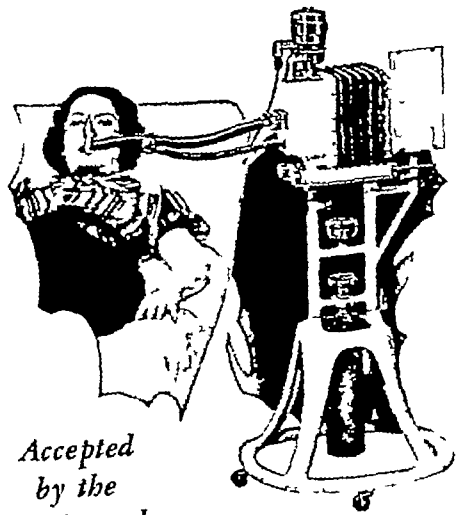
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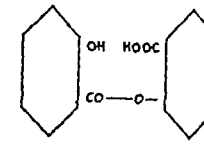
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Vol 38 APRIL 15, 1938 No 8

VESICOVAGINAL FISTULAE

Their Cause and Cure

NORMAN F MILLER, M D, *Ann Arbor, Mich*

From the Department of Obstetrics and Gynecology, University of Michigan

Discussion of bladder fistulae in the female has gradually disappeared from obstetric texts only to appear in treatises on gynecology Two reasons account for this shift, (1) operative trauma has become an increasingly prominent factor in their production and (2) most patients with fistulae gravitate to the gynecologist, urologist or general surgeon for repair

Fistulae resulting from obstetric trauma have undoubtedly decreased in frequency Pressure necrosis has been almost entirely eliminated, for excessively long, three and four day labors are seldom permitted today Furthermore greater care is exercised in management of the patient during the intrapartum period The overdistended bladder is carefully guarded against and catheterization prior to operative delivery is now routine With the advent of obstetric analgesia and amnesia, operative deliveries have become more frequent but this does not appear to have influenced the incidence of bladder fistulae, nor should it, if good judgment is exercised in their selection and performance

Almost a hundred years ago leading obstetricians recognized that forceps, properly used, prevented rather than caused fistulae This was stressed by Sims and other leaders of the time Undoubtedly trauma in the form of prolonged pressure in excessively long labors with subsequent necrosis was a prominent etiological factor The development of prenatal care, and a wider range of acceptable methods for delivery in patients with cephalopelvic dystocia has unquestionably reduced the hazards of bladder injury

The exact incidence of bladder fistulae resulting from obstetric trauma is difficult to determine Both patient and physician are reticent about admitting complications of this sort and furthermore the present day availability of hospitals and skilled surgical care leads to earlier rectification In contrast to the apparent decrease as a result of birth trauma, we see a definite increase in bladder fistulae following pelvic surgery About fifty per cent of the fistulae seen at the University of Michigan Hospital during the past five years occurred as the result of pelvic surgery Pelvic surgery for hysterectomy is the most frequent offender although other pelvic operations may be similarly complicated Fortunately postoperative fistulae are generally small and many heal spontaneously during the first few months following operation Others may do so when stimulated by cautery or fulguration Those remaining unhealed, although small, are generally more difficult to repair than the larger puerperal variety This

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 26, 1937

is readily understood when the two groups are compared

Postoperative fistulae are generally high in the vagina and difficult to expose On the other hand the larger postobstetric fistulae are readily accessible and their repair thereby simplified A healthy respect for the bladder during pelvic surgery and judgment in the use of either sharp or blunt dissection in the vicinity of this organ will go a long way toward keeping the surgeon out of trouble Similarly by keeping the bladder empty during operative delivery and by being mindful that obstetric forceps are primarily intended for traction and not rotation, morbidity from this source may be kept at a low figure

In the management of vesicovaginal fistulae we must not overlook the opportunities for prevention and primary healing I am confident that a fistula may sometimes be prevented by use of an indwelling catheter in patients where excessive bladder trauma is suspected or actual damage is known to have occurred With modern facilities for bladder drainage and irrigation, there appears to be little justification for neglecting this precaution in suspicious cases The prone position and local stimulation in the form of saline douches and other means for speeding-up healing should be liberally employed Early and persistent attention to these simple measures will lead to the closure of some and materially reduce the size of others Every older practitioner has long since recognized the remarkable healing powers of nature and nowhere is this better exemplified than by observing the gradual closure of what appeared to be a hopeless and unbearable bladder disaster

While early attempt at operative closure before the tissues are in healthy condition is inadvisable, stimulation of indolent edges by means of cautery or chemicals is well worth trial Operative closure may be attempted in the larger fistulae after three months, provided the tissues are in healthy condition Small fistulae may be treated conservatively for a longer period with the hope of spontaneous healing

"There are many roads that lead to Rome," and so, too, there are many surgical methods for correcting vesicovaginal fistulae In considering repair the physician should recognize his responsibility and undertake such treatment only if he is able to offer his patient every opportunity for successful outcome This is not idle talk—nor is it an attempt to steer these unfortunate women to medical centers No patient is more deserving of sympathy and help than the woman suffering social isolation and the mental and physical torture of uncontrolled urine drainage Since each unsuccessful attempt at repair materially reduces the chances for ultimate cure there is obviously little justification for bungling, or makeshift attempts at closure.

The physician contemplating operation for a bladder fistulae may well ask the following questions

1 Is patient in best possible physical condition?

2 What are the various methods of accomplishing repair?

3 Am I selecting the best approach for this particular case?

4 Shall I regret inadequate preoperative preparation or has my patient been properly prepared?

5 Am I properly fortified in knowledge, skill, and equipment to undertake such repair?

It is not too much to expect such detailed consideration when we recall that the first attempt at repair generally offers the best chance for cure, and with each succeeding attempt the chance for ultimate closure materially decreases No gynecologist, urologist or surgeon has yet become so adept in the repair of vesicovaginal fistula that he can afford to neglect the above mentioned points No stone should be left unturned in determining that patients so afflicted are given every chance for primary healing To this end then we may well consider the basic principles which underlie surgery of this type

Fortunately the blood supply to the pelvis and its mucous membranes is normally good and except where excessive scarring has taken place, this factor is seldom one to cause concern With successive attempts at repair and failure, the rapid increase in cicatrix or scar tissue formation occurs, vascularization of tissues is seriously impaired and renders further attempts at repair even less likely to be successful

Every surgeon recognizes excessive tension as a serious impediment to healing This is particularly true in the repair of fistulae Much can be done to avoid this and particular pains should be taken to recognize and overcome this obstacle to healing Jobert (de Lamballe) achieved this by making incisions lateral to the fistulae while Simon relied on tension sutures In the presence of excessive scarring where wide dissection around the fistula appears inadvisable, Jobert's suggestion may be followed to advantage but in patients operated for the first time this is seldom necessary, tension being avoided by adequate mobilization of the mucous membranes proper

It is difficult to evaluate the infection hazard in these cases That it plays a role in healing need scarcely be questioned Yet, when we recall that the great masters of the past century, Wutzer, Jobert de Lamballe, Simon, Brown, Bozeman, and Sims had no knowledge of asepsis and yet achieved almost unbelievable success it becomes difficult to view infection as a first rank hazard Doubtless individual resistance or bacterial immunity plays an important part. Even so the danger of incomplete union as a result of infection should be guarded against by appropriate preoperative preparation

In the early years of the present century, at least ten methods of approach were described Today only three of these approaches deserve consideration—the vaginal, the transvesical, and the transperitoneal It is not the purpose of this paper to delineate these methods Neither is it my intention nor desire to propagandize any one method and least of all my own Each method has its advantages and each has been adequately described in the literature *It is incumbent, indeed, it is the duty of the physician contemplating repair of vesicovaginal to familiarize himself with these accepted methods* Failure to do so means failure to qualify for this type of surgery Armed with complete information the physician is in a position to select that method which in his opinion best suits the condition

During the past five years all cases of vesicovaginal fistulae have been operated by the same technic at the University of Michigan Hospital I would have no hesitancy, however, in adopting the transvesical or transperitoneal approach should the fistula warrant

Technic

In brief the technic of repair used in these cases is as follows

1 General upbuilding regimen until patient is in good health This is an operation of election—not emergency—and even though the patient is anxious to be cured attention to general health is apt to be well-rewarded

2 Local hygiene Mild warm antiseptic douches and local treatment are advocated in order that the tissues may be in healthy condition before repair is undertaken

3 Urinary antisepsis

4 Careful localization of fistula Cystoscopic examination is always made when possible It helps locate ureters and informs the physician how far he may safely go in his dissection

Operation

1 Inverted Trendelenburg position In our experience this has been most useful It permits the operator to look down upon the operative site

2 Mobilization of vaginal mucous membrane and bladder base at site of fistula Probably this calls for more judgment than any other step in the repair When there is little scarring and the blood supply is good, wide dissection is desirable as it permits closure without tension. When badly scarred, however, wide dissection may be inadvisable because of the poorly vascularized tissues and the danger of slough In these cases, use remote mobilization

3 Inversion of the bladder and eversion of vaginal mucous membrane, using only a few interrupted fine chromic sutures [1] Over use of suture material is unnecessary and a common cause of failure

Postoperative Care

1 Prone position on well-padded frame

2 Indwelling catheter, acetic acid one-quarter per cent, irrigations three times daily or oftener if necessary With the patient in the prone position, constant gross wetting of the operative site is less likely to occur

3 Normal fluid intake (any clear liquid)

4 Patient is taken off frame and placed on her back in bed on the tenth day The catheter is removed on the twelfth postoperative day

The above outlined technic represents

the one which we have come to prefer and we believe our results justify its continued general use Ninety per cent of patients operated by us by this method have healed by primary intention following a single operation There are times, however, when variation may prove wise and as previously stated we would not hesitate to use another technic in a given case if, by so doing, we might offer a better prognosis

Better obstetrics and better surgery will reduce, but not entirely prevent, the occurrence of fistulae For those that do occur, careful evaluation and premeditated planning are fundamental Let there be no attempts at repair without meticulous preparation and a full understanding of the problem presented and its remedy

UNIVERSITY HOSPITAL

References

1 Miller, Norman F Am. Jour Obst & Gyn 30 675, 1935

FIRST INTERNATIONAL HEALTH BROADCAST

Leading British and American physicians, 6,000 miles apart, will confer via the radio on the greatest menace to child health, rheumatic heart disease This conference, the first international broadcast on any health problem, will be heard over the National Broadcasting Company, WEAF and the Red Network, on Monday evening, May 2, at seven-thirty o'clock, Eastern Daylight Saving Time. Arranged by the American Heart Association, New York City, the conference-broadcast will observe National Child Health Day

Lord Thomas Jeeves Horder, physician-in-ordinary to the King of England, will open the conference, speaking from London Dr Homer F Swift of the Rockefeller Institute, New York City, and Dr T Duckett Jones of the House of the Good Samaritan, Boston, will then speak from Atlantic City where they will be attending the convention of the American Society for Clinical Investigation

Dr William J Kerr, President of the American Heart Association, will take up the discussion from San Francisco Rheumatic heart disease is now recognized as the deadliest and most crippling affliction of children of school age. Its annual mortality rate is seven times that of dread infantile paralysis during an epidemic, while every year it invisibly cripples thousands more. Close to a million persons in the United States have hearts damaged by rheumatic fever

Lord Horder's aerial report will dwell upon public health aspects of the disease, particularly in England Dr Kerr, from the West Coast, will tell of the work of the American Heart Association in this field The radio audience will then be carried back to Atlantic City to hear Dr Swift describe the medical investigations being carried on to isolate the cause of the disease Dr Jones will follow with a discussion of the treatment of children with crippled hearts, emphasizing the need for long continued sanatorial care

GOLFERS!! ATTENTION

The American Medical Golfing Association's Twenty-Fourth Annual Golf Tournament will be held in San Francisco, California, on June 13, at the San Francisco Golf and Country Club

The San Francisco Golf Committee, appointed by General Chairman Howard Morrow, is composed of James W Morgan, Chairman, Ernest D Chipman, George A Gray, George McClure, and William G Moore.

Drs James Eaves and Walter Schaller, past presidents of the A. M G A., are Honorary Members of the committee.

A "Golfers Special" to the A M A Meeting is being sponsored by the American Medical Golfing Association Six games of golf have been arranged on the trip to the Coast, in New Orleans, Houston, Galveston, San Antonio, Los Angeles, and Del Monte, and three on the return journey thru Portland, Seattle, Vancouver, Lake Louise, and Banff

Non-golfers as well as golfers, and their ladies, are welcome on the "Golfers Special"

For full particulars on the A M G A Tournament or the "Golfers Special," write the President of the A M G A., Dr Walt P Conway, 1723 Pacific Avenue, Atlantic City, N J , or Bill Burns, Executive Secretary, 2020 Olds Tower, Lansing, Mich

MENTAL GROWTH IN EPILEPTIC CHILDREN

I NEWTON KUGELMASS, M D and LOUISE E POULL, PH D, *New York City*
From the New York City Children's Hospital

Whatever the intellectual endowment of an epileptic child his mental growth is retarded more often than accelerated This clinical dictum raises several questions regarding the mechanism of the disease significant in developmental supervision

1 Does mental deterioration form a part of epilepsy?
2 Does initial intelligence determine the altered mental state?
3 Does reduction in the number of seizures raise mental capacity?
4 Does improvement in epilepsy enhance mental control?
5 Does age condition change in mental status?

The answers were tentatively obtained from clinical and psychological studies of 129 epileptic children selected from about 1700 institutionalized children and ninety-one from private practice studied in hospitals and special schools

Distribution of Cases

The *diagnosis* of epilepsy was concluded from detailed physical, neurological, and psychological examinations of the patient It included the medical and personal history, mental tests, blood and spinal fluid analysis, basal metabolic determinations, x-ray examination of the skull and gastrointestinal tract, allergy tests, and ventriculography as indicated

The epileptic children included in this study fulfilled the following conditions (1) Reliable psychological examinations at the beginning and at the end of the interval involved, (2) Absence of complications affecting mental status, (3) Mental levels over an I Q 20, (4) Uniform therapeutic procedures, (5) Identical living conditions

The patients were classified as primary if idiopathic epilepsy was the sole disturbance, and as secondary if, besides epilepsy, there was a constant cerebrogenic factor superimposed on the mental status In the former group mental growth might be expected to be accelerated and in the latter, to be retarded The children were considered improved if both the number and intensity of the seizures decreased, and unimproved if either the number increased and the intensity of the attacks decreased and vice versa or if there was no change in the condition during the interval of study

The *treatment* was formulated according to individual needs In the children with I Q less than 90 it consisted of phenobarbital limitation of fluid and salt, bowel regulation, and daily rest periods In the children with I Q more than 90, treatment consisted of ketogenic diet (acid-forming and dehydrating), phenobarbital, removal of physical and mental strains, elimination of allergic offense, change in environment, correction of physical defects, posture, constipation, rest periods before and after meals, and regulated daily regimen

Age at Onset of Epilepsy

Exact determination of the beginning of epilepsy is frequently very difficult because no adequate method of distinguishing epileptic seizures from nonepileptic convulsions of infancy and early childhood has been devised The general trend of the data is significant in that in most of the children studied, the seizures began in the preschool period The age of onset of seizures in the primary improved group is slightly higher than the unimproved, but the greater variability in the improved group offsets this difference Omitting a few outstanding cases the range of onset of convulsions is from birth to fifteen years, twenty-five percentile at about one year, fifty percentile at about three years, and seventy-five percentile below twelve years The similarity in these distributions again gives a negative answer to this question

I Q Determinations

The constancy of relative mental ability is most commonly expressed by the intelligence ratio Terman, Rugg, Garrison, and

TABLE I—DISTRIBUTION OF EPILEPTIC CHILDREN STUDIED

	Classification of Cases			
	Improved		Unimproved (Treated and Untreated)	
	Hospital	Private	Hospital	Private
Primary	32	56	55	35
Secondary	24		18	

	Chronological Ages					
	Improved			Unimproved (Treated and Untreated)		
	Hospital		Private	Hospital		Private
Frequency	Primary	Secondary	Primary	Primary	Secondary	Primary
Median	9 yr 6 mo	14 yr	7 yr 9 mo	13 yr 2 mo	12 yr 8 mo	8 yr 5 mo.
25%	6 yr	7 yr	4 yr 6 mo	8 yr 9 mo	6 yr 6 mo	6 yr 8 mo.
75%	14 yr 6 mo	20 yr	10 yr 9 mo	18 yr 3 mo.	17 yr 6 mo	12 yr

TABLE II—AGE AT ONSET OF EPILEPSY

	Improved			Unimproved (Treated and Untreated)		
	Hospital		Private	Hospital		Private
Frequency	Primary	Secondary	Primary	Primary	Secondary	Primary
Range (Years)	1–15	1–17	1–14	1–13	1–13	1–13
Median	3 yr 6 mo	2 yr 6 mo.	3 yr 3 mo	2 yr 10 mo	2 yr 8 mo	3 yr
25%	1 yr 5 mo	8 mo	1 yr	9 mo	1 yr 9 mo	1 yr
75%	11 yr 11 mo	11 yr 9 mo	8 yr	6 yr 7 mo.	10 yr 6 mo	8 yr 9 mo

TABLE III—I Q OF EPILEPTIC CHILDREN

	Improved			Unimproved (Treated and Untreated)		
	Hospital		Private	Hospital		Private
Frequency	Primary	Secondary	Primary	Primary	Secondary	Primary
Range	20–84	20–74	40–140	20–88	20–85	40–140
Median	56	51	99	49	49	90
25%	46	40	67	41	41	54
75%	64	59	106	66	57	100

TABLE IV—I Q CHANGES IN EPILEPTIC CHILDREN

	Improved			Unimproved (Treated and Untreated)		
	Hospital		Private	Hospital		Private
Frequency	Primary	Secondary	Primary	Primary	Secondary	Primary
Range	+15 −22	+14 −15	+21 −21	+9 −44	+7 −47	+3 −42
Median	−2	0	−0 5	−3	−3	−5
25%	−6	−6	−5	−12	−13	−12
75%	+2	+1	+3 7	0	−2	0

others have shown surprisingly constant relative abilities of children tested year after year under normal conditions Hence the increase in mental age of a child which is expected after a given interval will depend partly on this interval and partly on the I Q The mental age of a child whose I Q is 100 will in twelve months increase one hundred per cent whereas that of a child with I Q of 50 will in the same time increase only by fifty per cent or by six months The ratio of the actual increase to this expected increase gives a measure of the stability of intelligence If it is unity, mental development is normal, if less than one, retardation, if zero, stagnation This involves two assumptions that the score units are equal at all levels of the test, which is doubtful and that the selection of children at each age is the same, also doubtful Nevertheless we have resorted to mental tests as the best first approach to our problem

The initial and final tests used in the mental studies of epileptic children involved a variety of scales The final rating was a weighed average of appropriate

measures The Stanford-Binet was supplemented by the Pintner, Paterson Performance Scale, Kelley Traube Language Completion, Parteus Maze or Pintner Non-Language Not all the scales were used in each case for choice depended on the clinical needs of the individual The Kuhlmann-Binet was substituted for the Stanford-Binet in most cases below the five-year level Scales requiring the use of language were omitted in cases of marked speech defect or foreign language background The I Q in children of fifteen years of age or over was determined by dividing the mental age by 180 months, as fifteen years is the accepted maturity level

The *hospitalized group* of epileptic children is retarded mentally As selected cases their mental status is in accord with the observations recorded for institutional epileptics [1 3] No significant difference appears between primary and secondary types of epilepsy in these children, and both are within mental range of the unselected children in the hospital that are mentally retarded But there is some difference in I Q in favor of the improved group of children as compared with the unimproved, treated or untreated

The *private practice group* of epileptic children showed a normal mental rating significantly higher in the improved than in the unimproved patients It corresponds well with the central tendency and total range of other pediatric patients Other observers [4] record slightly lower I Q values for the mentally normal epileptic children On the other hand, we have seen many epileptic children superior in intelligence when tested early in the course of the disease, especially those who have had only petit mal attacks Apparently the large number of mentally retarded epileptics observed in the institutional group is statistically balanced by a greater number of cases above average intelligence in the private practice group The selected nature of the groups studied by various investigators however precludes strict comparisons

Mental Growth in Epileptic Children

The I Q changes on retests were determined for each group of children, institutionalized and private practice Test conditions were favorable to the best response No data was recorded for children under the immediate influence of seizures The retests therefore indicate the effects of the disease, treated or untreated, on mental status The intervals between the initial and final tests varied from three months to three years but the results are valid for comparison since the correlation with interval change was negligible $+ 0.105 \pm 0.12$ But the correlation between the first and final tests was $+ 0.90$

The accompanying histograms* and Table IV reveal a constant difference between the improved and unimproved groups, irrespective of the initial I Q, at the lower end of the distribution This indicates that whereas both improved and unimproved are limited alike in their tendency to raise their mental status, the unimproved as a group drop twice as low at the seventy-five percentile of the distribution Mental deterioration was thus prevented by treatment in both institutional and private practice groups The histograms of the two improved groups show no tendency to a large drop at the lower end of the distribution Mental deterioration in the unimproved group appeared to be augmented by the severity, frequency, early onset, and duration of attacks

The epileptic children cured of their seizures showed a constancy of I Q and less variability than the other groups But the difference might disappear if the number of cases were increased Again, any difference less than 5 I Q is within the probable error or natural variability of the I Q itself and is, therefore, not highly significant

Brighter subjects show a slight tendency to greater deterioration ($r = -.286 \pm .07$) The younger children, however, are somewhat brighter than the older ones

*The histogram is a convenient method of representing the frequency distribution of the data The assumption is made that all of the scores within an interval of abscissae are spread uniformly over the entire interval For this reason, the measures are represented by a rectangle constructed with a base equal to the length of the abscissa and altitude equal to the number of measures within the interval. The total frequency is represented by the area of the histogram and the area of each rectangle is directly proportional to the number of measures in the interval

($r = -.144 \pm .08$) hence the rise in I Q cannot be ascribed to age alone This factor further complicated by the question of greater variability in higher and lower intelligence levels of other than epileptics The differences in the distributions according to the first I Q are too small to give indications of advantage to any group—improved or unimproved, primary or secondary

Younger patients respond to treatment more favorably than older children And the earlier it was instituted the greater its effectiveness Nevertheless the degree of change in mental status is conditioned slightly in favor of the older subjects The correlation ($r = +.0215 \pm .07$) is however too low to have great significance

Our groups do not show the degree of deterioration observed by others,[5 6] and the improved groups at any I Q level showed the minimal, if any, mental deterioration Despite the difference in treatment between the two groups the children whose seizures were diminished or arrested showed normal mental growth The dominance of drug therapy in the institutional and dietary therapy in the private practice group did not alter the mental status on improvement. Apparently epileptic children, irrespective of their mental endowment, deteriorate with the progress of the disease if unimproved by treatment

The changes in mental control were evaluated from clinical judgments of behavior It included emotional and nervous stability in ward and school relationships The percentages thus derived show no significant differences in the two groups Life is very difficult for these children Much that is attributed to underlying temperament can be assigned to chronic invalidism Mental sluggishness may be the outcome of drugs and a narrowed horizon of activity, emotional imbalance a consequence of unrealizable aims Many rise superior to their inferiority, do their school work, never enter institutions and betray no sign of affective instability or intellectual deficit

Summary

1 Clinical and psychological studies were made of 129 epileptic children selected from about 1700 institutionalized children and of ninety-one from private practice selected from hospitals and special schools The children were classified

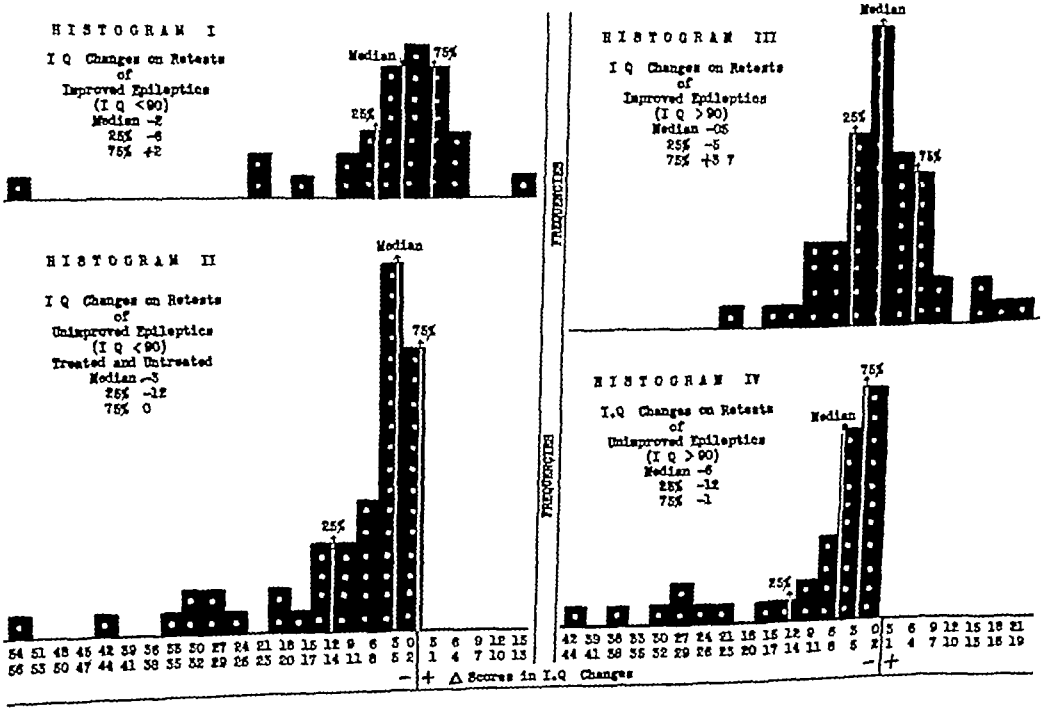


TABLE V—MENTAL CONTROL IN EPILEPTICS

	Improved		Unimproved (Treated and Untreated)	
Changes	Primary	Secondary	Primary	Secondary
Better	22%	21%	15%	22%
Same	41%	58%	47%	45%
Worse	37%	21%	38%	33%

TABLE VI—CORRELATIONS

Factors		Cases (Primary)	Correlation
Chronological Age	I Q Changes	87	+0 215 ±0 07
Initial I Q	I Q Changes	87	−0 256 ±0 07
Chronological Age	Initial I Q	87	−0 144 ±0 08
Testing Intervals	I Q Changes	32	+0 105 ±0 12
Testing Intervals	I Q Changes	55	+0 127 ±0 07

as primary if idiopathic epilepsy was the sole disturbance, and as secondary if besides epilepsy there was a constant cerebrogenic factor superimposed on the mental status The children were considered improved if either or both the number and intensity of the seizures diminished and unimproved, if either or both of these conditions did not ensue from treatment or nontreatment The mental tests involved a variety of appropriate scales, a weighed average of which constituted the final rating for each child

2 The institutionalized group of epileptic children is retarded mentally but within the range of the hospitalized unselected children The private practice group of epileptic children show a mental rating significantly higher in the improved than in the unimproved patients The large number of mentally retarded epileptics observed in the institutionalized group is statistically balanced by a greater number of cases above average intelligence in the private practice group

3 Histograms of retests reveal a constant difference between the improved and unimproved groups irrespective of the initial I Q The unimproved group drop twice as low in the seventy-five percentile and shows a large drop at the lower end of the distribution Mental deterioration is thus prevented by treatment in both institutionalized and private practice groups The changes in mental control within various intervals show no significant difference between the two groups

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DANGER SPOTS IN DIPHTHERIA CONTROL

Although diphtheria cases and deaths continue to decrease in upstate New York, the 1937 immunization reports show that there is a need for communities to stress preventive treatment among children if this decrease is to be continued, according to Dr Edward S Godfrey, Jr, State Commissioner of Health "At least thirty-five per cent of children under five years of age immunized is considered necessary to give any community reasonable assurance that diphtheria will not become epidemic," he said.

Of the sixty-eight communities listed in Dr Godfrey's report, forty-eight have reported thirty-five per cent or more of children under five years of age immunized against diphtheria as of January 1, 1938 The number of the same group of communities with similar records as of January 1, 1937 and January 1, 1936 was in each case fifty-three. The percentages are based on populations estimated on the basis of births and deaths as of January 1, 1937

"Only twenty-six communities of the sixty-eight listed showed increases over the previous year in the proportion of children immunized, while forty-one showed decreases and one remained unchanged," Dr Godfrey said. "Two of the fifteen municipalities had succeeded in bringing their percentages up to thirty-five or more by January 1, 1938, leaving thirteen which had not. To these were added as of January 1, 1938, seven municipalities which previously had reached the thirty-five per cent mark, but failed to maintain it These twenty municipalities should make every effort to raise their low diphtheria immunization status to a satisfactory protective level

Places reporting less than thirty-five per cent are as follows Jamestown, Saratoga Springs, Gloversville, Lockport, Massena, Hornell, Rockville Centre, Oneonta, Dunkirk, Rensselaer, Fulton, Oneida, Glen Cove, Hempstead, Oswego, Freeport Lynbrook, Valley Stream, Watervliet, and Floral Park.

INTRACAPSULAR EXTRACTION OF CATARACT WITH IRIDOTOMY

Report of 100 Successive Cases with the Capsule Forceps

FRANKLIN BRACKEN, M D, *New York City*

Although ophthalmologists are not in accord as to detail of technic, most will agree that the completed simple intracapsular extraction preserving the functions of the sphincter iridis is superior to any other type of cataract operation The undisfigured eye and absence of glare which accompany the small round centrally placed pupil are matters of considerable moment to the patient While the procedure is slightly more complicated and requires more training and experience than the extracapsular, the advantage which it offers should not be withheld from the patient whose eye is suited to the operation

Among the operators of great experience, slight differences of opinion prevail regarding types of cataract adaptable to the intracapsular operation Colonel Wright,[1] of Madras, prefers not to do the intracapsular on persons under fifty years of age, excludes myopes of over five diopters, also excludes juvenile, unilateral, morgagnian and intumescent cataracts Knapp,[2] in his Combined Intracapsular, states that patients under fifty are usually excluded, and that the operation is contraindicated when the eyes are prominent and when there is complication due to vitreous disturbance (myopic eyes, soft eyes, and cyclitic eyes) Professor Elschnig[3] states that the simple intracapsular extraction is much superior to the extracapsular in respect to all complications Vitreous prolapse in myopic cases was doubly as frequent in the extracapsular as in the intracapsular King[4] reports in his observations at the Elschnig Clinic, that of 129 cases of simple intracapsular extraction, seventeen were between the ages of thirty and fifty, and seven were of the intumescent type. He also reported a number of simple intracapsular extractions in complicated cataracts

In this series of one hundred cases, the ages ranged from thirty-two to eighty-one, fifty-one per cent were less than sixty years of age and twenty-eight per cent were under fifty The types of cataracts were hypermature, nine, mature, twenty-four, intumescent, seven, immature, nuclear, and posterior cortical, thirty-nine, immature posterior cortical, seventeen, morgagnian, three, and traumatic, one (Table I)

For convenience of description I am dividing the details of the procedure into five steps

Preparation Sufficient sedative is administered the evening before and the day of operation to allay all nervousness, and maximum dilation of the pupil without the use of atropine is sought The O'Brien[5] block is employed for akinesis and one to two c c of two per cent novocain is injected back beneath the external rectus into the region of the ciliary ganglion A suture is passed through the superior rectus at its insertion and 5 c c of novocain injected deeply into this muscle

Section The incision is sclerolimbal with a conjunctival flap, and if not sufficient is enlarged to about one hundred and eighty degrees At this point two corneoscleral sutures are inserted in the meridians of ten thirty and one thirty o'clock, tied loosely and the interincisional portions pulled out into loops to allow free opening of the wound for passage of the cataract.

Iridotomy The conjunctival flap is grasped lifting forward the upper part of the corneal section, and with blunt-pointed DeWecker scissors held in reverse fashion, a small fold of iris two to three mm in breadth is pinched up and snipped close to the scleral edge of the section, which gives a horizontal opening that will later appear just behind the limbus This procedure is much more simple than a peripheric iridectomy, gives a uniform opening uniformly placed, and in my experience has never caused the patient to wince or show any evidence of pain

Dislocation and delivery of the lens

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 25, 1937

The assistant now raises the speculum off the eyeball and holds it thus until the lens is delivered and the sutures tied With the Kalt forceps, the lens capsule is grasped down behind the iris as near the equator as possible, and with traction on the lens the point of the Smith hook is pressed firmly back on the limbus directly below the capsule forceps As the zonule begins to rupture the hook is pressed firmly back and forth along the limbus below causing the lower edge of the lens to present in the pupil Gentle traction with the forceps is maintained guiding the lens in the maneuver of tumbling through the pupil, but this traction must be very gentle lest the torsion produced by the tumbling lens rupture the capsule. The hook is kept firmly applied to the cornea just below the edge of the slowly revolving lens, actually expressing it out through the wound

Closure of the wound and dressing Immediately after delivery of the lens, the knotted sutures are drawn tight and a third suture is inserted in the conjunctiva in the midline above Should the capsule have torn, as occasionally happens if too much traction is exerted toward the end of delivery, the capsule fragments may be easily and safely removed after the sutures have been tied The pupil is now usually well-contracted, and with the iris spatula it is made certain that the periphery of the iris is not caught in the section Two per cent eserine salve is applied, and a dressing covered with bichloride vaseline is placed over the closed lids and bandaged

Postoperative Complications

Vitreous prolapse occurred in five cases In two (31 and 94) fluid vitreous flowed from the moment the section was made, but it was possible to grasp the capsules, and the lenses were removed without great vitreous loss In cases 15 and 91, there was small vitreous loss immediately following removal of the lens In the fifth (case 69) some vitreous was lost while freeing a prolapsed iris All got a vision of 20/30 or better

Iris was prolapsed in seven cases Practically all prolapses of the iris took place in restless patients In six, no suturing of the wound had been done In the seventh, due to a fright, the prolapse occurred on the fourth day at the site of one of the sutures It has been my custom, where no sutures were used, to dress the eye the day following the operation When a prolapsed iris is found as early as this, it can often be freed and replaced, but I have discovered that the iris tends to prolapse again unless a peripheric iridectomy is done at the site of the prolapse

Postoperative hemorrhage occurred in eleven cases, several as late as one week after operation. Six were inconsequential, but four were large enough to fill the chamber, elevate the tension and open the wound, but the blood absorbed rapidly causing no damage One case (77) with an indefinite history of hemophilia, had hemorrhages daily for a period of ten days, which left deep staining of the cornea and dense clouds in the vitreous, so dense that for a period of three or four months his projection was faulty During the course of thirteen months this has almost entirely cleared and vision is now 20/20— Recently, upon operating this man's second eye, I gave him forty-five gr of calcium lactate daily for a period of two weeks before operation, and whether or not this made the great difference, the operation on the second eye was without incident, and vision is 20/20+ (Second eye not included in this series)

Detachment of the choroid was noted in three cases, two were of short duration, but in the third (37) the hypotony was marked The iris was applied to the posterior corneal surface for three weeks and upon restoration of the chamber, central anterior synechia had formed

Iritis, postoperative inflammations or inflamed eyes were infrequent Iritis, causing slight adhesions, occurred in three cases One (79) was a diabetic patient who also had a diabetic retinitis She obtained a vision of 20/50 The second was the emaciated old gentleman who had the more obstinate detachment of the choroid (case 37) The pupillary margin of his iris became attached to Decements membrane but was easily detached later with the back of a knife needle, with a resulting vision of 20/20— The third case (89) was one of the more severe cases of postoperative hemorrhage Her eye cleared with insignificant adhesions to the hyaloid, and vision is 20/20 Each case of extensive hemorrhage had some iritic inflammation but usually slight and of short duration The one complication to which I found the simple intracapsular procedure more vulnerable was postoperative prolapse of the iris, but this of late

TABLE I

No	Age	Cataract	Complications	Vision	
1	49	Intumescent		20/20	
2	33	Complicated, posterior cortical, dislocated		20/40	Chorioretinitis myopia
3	56	Nuclear and posterior cortical		20/20+	
4	33	Posterior cortical		4/200	Chorioretinitis, optic atrophy
5	71	Mature		20/50	High myopia, myopic changes
6	73	Nuclear and posterior cortical		20/15	
7	52	Posterior cortical		20/20	
8	58	Nuclear and posterior cortical		20/20	
9	73	Nuclear and posterior cortical		20/15	
10	49	Nuclear and posterior cortical		20/15	
11	37	Posterior cortical		20/15	
12	81	Hypermature		20/30	
13	69	Mature		20/20	
14	70	Nuclear and posterior cortical		20/20	
15	75	Hypermature		20/30	Myopia 20 D., myopic choroiditis
16	68	Mature	Small vitreous loss	20/20	
17	78	Hypermature		20/30	
18	73	Mature	Prolapsed iris (iridectomy)	20/20—	
19	46	Intumescent		20/20	
20	34	Posterior cortical	Small hemorrhage	20/15	
21	34	Posterior cortical		20/15	
22	65	Nuclear and posterior cortical	Prolapsed iris (iridectomy)	20/30+	
23	74	Mature		20/30	
24	42	Nuclear and posterior cortical		20/15	
25	72	Mature		20/15—	
26	43	Posterior cortical		20/20	
27	32	Posterior cortical		20/20	
28	65	Mature		20/20	
29	48	Morgagnian		20/20	
30	69	Nuclear and posterior cortical		20/20+	
31	59	Nuclear and posterior cortical		20/40	
32	53	Intumescent		20/20—	
33	68	Nuclear and posterior cortical	Fluid Vitreous	20/20	
34	64	Intumescent		20/20	
35	81	Hypermature		20/30	
36	49	Morgagnian		20/20	
37	70	Mature			
38					
39	63	Nuclear and posterior cortical	Detachment of choroid, anterior adhesions	20/20—	Adhesions later detached
40	58	Nuclear and posterior cortical		20/20—	
	80	Hypermature		20/20	
41				20/30	Embolism central retinal artery 1 month after operation, reduced Vision to L. P
42	68	Nuclear and posterior cortical			
43	48	Nuclear and posterior cortical		20/15	
44	54	Nucelar and posterior cortical	Prolapsed iris (replaced)	20/30—	Myopia 20 D myopic choroiditis
45	75	Mature		20/200	Amblyopia
	73	Nuclear and posterior cortical		20/20	
46				20/40—	Arteriosclerosis of retinal vessels, macular degeneration
47	76	Mature			
48	39	Posterior cortical		20/20	
49	68	Mature	Prolapsed iris (replaced)	20/20	
	49	Nuclear and posterior cortical	Small hemorrhage	20/30+	
50			Large hemorrhage	20/30—	Myopia 20 D myopic choroiditis
51	39	Posterior cortical		20/20	
52	58	Posterior cortical		20/20+	
	68	Mature		20/70	Illiterate no cooperation
53				20/20	
54	63	Nuclear and posterior cortical		20/200	Optic atrophy sclerosis of retinal vessels
	81	Hypermature			
55				20/20	
56	63	Mature		20/20	
57	47	Nuclear and posterior cortical		20/20	
58	46	Nuclear and posterior cortical		20/20	
59	65	Nuclear and posterior cortical		20/20	
60	68	Nuclear and posterior cortical		20/20	
61	64	Nuclear and posterior cortical		20/20—	
62	48	Nuclear and posterior cortical		20/30	
63	34	Nuclear and posterior cortical		20/20+	
64	70	Posterior cortical		20/20	
65	39	Mature		20/15	
66	59	Traumatic		20/15	
67	59	Nuclear and posterior cortical		20/15—	
68	59	Nuclear and posterior cortical		20/20	
69	58	Nuclear and posterior cortical	Small hemorrhage		
	73	Morgagnian			
70		Mature			
71	66	Mature	Prolapsed iris (indectomy)	20/30	
	65	Mature	small vitreous loss	20/20	
			Small hemorrhage	20/15—	
			Small hemorrhage		

(Continued on next page)

No.	Age	Cataract	Complications	Vision	
72	68	Mature		20/30—	
73	68	Mature		10/200	Retinitis circinata
74	61	Nuclear and posterior cortical		20/20	
75	64	Mature		20/20	
76	70	Mature		20/20	
77	49	Nuclear and posterior cortical	Hemorrhages daily for 10 days	20/20—	Blood staining of cornea, blood in vitreous
78	58	Intumescent		20/15	
79	57	Nuclear and posterior cortical	Mild iritis some adhesions	20/40	Diabetic retinitis
80	69	Mature		20/15—	
81	40	Posterior cortical	Prolapsed iris (replaced)	20/20+	
82	58	Nuclear and posterior cortical		20/20+	
83	48	Intumescent	Small hemorrhage	20/15	
84	48	Posterior cortical		20/15	
85	59	Nuclear and posterior cortical		20/20+	
86	48	Posterior cortical		20/40	Maculae corneae
87	78	Hypermature		20/200	Optic atrophy
88	58	Posterior cortical		20/20	
89	56	Posterior cortical		20/15	
90	56	Posterior cortical	Large hemorrhage, mild iritis	20/15	
91	61	Mature	Vitreous prolapse	20/30—	Later struck eye reopening wound
92	81	Hypermature		20/15—	
93	73	Nuclear and posterior cortical		20/30	
94	65	Nuclear and posterior cortical		20/30	High myopia 12 D
95	58	Intumescent		20/15	
96	68	Hypermature	Prolapsed iris (iridectomy)	20/20	
97	48	Nuclear and posterior cortical		20/20	
98	65	Nuclear and posterior cortical		20/30	High myopia 12 D
99	66	Mature		20/20	
100	67	Mature	Hemorrhage, secondary glaucoma	L. P	Struck eye and ruptured wound

has been almost eliminated by inserting the sutures into the more solid structures of the cornea and sclera. I am convinced that, in spite of the additional time and labor consumed in inserting sutures, they prove a definite safeguard to the patient's eye as well as a great comfort to the operator Prolapse of vitreous has been so slight and infrequent that I would not consider it a hazard peculiar to this procedure

Summary

Group	Vision obtained	No Cases
1	20/15	16
2.	20/20	46
3	20/20- to 20/30	16
4	20/30- to 20/40	12
5	20/40- to 20/50	3
6	20/70	1
7	20/200	3
8.	10/200	1
9	4/200	1
10	L.P	2

Group four includes a patient included in group ten This man, eighty years of age, had 20/30 vision for four weeks after his operation, when he had an embolism of the central retinal artery which reduced his vision to light perception This group also includes five cases of high myopia (12 to 20 D), two of maculae corneae, two, chorioretinitis, one, opacities of the vitreous and one, high astigmatism following late rupture of the wound

Group five Diabetic retinitis, chorioretinitis, and arteriosclerosis of retinal vessels

Group six This person was illiterate and uncooperative, may have been able to see more.

Group seven Two had optic atrophy and arteriosclerosis, one was amblyopic (squinting eye)

Group eight Retinitis circinata.

Group nine Chorioretinitis

Group ten The second case was that of a patient who struck her eye on the eighth day after operation rupturing the wound and causing a large hemorrhage with prolapse of iris beneath the flap, tension developed but she refused further surgery

Contrary to some opinions expressed in the literature, I have found that presenile cataracts admit of this procedure exceptionally well The conditions which bring about the pathological changes in the posterior cortex must greatly weaken the suspensory In the age group below fifty, I have been able to grasp with the capsule forceps, dislocate and successfully remove, a higher percentage of cases than in any similar group Friability of the zonule increases with the age of the cataractous process but not necessarily with the age of the patient Many lenses with thin posterior cortical opacities which reduce vision below capacity for work, may, with reasonable care, be removed much earlier intracapsularly

While some look upon the simple intracapsular procedure as too dangerous or radical, I believe, with proper care, it does not subject the eye to as great a

risk in the case of weakened zonule as does the expression of the nucleus and cortex in the capsulotomy The intact iris is a definite stop-gap to the vitreous and may often be instrumental in retracting vitreous strands from incarceration in the wound

Given a reasonable patient, the method of traction and expression is little, if any more hazardous than the capsulotomy when this procedure is considered through to the possibility of a needling of a secondary cataract

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Discussion

Dr Thurber Le Win, *Buffalo*—The subject of cataract extraction is an old one To be of value today, anything written must show a new approach or method with numerous proven cases Dr Bracken's paper has apparently met this requirement

There can be little doubt that the procedure he outlined is more difficult, but it seems equally true that his results have justified it. What we are after in these cases are useful eyes, and if this is accomplished with less disfiguration, it is a step in advance, just as the combined extraction was over the older two-stage method with preliminary iridectomy But it must be remembered that even the very much older procedures must be the ones of preference in certain cases I feel that caution must be advised in attempting the method today outlined in most myopes, in all diabetics, and in many complicated cataracts There are surely enough other cases to operate which will eventually prove or disprove this method in a fair way to the procedure and a safe way to the patient

Dr Bracken mentioned two things I would ponder over One is his third stitch in the conjunctiva If a good conjunctival flap is obtained, this extra suture is of little value He only speaks of atropine to say maximum dilation is obtained before operation without it. I would ask him when does he begin its use The O'Brien block is only safe, in my opinion, when a suture is placed in the central upper lid in the skin margin After the operation is completed the lid is closed by fastening this suture to the lower lid or cheek with a piece of adhesive or some similar method of being sure the lids are closed More than one result has been disappointing because the lids remained open afterward A suture is easily placed, is painless, and usually comes out about the fourth or fifth day when it is no longer required

Jackson says cataract extraction seriously disturbs the nutrition of the eyeball Would this be influenced by whether an iridectomy or an iridotomy were done? He further states that this disturbance may be a factor in later degenerations or infections

Dr. Lawrence E Henderson, *Watertown*—Dr Bracken has reported an interesting series of cases and is to be congratulated upon the results he has obtained. Those of us practicing in the smaller centers where our results are more quickly known, find ourselves frequently perplexed with the problem of which operation will give our patient the best visual result with the smallest amount of risk For the past few years the trend is certainly toward the intracapsular operation The matter of preserving a round pupil, we find, makes the operation little if any more difficult or hazardous, and in doing the intracapsular operation peripheral iridotomy we feel that the following advantages are offered

1 A better looking eye (particularly appreciated by women who object to the appearance of the coloboma which is magnified by the strong plus lens)

2 Less glare than when an iridectomy is done, and less confusion if the unoperated eye is still to be used

3 Less trauma, therefore comparatively little postoperative reaction and the number of days in the hospital often reduced by two or three

4 Better vision much sooner than with capsulotomy in the event that cortical material must be absorbed and possibly discission of an obstructing secondary membrane.

5 Immature cataracts may be operated avoiding a long wait which greatly disturbs an apprehensive patient and is often of economic importance.

The technic we employ is similar to that described by Dr Bracken I personally have used only the capsule forceps My associate (Dr Atkinson) had some experience with the erisophake a few years ago, but discarded it feeling that it was an unsafe procedure in the hands of the occasional operator We shall try electrocoagulation only after others have proved to us that it is a safer and better method

Complete anesthesia is no doubt one of the most important factors in the success and safety of the operation Instill-

pontocaine four times at one to two minute intervals gives us adequate anesthesia of the cornea and conjunctiva We secure temporary paralysis of the orbicularis by the O'Brien method—complete anesthesia of the globe and paresis of the recti muscles, by the *cone* injection, as described recently by Dr Atkinson A suture under the superior rectus with only a very little traction by the assistant holds the eye in perfect position and we have no fear of the patient moving the eye. He is never conscious of the iridotomy or the iridectomy, if it is necessary to perform one

The iridotomy is made with DeWecker scissors before the extraction of the lens If the patient is very old and the iris atrophic, or should he be extremely nervous, we make two or three iridotomies about three mm apart A loupé attachment to the operating glasses greatly aids in the proper execution of the iridotomy I was recently persuaded to operate a woman of eighty-two with senile dementia who had been unable to see for six months or more Two iridotomies were made Within a few hours after operation, she developed a delirium which necessitated constant watching and often mild restraint for the following fourteen days, but the iris did not prolapse and the pupil remained round and central Her mental state improved markedly when a plus ten lens was fitted for temporary use.

We have better luck with the Elschnig than with the Kalt forceps, but occasionally when the capsule is a little tight the Kalt works better It is a good plan to slide the forceps in from the side rather than from above to avoid the possibility of passing it through the iridotomy opening If the pupil is not widely dilated, a subconjunctival of cocaine one per cent with adrenalin injected below will cause the pupil to widen more below, permitting an easier delivery and leaving a curtain of iris above to hold back the vitreous

Dr Bracken uses eserine ointment two per cent to quickly restore a small pupil We have found one-fourth per cent quite satisfactory, and have often thought that the discomfort sometimes complained of for an hour or so upon being returned to bed may be due to the action of the eserine

Comparing the visions of our intracapsular cases, I find that we have more with 20/20 or better in those with iridotomy than those with iridectomy Time does not permit a discussion of the postoperative complications Dr Bracken is to be commended for his frank and honest presentation of that phase of his subject

PROGRESS OF FOOD AND DRUG LAWS

Legislation increasing the powers of the Federal Trade Commission over advertising of food, drugs and cosmetics won approval of the Senate and went to the White House on March 14

Senator Wheeler, Democrat, of Montana, said, "this is one of the greatest steps toward the elimination of unfair practices that has ever been taken by Congress"

The Montanan said that previously the Federal agency could act only when firms injured competitors, whereas the new bill covered "injury to the public."

On March 15 the House Interstate Commerce Committee favorably reported a revised pure food and drug bill and voted to seek action at this session of Congress

The bill is a revision of the Copeland measure approved previously by the Senate If enacted, it will be the first important revision of the food and drug laws since 1907

It would tighten provisions of the existing law and broaden its scope to include the five billion dollar a year cosmetic industry, new therapeutic devices, fat reducing drugs and all patent medicines

Provisions were expanded in the bill to give the food and drug administration power to seek injunctions in Federal courts against violators and right to seize misbranded articles if the product is dangerous to health

The bill also would set up a single standard quality for each food

Fifty-five pathologists in Albany on February 26 voted to organize the New York State Society of Pathologists A committee was elected to draw up a constitution to be presented for adoption at the next meeting to be held in New York City at the same time as the annual meeting of the State Medical Society

The committee for the formation of the constitution consists of the following A V St. George, chairman, Louis R Ferraro, M E Marten, Solomon Weintraub, Stephen Curtis, Ward H Cook, W S Thomas Herbert R. Brown, and M J Fein, the acting secretary of the proposed organization

LYMPHOGRANULOMA VENEREUM

The Present Status

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This paper is based on reports from a vast world literature and from personal observation of more than 100 cases of lymphogranuloma venereum in the Division of Dermatology and Syphilology at Bellevue Hospital in the course of the last few years I shall omit the interesting history of this disease and the usual clinical features which have been so often described I shall confine myself to important observations the knowledge of which will give a better insight into this disease

Incidence

The appearance of a few articles on lymphogranuloma venereum in the United States a few years ago resulted in an increasing number of reports of cases and investigations in the last few years This indicates the importance of the disease in regard to its frequency and seriousness

An enormous increase of patients with lymphogranuloma venereum (both inguinal and rectal types) has been reported in the last few years from many hospitals in Europe For instance, according to Sézary and Drain[1] in 1929-30 very few cases were hospitalized in Paris Since 1931 there were always from four to ten cases under observation of the authors in the wards of their hospitals From 1931 to 1934 1190 cases of lymphogranuloma venereum were treated in the hospitals of Bucharest[2] This incidence was the result of a progressively advancing increase in cases since 1922 From my series (Table I) one may see the increase in cases at Bellevue Hospital Hardly a week passes without seeing a new case of the inguinal or rectal type of lymphogranuloma venereum and there are always several such cases in our wards The greater incidence of lymphogranuloma venereum in the last few years is probably not due to an actual increase in the number of cases but to a better knowledge of the symptoms of this disease The history of lymphogranuloma venereum shows that it has existed for many decades I wish to mention as an example the report of Klotz[3] who as far back as 1890 described 120 patients with inguinal adenitis of the lymphogranuloma venereum type which he had observed within ten years More than 100 cases which have been under my personal observation in the last few years were probably only half of the cases in the entire hospital and which were not referred to our service partly because they were not recognized as lymphogranuloma venereum The number of patients with lymphogranuloma venereum in various hospitals in New York and other cities must be very considerable

Clinical Aspects of Lymphogranuloma Venereum Primary Lesion, Chronic Genital Ulcer

While the primary lesion of lymphogranuloma venereum is usually evanescent and herpetiform in appearance it may sometimes persist as an ulceration for weeks or months and particularly in women, serve as a source of transmission This has been observed by many authors Examination of an ulcerative lesion in the genital tract should consist therefore not only of a dark-field examination for Spirocheta pallida, a search for Ducrey bacilli and the use of Ducrey vaccine, but lymphogranuloma venereum should also be considered and a Frei test performed The lymphogranuloma venereum chancre seems to develop frequently intraurethrally for there is often discharge from the urethra present which is free from gonococci Loehe[4] has endoscoped the urethra in such cases and has found a circumscribed infiltrated erosion of the

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mucous membrane of the anterior portion of the urethral canal Here also the primary lesion may change to a chronic ulcer and lead to stricture of the urethra Gray[5] reported eleven such cases in women The primary lesion on the tongue in the case which was reported separately by Curth[6] and Bloom[7] might be well-explained in this way

Nicolau[8] reports a case of ulceration of the penis which four years previously started from an insignificant ulceration on the side of the glans Lymphogranuloma venereum was proven by histologic examination, a positive Frei test, and by demonstration of specific antigenic properties from the serum of the antigen

TABLE I—CLASSIFICATION

	Inguinal		*Rectal*		*Extra Genital*		
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*To*
White	33	1	11	2	1	0	48
Colored	27	3	8	21	0	0	59
Total	60	4	19	23	1	0	107

Nicolau[2] and others believe that chronic vaginal ulcer constitutes the most common source of contamination and it is highly important that such an ulcer should be discovered early and the patient hospitalized until the lesion has entirely disappeared

Inguinal Adenitis

The course of inguinal bubo in lymphogranuloma venereum may vary considerably according to the case Some patients hardly notice any enlargement, in others adenitis undergoes involution in a few weeks, still others are very ill and confined to bed for weeks or months The typical picture of lymphogranuloma venereum bubo however is a firm indurated tumor attached to the underlying tissues and with a tendency to soften later in areas and to produce sinuses

I have observed several cases in which, besides the indurated mass in the inguinal region, there was an extension of the induration and infiltration to the pubic region, the corresponding lower abdominal wall, and the subcutaneous tissues of the thighs

Such cases have been described by Favre[9] On histologic examination he found disappearance of subcutaneous fat, formation of dense new connective tissue, infiltration of lymphocytes, fibroblasts, and connective tissue cells of the character of histocytes There was also marked obliteration of blood vessels Constitutional symptoms such as fever and malaise, which are frequently associated with lymphogranuloma venereum are constant and particularly severe in such cases One of these cases developed marked secondary anemia and enlarged liver and spleen

Not infrequently marked suppuration takes place in the inguinal mass resembling the behavior of chancroidal bubo

The iliac glands, which are involved in a great many cases, show tenderness on pressure in the corresponding lower abdominal quadrant This should be recognized by the physician, because appendicitis will often be diagnosed if the right side is involved—if lymphogranuloma venereum is not considered Such a diagnosis was considered by the medical consultant in one of our cases who presented typical symptoms of appendicitis

Manifest suppuration of the iliac glands, which apparently takes place very rarely, was observed in one of the cases of my series A white man, aged twenty-four, developed after subsidence of suppurating bilateral inguinal adenitis of two months duration and while under intravenous Frei antigen therapy, marked induration of the abdominal wall and a mass within the right lower abdominal cavity Several days later a considerable amount of pus was discharged through the wound of the previous bubo associated with diminution in the size of the pelvic mass I suspect that suppuration of the iliac and pelvic glands occurs more frequently than is usually supposed, resulting in fibrosis and adhesions around the pelvic organs or producing peritonitis when breaking through the peritoneum I believe that the assumption of Barthels and Biberstein[10] in 1931 that many pelvic conditions in women may be due to lymphogranuloma venereum has since been repeatedly confirmed

General Constitutional Symptoms

In the early stages of lymphogranuloma venereum, fever is a constant occurrence,

remittent in type, reaching sometimes as high as 105 to 106 but frequently 102 to 104° F Particularly those cases who show, besides the inguinal bubo, involvement of the pelvic glands and the abdominal wall may be laid up with fever for several weeks

Arthritic pains are a common occurrence They improve quickly, however, under treatment for the lymphogranuloma venereum

Many patients complain of severe headaches Haam and D'Aunoy[11] report successful transmission of the disease to mice by inoculation with the spinal fluid of two patients in the first stages of lymphogranuloma venereum who suffered from severe headaches and dizziness Recently a nineteen year old Porto Rican man was admitted to Bellevue Hospital with a temperature of 103 4° F , severe headache and stiff neck, suggesting meningitis His spinal fluid, however, was normal He had a left inguinal mass, enlarged iliac glands, and a strongly positive Frei test David and Loring[12] suggest that epileptiform seizures may be a manifestation of lymphogranuloma venereum

One should keep in mind, however, that different pathological conditions present in lymphogranuloma venereum patients may be merely coincidental without any etiologic connection I have seen at the Psychiatric Institute of Bellevue Hospital a negress who had had rectal stricture due to lymphogranuloma venereum for six years and epileptiform attacks for two years A Frei antigen prepared from the spinal fluid gave a negative reaction in other lymphogranuloma patients On operation a granulomatous tumor was found in the right frontal lobe of the brain An antigen prepared from an emulsion of the tumor produced a tiny erythematous papule in other lymphogranuloma venereum patients The same reaction, however, was produced in normal people A complete pathological examination of the tumor has not been reported yet

The above associated symptoms and the occurrence of exudative or nodular eruptions, occasional hypertrophy of the spleen and liver and generalized adenopathies indicate mobilization of the virus through the whole organism

Rectal Involvement Its Mechanism and Development

In the history of forty-two cases of rectal stricture, only one patient had a typical inguinal bubo It is assumed therefore, that involvement of the inguinal glands serves as a protection against the penetration of the virus into the pelvis beyond the iliac glands The latter are frequently enlarged but seem to contain little virus for they usually disappear without manifest suppuration

Exceptionally, however, the rectum may be involved in spite of a preceding typical inguinal adenitis I have observed two such cases who, several weeks after the onset of the inguinal and iliac adenopathy, developed ulceration in the rectum A very instructive report was given by Kornblith[13] of a patient who several weeks after development of inguinal and iliac adenitis complained of bloody discharge from the rectum and gradually developed a rectal stricture and a condylomatous tumor around the anus A similar case is reported by Sezary and his collaborators[14] in a woman who following a painful left inguinal bubo developed condylomata of the anus and soon after signs of stricture of the rectum appeared These cases show convincingly the method of development of the rectal stricture Although primary infection may take place directly in the rectum by pederasty the usual method of rectal involvement is by way of the pelvic glands, the virus extending from the primary lesion on the genitals directly to the pelvic glands This, I believe, is not only the case in women in whom the primary inoculation takes place in the vagina or cervix, the lymphatics of which drain directly into the pelvic glands, but also in men It is to be assumed that in men, in whom rectal stricture develops without preceding inguinal bubo, the virus migrates from the genitals by way of the few lymph vessels which lead directly to the pelvic glands

It is of interest that rectal involvement may consist of simple proctitis and that some cases of colitis might be due to lymphogranuloma venereum Seven out of twenty unselected cases of colitis and proctitis without stricture reacted positively to Frei antigen [15]

Extension of Lymphogranuloma Venereum to the Abdominal Organs

Involvement of the pelvic glands results not only in rectal stricture but also in parametritis and adnexitis [16] Aoyama[17] reported a case of a patient with bilateral inguinal adenitis who seventeen days after onset of illness developed suddenly severe pain in the abdomen associated with high fever When laparotomy was performed a considerable amount of dark pus was found in the abdomen with which animals were successfully inoculated Peritonitis has been observed in our series and by others Lichtenstein[18] reports death due to peritonitis in two cases and in one as a result of a perforated decubitus ulcer of the sigmoid due to impacted fecal masses above the rectal stricture The patient of Reichle and Connor[19] was a negro, aged thirty-one, who was seen two months after development of inguinal adenitis with marked fever and continued pain in the right hip A roentgenogram revealed a destructive process in the right hip joint At autopsy which took place six and a half months after the onset many adhesions were found between the abdominal organs, destruction of the right psoas muscle, and changes in the retroperitoneal chain of glands identical with those of the inguinal lymphogranuloma venereum bubo The kidneys showed granulomatous lesions and the adrenals hemorrhagic infarcts In the hip joint there was a large amount of pus and the articular cartilages were markedly eroded

The anatomical basis for the sequelae of lymphogranuloma venereum is mostly stasis due to the occlusion of the lymphatics by destruction of the lymph glands Destruction of the anorectal glands leads to stasis in the rectal walls and results in ulceration and elephantiasis and formation of fistulas which may not only be found in the vicinity of the anus but which may also involve a great part of the buttocks As a result of the destruction of the inguinal and pelvic glands, stasis takes place in the genital organs and ulceration and elephantiasis may take place there. Chronic ulceration and elephantiasis of the penis and scrotum are much rarer than those in the female genitalia The author has seen through the courtesy of Dr Howard Fox one case of elephantiasis of the penis and scrotum at the Veterans' Hospital in New York City The reaction to the Frei test which I produced with three separate antigens was strongly positive Two weeks later the patient developed pneumonia and died The necropsy revealed extensive scarring and infiltration of the rectum, with very large lymph nodes extending to the entire length of the lymphatics and the thoracic duct

Extragenital Lesions

Several cases of involvement of the axillary glands due to inoculation of the virus in the finger and of involvement of the cervical glands by abnormal sexual relation have been reported in recent years [20] Of interest is the involvement of the eyes by lymphogranuloma venereum virus Weidman and Hunter[21] presented a case of edema of the eyelids due to lymphogranuloma venereum Levaditi and his coworkers[22] report conjunctivitis with preauricular and submaxillary adenopathy Hashimoto[23] believes that Parinaud's conjunctivitis is due to lymphogranuloma venereum He reports an effective Frei antigen prepared from the discharge of the eyes Haam and Hartwell[24] report experimental conjunctivitis produced with the virus of lymphogranuloma venereum

Cutaneous Lesions

Wien and Perlstein[25] describe three types of ulceration encountered in lympogranuloma venereum—ulceration of the skin only, ulceration of the skin secondary to adenitis, and ulceration developing in esthiomene

Midana[26] described in a patient with inguinal and iliac adenopathy, cutaneous lesions resembling ecthyma on the abdomen, gluteal region, and the thighs An extract from the lesions gave a good Frei antigen

Saenz[27] reports erythema nodosum in association with lymphogranuloma venereum Wise and Sulzberger[28] mention a case of widespread erythema nodosum and erythema multiform-like eruptions I have seen one such case in a patient with persistent inguinal adenitis who developed an erythmatous nodular eruption suggesting iododerma or bromoderma

Infectiousness

Many authors agree that the period of danger of contagion is very short, probably during the presence of the primary lesion only[29] Although the presence of the virus might be proven experimentally in the secretions of the inguinal bubo or in rectal lesions, and cases of extragenital infections are reported through secretion from buboes, actual transmission in daily life seems to be rare According to Nicolau and others the most infectious lesion is the chronic vulvovaginal ulcer

Race, Sex, and Age

The greater incidence of lymphogranuloma vereneum in colored patients as compared to that of white is not due to greater susceptibility of the colored race to the virus but to the fact that venereal diseases in general are more frequent among negroes This is best proven by Haim and Matthewson[30] who reported twenty-three cases of inguinal bubo and twenty-three rectal strictures due to lymphogranuloma venereum, all in whites They too emphasize the point that frequency of lymphogranuloma venereum is more dependent on sexual hygiene than on racial susceptibility

The inguinal type is very rare among women Among 107 cases I saw inguinal involvement in one white and three colored women (Table II) This corresponds to the findings of Hellerstrom who reported 4 3 per cent of adenitis in women, to the report of Kornblith[31] of 3 4 per cent and to that of Rajam[32] whose series consists of inguinal adenitis in ninety-nine males and two females These findings are in contrast to those of other authors who found adenitis in women in sixteen to twenty per cent of their cases As to the rectal type Rajam reports eighteen males and eight females which seems contrary to the findings of other authors who saw more cases of anorectal syndrome in women than in men This coincides with our findings if we consider the Calcutta women as white For in our series only two white women had rectal involvement of which one was a Porto Rican No satisfactory explanation can be given for the apparent relative rarity of rectal stricture in white women My findings also do not accord with the usual belief that rectal stricture is preponderantly found in females for in my series there were twenty-three anorectal cases in females to nineteen in males Rajam blames the high incidence of pederasty for the high number of rectal stricture In my series very few men admitted pederasty and many vehemently denied abnormal sexual relations

I believe that there is no difference in the incidence of lymphogranuloma venereum infection between men and women in spite of the rarity of inguinal adenitis in the latter I believe that many infections of lymphogranuloma venereum result in involvement of the pelvis without involvement of the rectum The unrecognized lymphogranuloma venereum infection in cases of pelvic involvement could explain the difference of lymphogranuloma venereum incidence in men and women as reported by many authors

TABLE II—INCREASING INCIDENCE

	Inguinal	*Rectal*	*Extra Genital*	*Total*
1931	0	1	0	1
1932	1	0	1	2
1933	1	3	0	4
1934	12	11	0	23
1935	12	4	0	16
1936	29	14	0	43
1937	9	9	0	18
Total	64	42	1	107

The age is that of sexual maturity and the great majority of cases of lymphogranuloma venereum occur between the ages of twenty and forty There are however several reports of infection in children In 1935 at the combined meeting of the Dermatological Conference of the Mississippi Valley and the Central States Dermatological Society a case of bilateral inguinal adenitis was presented[33] in a ten year old negro girl who had fever and in whom a Frei test became positive on the twenty-third day after the onset of illness A case of rectal involvement was reported by Elitzak and Kornblith[34] in an eight year old Porto Rican girl whose mother had a rectal stricture due to lymphogranuloma venereum and whose father gave a history of inguinal adenitis twelve years previously The Frei test was positive in both parents It was assumed that the infection most probably took place by a rectal tip used by the

mother and employed in giving enemas to the child

Changes in the Blood

Severe secondary anemia is reported to occur in the course of lymphogranuloma venereum Three of our female patients, one with an inguinal bubo, involvement of the abdominal wall, and pelvic glands, and the two others with rectal strictures showed severe secondary anemia

Williams and Gutman[35] have reported high serum protein values in ten out of twelve cases, more marked in the advanced stages of lymphogranuloma venereum They found relative and absolute increase in the serum globulin in eleven cases They believe that hyperglobulinemia in lymphogranuloma venereum is similar to that in kala-azar, leprosy, and other chronic infections According to them hyperglobulinemia may account for the high erythrocyte sedimentation rate, the false positive and repeatedly anticomplimentary Wassermann reactions Rosen and his coworkers[36] have found total lipides, total cholesterol, cholesterol esters, and albumin below the normal average level Free cholesterol and globulin yielded above normal average results Except globulin which was always high, the other chemical changes were more accentuated in the more advanced cases of lymphogranuloma venereum These changes in the blood chemistry indicate derangement in the general metabolism of the body by the virus of lymphogranuloma venereum

Diseases Resembling Lymphogranuloma Venereum

Although the clinical picture of inguinal adenitis due to lymphogranuloma venereum is typical, one should keep his mind open to the possibility of primary tuberculosis, however rarely this may occur Woringer[37] reports a case of bilateral inguinal adenitis with fistulas which was clinically diagnosed by Pautrier as lymphogranuloma venereum Microscopic examination, however, revealed tuberculosis and a guinea pig inoculation was positive A similar case was published by Pautrier and Lanzenberg[38] This patient had in addition to inguinal adenitis a perineal fistula The Frei test was negative The histopathologic examination and the guinea pig inoculations were positive for tuberculosis Nicolas, Lebeuf, and Rougier[39] report a case of an Arab who had inguinal, iliac, and axillary adenitis with fistulas and gave a strongly positive Frei reaction The authors thought of the possibility of tuberculosis associated with lymphogranuloma vereneum but animal inoculation with the pus convinced them that the condition was due to the tubercle bacillus alone.

Favre[9] reported five cases of primary carcinomatous glands in the groin which resembled clinically lymphogranuloma venereum

As to the anorectal type it is of interest to know that ischiorectal abscess and rectal fistula are seldom tuberculous in persons clinically free of tuberculosis However, in patients with pulmonary tuberculosis, anorectal tuberculosis occurs in three to five per cent and in such patients one should try to eliminate the possibility of tuberculosis before making a diagnosis of lymphogranuloma venereum

The symptoms which are associated with rectal stricture due to lymphogranuloma venereum may also be caused by malignancy In 1934 I examined a white male, aged thirty-six, who was sent to me with a diagnosis of cylindrical stricture of the rectum with a history of difficult defecation for the past two or three years and which became worse in the last few months accompanied by bleeding As the Frei test in this patient was negative, a biopsy was performed and the microscopic examination revealed adenocarcinoma

I was also present at an operation on a twenty year old woman who had developed symptoms of a stricture a month before. In spite of the positive Frei test I disregarded the diagnosis of lymphogranuloma venereum and favored that of malignancy because the roentgenogram of the rectum which was taken following a barium enema, did not show the usual picture of stricture seen in this disease The operation confirmed the suspicion of cancer The Frei test which was repeated after the operation with a reliable antigen gave a negative reaction

Phineas Bernstein[40] reports the case of

a twenty-seven year old negress who had genitorectal involvement which was due to both carcinoma and lymphogranuloma venereum

Frei Antigen

The strength of the antigen varies with the patient from whom the pus is obtained, but usually a good antigen is only obtained from a bubo before marked suppuration takes place The pus which is later accumulated in the inguinal mass usually gives, in my experience, a weaker antigen I believe that the mouse antigen which is now obtained commercially since the successful transmission of the disease to mice by Grace[41] is a valuable aid in the management of this disease However, with the use of the mouse Frei antigen, a control test should be done with the brain emulsion of normal mice

Animal Experimentation

Of the enormous work in experimental lymphogranuloma venereum in animals carried out since the first report of Hellerstrom and Wassen[42] and later by Levaditi and his coworkers,[43] I wish to mention a few interesting findings Experimental lymphogranuloma venereum produced by intracerebral or peritoneal inoculation of mice, seems to result in a generalized infection, for the liver, spleen, kidney, and bone marrow were found to be equally virulent The inoculation period of experimental lymphogranuloma venereum becomes shorter and its seriousness greater the more the virus adapts itself in general and to one special species in particular It is of interest that inoculation in the mucous membranes of the nose and urethra in animals is negative in contrast to urethral and anal infection in men

Levaditi has shown that the blood serum of lymphogranuloma venereum patients contains specific properties that destroy the virus of lymphogranuloma venereum

The virus persists at least seventy-one days in the lymphatic glands of the monkey and at least ninety-one days in the brain of mice

The virus seems to be present not only in early lesions of lymphogranuloma venereum in men but also in the secretions of rectal lesions, although these lesions are considered to be mostly due to stasis of the lymphatic system Levaditi has inoculated monkeys successfully with tissue from the rectal stricture of a woman I have been able to produce a good Frei antigen from the secretion of a fistula from a patient with rectal stricture.

Aoyama[44] has achieved immunity to the virus in mice by repeated subcutaneous or intraperitoneal injections There is no doubt that lymphogranuloma venereum is due to a filterable virus It would be of enormous importance if one could confirm the work of Tamura[45] who reported successful cultivation of the virus by using the medium devised by Maitland for the cultivation of vaccinia He produced an antiserum which was useful in the therapy of lymphogranuloma venereum Miyagawa and his coworkers[46] reported successful intracerebral inoculations of mice with tissue culture material Coles[47] believes that he found virus bodies in pus in three out of four lymphogranuloma venereum cases which resemble the virus bodies of vaccinia, herpes, and molluscum

Treatment

In the evaluation of therapy one should keep in mind that the course of lymphogranuloma venereum may vary to a considerable degree The only certain way to learn the exact value of remedies would be to compare a series of untreated with a series of treated cases This has not been done and our evaluation of remedies in lymphogranuloma venereum is based more or less on personal impressions The fact that many remedies are mentioned and that a remedy praised by one author is found without value by another proves that so far we have not found a real specific therapy for the disease

In my experience, tartar emetic which was used in our series until about a year ago, proved a fairly satisfactory remedy and in some cases surprisingly effective, particularly in patients with rectal stricture I believe, however, that Frei antigen injected intravenously and which Dr Reuben Reider and I have employed in many cases at Bellevue Hospital in the course of the last eight months surpasses tartar emetic in effectiveness Also this mode of treatment seems to have a more

striking effect in cases of rectal involvement than in the inguinal type but still the therapeutic effect is not constant and not of equal value in every case In cases of rectal stricture which have ended in marked scarring, one does not expect relief from any remedy. In most of the cases, however, the stricture is due in large measure to edema and inflammation of the rectal walls which seems to be beneficially influenced by the treatment and makes colostomy unnecessary Again and again I have been amazed at the improvement in the general well-being of the patients, the disappearance of pain in the rectum, easier defecation, and lessening of purulent discharge In some of our cases the proctologist reported objective improvement, whereas before treatment he could not introduce the proctoscope, he could do so easily after treatment was started The Frei antigen which was used was either human or an emulsion of brain of mice infected with lymphogranuloma venereum The injections were given twice weekly starting with 0 1 c c and gradually increasing up to one c c. Patients with lymphogranuloma venereum responded with fever to this injection in contrast to nonlymphogranuloma venereum patients The intensity of the febrile reaction varied according to the effectiveness of the antigen in the intradermal test A rise of temperature of 105 to 106 may be reached, the usual rise was to 102 or 104° F The mouse antigen gave stronger and more constant reactions In most of the patients one has noticed temporary desensitization with lessening in the fever with each injection so that after a number of injections no fever at all was produced I have not noticed any cutaneous desensitization when achieving temporary intravenous desensitization

Mouse antigen seems to be of greater value because of the constancy with which stronger reactions are obtained The cost of the commercially manufactured mouse antigen is unfortunately great, the amount necessary for treatment being considerable

Radical surgery in both early and late stages is inadvisable Surgeons should keep in mind the statement of Martin[48] that operation on a rectum infiltrated with granulomatous masses in the late stage of lymphogranuloma venereum is a far greater mechanical problem than in carcinoma and that the mortality of operations exceeds that following extirpation of carcinoma

Roentgen irradiation seems to be useless if it is possible to judge from experience with two patients One with a persistent inguinal bubo was treated by me personally and the other with a rectal type of lymphogranuloma venereum was referred to me from the New York City Cancer Institute where deep roentgen therapy was administered without effect

I have frequently seen patients with inguinal bubo discharged from the hospital as markedly improved returning soon after with a marked exacerbation of the condition associated with involvement of the pelvic glands I am convinced that every patient with lymphogranuloma venereum should remain in bed until completely well In this I agree with Carol[49] who maintains that rest in bed is a most important factor in treating early cases of inguinal adenopathy In cases of rectal involvement, local conservative medical and surgical measures together with intravenous Frei antigen therapy is at present the best treatment available

Prophylaxis

As in any other venereal disease prophylaxis is the best means of attack and should be directed toward eradicating the source of infection It is most important to remember that small ulcers on the genitals of women or men may be due to lymphogranuloma venereum and that women may harbor the virus without showing any visible lesion The report of Serefis[50] is extremely interesting in this respect He tells of a small Greek island where lymphogranuloma vereneum became endemic and all cases were traced to a single prostitute who showed no external manifestations of the disease but gave a strong Frei reaction The endemic was stopped by sending this woman to the hospital

The great incidence of this disease and its most frequent occurrence in persons who visit our free clinics and hospitals makes the availability of Frei antigen, particularly in surgical and gynecological wards, extremely necessary The manufacture of human, mouse or monkey anti-

gen, should be undertaken by the hospital laboratories so that the problem of expense would be obviated

The Frei test is of no value during the stage of the primary lesion but as long as the diagnosis of lymphogranuloma venereum is under consideration the patient should be kept under strict observation like a patient with a syphilitic chancre and a negative darkfield examination, who has to be kept under observation until the Wassermann test becomes positive.

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Discussion

Dr. Rudolph Ruedemann, Jr., *Albany*—The opening of the discussion on this interesting paper is a pleasure and its thoroughness leaves little to do but touch on some of the epidemiological and preventive aspects—a field in which we find ourselves becoming more and more involved and interested.

It is rather ironical that when I was diagnostically asleep I saw many patients with chancroidal infection and possibly lymphogranuloma venereum Now when I am cognizant of this clinical entity I am in a community where few chancroidal lesions and patients with lymphogranuloma venereum are seen

In the period from 1921-1926 when I was in Huntington, W Va, a city half the size of Albany, a surprisingly large number of patients with buboes and chancroids passed thru the urological clinic and city clinic. Some of these patients are stamped indelibly upon my memory because of the diagnostic and therapeutic difficulties encountered and in the present day knowledge clinically fit into this picture

A rough survey of Albany in the last five years shows that not over fifteen cases of this disease has been brought to light by clinicians who handle the bulk of venereal patients in private practice and clinics—and very few chancroids have been seen in the last three years Three years ago there were eight patients under treatment in a short space of time—three had contracted the infection from a colored girl with a circus However I feel that many cases are missed, if we consider that about four per cent according to Clyne of all venereal disease are lymphogranuloma venereum

There are a number of valuable points in this paper from the epidemiological aspect—the possible long incubation period two days to three weeks or even sixty-seven days as

has been reported, the chronic infectious vaginal ulcer, the generalization or systemization of this disease with fever, anemia, leukocytosis, arthralgia, the chronic sinuses simulating late syphilis, tuberculosis and malignancy, the rectal involvement, the involvement of the deeper pelvic glands leading to diagnosis of appendicitis and pelvic disease, the involvement of central nervous system, the edema of lids, episcleritis and conjunctivitis and the cutaneous eruptions are all important subjective and objective symptoms The difficulty in diagnosis, the ruling out of syphilis and chancroid, the positivity of the Frei test over a long period which may lead to an erroneous positive diagnosis of lymphogranuloma venereum just as the positive Wassermann labels all pathology as syphilitic, the lack of superficial adenitis in the female due to deeper lymph drainage in certain parts of the female genitalia which also leads to confusing symptoms, the increased incidence due either to diagnostic alertness or perhaps increased prevalence of the disease, the endemic character of the disease and becoming epidemic even from a single source of infection and its frequent association with syphilis, gonorrhea, and chancroidal infection—are facts which merit our particular attention

Considering all these points it would not be amiss to suggest that the disease be made reportable, and to carry out Dr Bloom's suggestion that the Frei antigen be made available for diagnostic purposes and perhaps a leaflet prepared by the State Medical Society in conjunction with State Department of Health setting forth the clinical aspects and symptomatology, diagnosis, and treatment of this entity for distribution to the medical profession

DR HARRY SAUNDERS, *New York City*—As dermatologists we owe a great deal to Dr Bloom for his work on lymphogranuloma venereum This disease has become a great problem in public health circles and stands second only to syphilis With the adoption of fever therapy and the use of sulfanilamide, gonorrhea has assumed a comparatively minor role Lymphogranuloma venereum has assumed this importance because of the difficulty of diagnosis and because of the poor response to treatment. The temperature curve following an intravenous injection of Frei antigen is also a good indicator of whether we are dealing with this disease

THE JELLIFFE CELEBRATION

The thirty-fifth anniversary of Doctor Smith Ely Jelliffe's editorship of the *Journal of Nervous and Mental Diseases* will be celebrated at The New York Academy of Medicine on April 22 The celebration will consist of a Neuro-Psychiatric Symposium in the afternoon at two o'clock, followed in the evening by a dinner The afternoon session will be opened by Adolph Meyer, and Dr Jelliffe will preside. The afternoon speakers

1 Earl D Bond, "Balance in Psychiatric Research" 2 George Draper, "The Man Factor in Disease." 3 Frederick Tilney, "New Interpretation of the Hippocampus" 4 Oskar Diethelm, "Psychiatry and Neurology in the Last Fifty Years" 5 Karl Menninger, "Somatic Correlations with the Unconscious Repudiation of Femininity in Women"

At the evening session Foster Kennedy will be toastmaster The tribute speakers will be 1 A A Brill, "Jelliffe, the Psychiatrist and Psychoanalyst." 2 Louis Casamajor, "Jelliffe, the Man" 3 Henry Alsop Riley, "Jelliffe, the Neurologist." 4 Richard H Hutchings, "Jelliffe, the Bibliomaniac"

CHIROPRACTIC DOCTORS' HAVE THE DOCTOR" DOCKED

In a forceful opinion filed January 11, Chief Justice M B Rosenberry of the Wisconsin Supreme Court held, in *State of Wisconsin v Henry J Michaels*, that chiropractors were not entitled to the use of the title "Doctor" in Wisconsin, regardless of how their diplomas might read

"The title does not aid him (the chiropractor) in the treatment," pointedly declared the Chief Justice, "it merely aids him in securing the confidence of prospective patients and in inducing people to apply for treatment. The repeated attempts of the practitioners of chiropractic to have the *section in question amended (Sec 147 14(3), c 147, Wis Stats)* seem to be quite conclusive evidence that its meaning is well understood"

IRRADIATION FOR STIMULATING OR SUPPRESSING MENSTRUAL FUNCTION

IRA I KAPLAN, B S M D, *New York City*
Director, Division of Cancer, Department of Hospitals, Director Radiation Therapy Department, Bellevue Hospital

Ever since the discovery of irradiation as a form of therapy, the female reproductive system has afforded the most stimulating and informative field for experimentation and study of the effects of this new therapeutic agent

From the time that Halberstaedter[1] (1905) anounced the specific sensitivity of x-ray on the ovaries, even though the exact action of the x-rays is still unanswered, irradiation has been increasingly employed in the treatment of female functional disturbances In no other branch of gynecology is irradiation more helpful and promising than in the treatment of amenorrhea and sterility Our experience has demonstrated that for these conditions irradiation has appreciable therapeutic effect when administered to the pelvic and pituitary areas, and when properly applied such irradiation is harmful neither to the mother nor to the offspring born following such therapy

The suppression of menstruation or the sterilization of the female in order to treat either directly or indirectly many conditions and lesions associated with ovarian or uterine physiology is one of the most important functions of irradiation

In the United States, Morton[2] (1903) was among the first to report on the sterilization effect of x-rays employed in the treatment of a uterine fibroid In 1920 Seitz and Wintz[3] established the so-called ovarian sterilization dose, i e, that dose of x-ray given through the pelvis which would suppress menstrual function, which dose until recently was used as a basis for the irradiation of the female pelvis in treating gynecological conditions

Before any form of irradiation is employed the patient must be carefully examined, the indications for treatment established, and the mode and method of therapy definitely determined

In cases of amenorrhea or sterility, the patient is first examined for pathological or congenital abnormalities of the genital organs or the presence of infections, and all such conditions must be corrected or eliminated before irradiation is administered The patentcy of the tubes must be established and the general health of the patient brought to a high level. Furthermore, before subjecting the woman to irradiation for sterility, it is essential that the virility of the male be established Endocrine assays should be made, and, if dysfunction is ascertained hormone therapy should be instituted The period of trial should be limited however, because an extended period of amenorrhea will eventuate in uterine atrophy

Because hormone therapy has proven so futile, high voltage x-ray therapy is used exclusively in our method of treatment of amenorrhea and sterility Investigation has shown the definite association of pituitary and ovary in the mechanism of menstruation Where this cooperation between pituitary and ovary is interrupted, it is believed that x-ray therapy re-establishes the relationship necessary to permit menstruation and subsequent pregnancy

Because persistent corpus lutea or cysts of the ovaries may prevent menstruation and subsequent pregnancy, it is thought that x-ray therapy to the ovaries may, by destroying these cysts or corpus lutea, permit normal menstrual function to be resumed and consequently relieve sterility

Treatment by irradiation for amenorrhea and sterility is a very delicate form of therapy and one that calls for fine judgment, based on training and experience In carrying out this type of x-ray therapy, it is absolutely imperative that the therapist know the exact output produced under varying condi-

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 26, 1937

tions and the depth dose must be definitely and accurately determined for if too great a dose is administered, sterilization and not stimulation, may result The size of the pelvis must be determined in order to gauge the distance to be employed

Stimulation x-ray therapy is given with high-voltage x-rays, the factors being 200 kv, four-five ma, with 0 5 mm Cu plus one mm Al filter, at thirty-forty or fifty cm distance, and through fields of 8x10—9x12—10x15 cm The rays are directed through the right and left anterior and posterior pelvic areas over the ovaries, 75-100 r per area per treatment being given to each area once a week, alternately anterior and posterior areas being treated at weekly intervals for three treatments The first treatment is given through the anterior right and left area, one week later through the posterior right and left area, and then after another week, treatment is again administered to the anterior right and left pelvic area The dose given each area is so regulated that the total dose reaching the ovaries is ten to twelve per cent of a full skin erythema In most instances, the first treatment dose is seventy-five r per area, the second one hundred-fifty r and the third seventy-five r—all doses measured in air

In addition, one or two treatments, one week apart, of 75-100 r, are given to the forehead over the pituitary area to stimulate pituitary action This is administered simultaneously with a pelvic treatment

Whenever evidences of hypothyroidism are present, additional treatment to the thyroid area may be given along with x-ray therapy to the ovaries, 75-100 r being given to the thyroid for one or two doses

Menstruation should follow three to four weeks after treatment In cases where it does not occur following the first series, an additional dose of seventy-five r may be given to each anterior pelvic area together with a further treatment of 75-150 r to the anterior pituitary area Treatment beyond this is not advised

In our series of 131 private cases of married women treated over a period of eleven years, only fourteen could not be traced, hence, our results were obtained among the remaining 117 cases

The youngest was nineteen and the oldest forty-five years of age. Only four cases had previously borne children, three had previously aborted or miscarried Amenorrhea existed from one month to fourteen years In seventy-nine cases or sixty-seven percent the menstruation was restored, in fifty-two there was no improvement Of the seventy-nine successful cases forty-four women conceived—seventeen more than once, five conceived but aborted, and of these, two aborted twice. Thirty-eight went to term and gave birth to fifty living children, one still-birth, and one abnormal fetus Nine have had more than one child, one had twin girls, both physically and mentally normal Reports from the parents have in no instance disclosed any abnormality or physical deformity There are twenty-seven boys and twenty three girls in the group, the oldest under study being now over eleven years of age. Table I shows the details regarding these cases

Sterilization

When suppression of menstruation is considered necessary, irradiation, in our opinion, is the method of choice

For sterilization we employ either x-rays or radium High-voltage x-ray is used through the anterior and posterior pelvis through multiple ports and directed to the ovaries and the uterus, administered in divided doses over a period of several weeks

Radium therapy sterilization is carried out by inserting in the uterus a rubber sound containing several tubes of radium in small amounts, and leaving it in place for several days to give the prescribed dose, and by placing in the vagina when necessary a radium applicator (the colpostat) containing a small quantity of radium, which is left in place for several days to give additional irradiation through the vagina to the adnexa.

When properly employed, irradiation for sterilization is of equal worth and effectiveness with surgery and without the latter's associated mortality and morbidity

Conditions in the female for which sterilization may be indicated can be classified for convenience in four large groups—medical surgical, gynecological, and social

Sterilization follows as a necessity when treating malignancy of the gynecological tract

Advantages of Irradiation

Irradiation, either by x-rays or radium, is a direct readily administered, harmless

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TABLE I—TREATED WITH X-RAY THERAPY FOR AMENORRHEA AND STERILITY, SUBSEQUENTLY BEARING NORMAL CHILDREN

	Age	Amenorrhea	Years of Sterility	Previous Children	Previous Abortions or Miscarriage	Previous Operations	Results: Normal Children	Results: Abnormal Abortion
1	28	6 months	4½	0	0	0	1 girl	
2	28	1 month	2	0	1	0	1 girl	
3	22	3 months	1	0	0	0	1 girl	
4	24	7 months	4	0	1	Curettage	2 boys	
5	24	3 months	4	0	0	0	1 girl	2 self abortions
6	27	6–8 months scanty	3	0	0	Curettage	1 boy	
7	29	Irreg 6–8 mo	3	0	0	0	1 boy	
8	26	Irreg 1 mo	6	0	0	0	1 boy	
9	26	13 months	5	0	0	0	1 boy	
10	30	Irreg 1 mo	8	0	0	0	1 boy	
11	32	Irreg	6	1 still-birth	0	0	1 girl	
12	29	3 months	7	Married at 14 3 children 1 — six years old	0	Cauterization of cervix	1 boy	
13	28	13 months	3	0	0	0	2 boys	
14	29	Irreg 2 mo	3	0	0	0	1 boy	1 miscarriage
15	21	Irreg 3 mo	1	0	0	0	1 girl	
16	27	Irreg 3 mo	3	0	0	0	1 girl	
17	30	8 months	3	0	0	0	2 girls (twins)	
18	34	Irreg scanty	4	0	0	Infantile uterus cystic ovary-curettage	1 boy 1 girl	
19	24	Irreg 1 yr	3	0	0	0	2 boys	
20	30	14 years	5	0	0	0	1 boy	1 girl died in 4 days
21	31	Irreg 3 mo	2	0	0	0	2 boys	
22	22	Irreg 5–8 mo	2	0	0	Curettage	1 girl	
23	25	Irreg 5–6 mo	3	0	0	0	1 girl	1 abortion
24	27	Irreg 2–6 mo	8	0	0	Curettage	1 girl	
25	24	11 months	3	0	0	0	1 boy	
26	21	Irreg 3 mo	2 years married. Treat. when single	0	0	Hormones for 6 mo.	2 girls 2 boys	1 ectopic
27	23	5 months	3	0	0	0		
28	25	Irreg 2 mo	4	0	0	0	1 girl	1 self abortion
29	34	Regular	3	0	0	0	1 girl	
30	30	Irreg 2 mo	6	0	0	Electric	1 girl	1 miscarriage
31	22	Irreg 1 mo	6	1 still birth	0	0	1 girl	2 miscarriages
32	28	Irreg 1–3 mo	0	0	0	0	1 boy	
33	24	3 months	6	0	0	0	1 girl	
34	24	3 months	5	0	0	0	2 boys	
35	31	12 months	2	0	0	0	1 girl	
36	33	Irreg 1–4 mo	8	0	0	0	1 boy	
37	28	Irreg 3 mo	17	0	0	0	1 boy	
			8	0	0	Curettage	2 boys	1 self abortion
						0	1 girl	
							1 girl	

procedure for sterilizing the female It is the method of choice because, when properly administered, there is no mortality and no morbidity This form of therapy does not necessitate hospitalization, such as required for surgical procedures and which often present innumerable difficult conditions for the surgeon, but it is usually a simple procedure, presenting but few difficulties and rarely any adverse sequelae

Surgical procedures have occasionally proven ineffective while adequately delivered irradiation will definitely insure the patient's sterility

When to Choose Irradiation

Assuming that the internist has decided that sterilization is essential for the patient's welfare in a case with cardiorenal disease or diabetes, irradiation is a therapeutic method of value because one is not called upon to contend with operative shock, infection, bed confinement, and other operative exigencies

Particular attention is called to pulmonary tuberculosis in females where pregnancy may severely delay recovery or even cause death Sterilization in such cases is most effective in providing the patient an opportunity to recover Rather than risk a serious operative procedure when active advanced tuberculosis is present, irradiation is unquestionably the method of choice for sterilization In young women with active tuberculosis where sterilization is decided

upon irradiation may cause cessation of menstruation for only a year or two, with great likelihood for its resumption when the diseased lung condition has been sufficiently arrested. While manifestly this would be an ideal situation, it cannot unfortunately, be assured in every instance, but it does occur in a sufficient number of cases to warrant the use of irradiation as a valuable therapeutic measure.

Although the hormonal relationship is not yet definitely and completely established, we advise total sterilization for women of the menstruating age who have carcinoma of the breast, especially when associated with bone metastases. Clinical observation over a period of many years has shown that patients with breast malignancy, who were unfortunately permitted to go through a pregnancy, suffered a definite aggravation of the cancer. Recently, the influence of estrogenic and lactogenic hormones of the ovary and pituitary upon breast tissue has been demonstrated experimentally and clinically. Accordingly, when it has been decided to sterilize such a patient, it is advisable, rather than submit her to another operative procedure, to effect sterilization by means of irradiation.

Quite often we are confronted with the problem of a woman above forty-five presenting symptoms suggestive of the climacteric, and serious enough to require operative intervention when hormone therapy proves valueless. In such conditions irradiation is effective and harmless in relieving these symptoms, especially the profuse metrorrhagia which frequently characterizes such changes.

When in occasional instances an endometriosis is encountered (as in one such case on our service where the anterior abdominal wall was involved) irradiation can be administered to the ovaries and thus inhibit endometrial activity at the site of the uterine implants. This method is superior to operative removal of the tumor mass along with ovariectomy. With this procedure there is no associated operative risk nor mortality.

Method and Technic

1. X-ray therapy is the most practical method to employ for sterilization. Patients can be treated ambulatory with but little distress and minimum amount of disturbance.

2. Radium therapy may be utilized but requires hospitalization in most instances. X-ray is used in those conditions where any type of surgical procedure is contraindicated and therefore radium may not be employed.

3. In such conditions where patients are close to the menopause, thin patients, and where for economic reasons patients cannot afford necessary hospitalization it is advisable to employ x-ray therapy.

4. X-ray therapy is used for temporary sterilization in young women or women for whom temporary amenorrhea is required for relief of local or general conditions because of the greater ease of control of the administered dosage. At present we have definite physical means of measuring x-ray dosage under standard conditions in a specific unit.

The use of radium is advised where bleeding is profuse and there is immediate, urgent need to arrest hemorrhage. In young women, radium will more permanently destroy the endometrium than will x-ray. In very obese women, where x-ray is ineffective because an insufficient depth dose reaches the pelvic organs direct radium application in the uterus is required. In cases where inadequate x-ray therapy has failed to achieve the desired results radium therapy is indicated.

Formerly radium therapy was deemed preferable for young women, since small doses destroyed the endometrium but spared to a great extent the ovary due to the protection afforded by the distance of the uterine canal from the ovary. In our experience, reported in 1936 we determined[4] that only about twenty-four per cent of the radium dose given in the uterus reaches the ovaries.

However whereas resumption of menstrual function after x-ray therapy has occurred quite often, it is apt to be perma-

TABLE II—100 METRORRHAGIA CASES

Married	77	White	104
Single	29	Colored	2

Age group:
10-19 years: 9
20-29 years: 20
30-39 years: 25
40-49 years: 47

Menstrual onset:
Youngest at 11 Oldest at 30.
Average 12-15
Symptoms Excessive bleeding from 1-6 mos

Married group:
13 had one previous child
43 had two or more children
One single woman had 1 child

Treatment:
X-ray therapy alone 89
Radium therapy alone 8
X-ray and radium combined 6
No irradiation was given in 3. Rest and hygiene was the therapy employed.
In 12 additional irradiation was administered to the spleen.

Results:
Lost track of 31
Followed up 73 Of these treatment was successful in 70—failed in 5

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23	25	Irreg 5–6 mo	3	0	0	Curettage	1 girl	1 abortion
24	27	Irreg 2–6 mo	8	0	0	0	1 girl	
25	24	11 months	3	0	0	Curettage	1 boy	
26	21	Irreg 3 mo	2 years married. Treat. when single.	0	0	Hormones for 6 mo	2 girls 2 boys	1 ectopic
27	23	5 months	3	0	0	0	1 girl	1 self-abortion
28	25	Irreg 2 mo	4	0	0	0	1 girl	
29	34	Regular	3	0	0	Electric	1 girl	1 miscarriage
30	30	Irreg 2 mo	6	0	0	0	1 boy	2 miscarriages
31	22	Irreg 1 mo	6	1 still birth	0	0	1 girl	
32	28	Irreg. 1–3 mo	6	0	0	0	2 boys	
33	24	3 months	5	0	0	0	1 girl	
34	24	3 months	2	0	0	0	1 boy	
35	31	12 months	8	0	0	0	1 boy	
36	33	Irreg 1–4 mo	17	0	0	Curettage	2 boys	1 self abortion
37	28	Irreg 3 mo	8	0	0	0	1 girl 1 girl	

procedure for sterilizing the female. It is the method of choice because, when properly administered, there is no mortality and no morbidity. This form of therapy does not necessitate hospitalization, such as required for surgical procedures and which often present innumerable difficult conditions for the surgeon, but it is usually a simple procedure, presenting but few difficulties and rarely any adverse sequelae.

Surgical procedures have occasionally proven ineffective while adequately delivered irradiation will definitely insure the patient's sterility.

When to Choose Irradiation

Assuming that the internist has decided that sterilization is essential for the patient's welfare in a case with cardiorenal disease or diabetes, irradiation is a therapeutic method of value because one is not called upon to contend with operative shock, infection, bed confinement, and other operative exigencies.

Particular attention is called to pulmonary tuberculosis in females where pregnancy may severely delay recovery or even cause death. Sterilization in such cases is most effective in providing the patient an opportunity to recover. Rather than risk a serious operative procedure when active advanced tuberculosis is present, irradiation is unquestionably the method of choice for sterilization. In young women with active tuberculosis where sterilization is decided

UROGENITAL TUBERCULOSIS IN INFANTS AND CHILDREN

MEREDITH F CAMPBELL, M D, *New York City*

From the Department of Urology New York University College of Medicine and the Departments of Children's Medicine, Surgery and Urology, Bellevue Hospital

Most tuberculosis specialists feel that surgical urogenital tuberculosis in the young is one of the rarest diseases, and medical practitioners in general seem utterly unaware of the existence of these lesions in children Yet my own experience, as well as that of many other urologists, has shown that in the differential diagnosis of urologic conditions in children the possibility of a tuberculous infection must ever be kept in mind For example, rather extensive personal studies have shown that one in approximately every fifty to sixty cases of so-called chronic pyelitis in children is surgical renal tuberculosis [1] Tuberculosis of the epididymis is commonly misdiagnosed tumor of the testicle In four cases of so-called enuresis in children a secondary tuberculous infection of the bladder caused the clinical picture [2 3]

Acute miliary renal tuberculosis is not considered in the present discussion The fact that the child develops chronic caseous tuberculosis points to an exceptional resistance on his part

Chronic Renal Tuberculosis

Surgical renal tuberculosis is rare in infancy, its incidence rapidly increases with the succeeding years By more frequent complete urologic examination in young patients with so-called chronic pyelitis the true incidence of surgical tuberculous renal infection will be found much higher than the present collected data indicate I have excised tuberculous kidneys from eight children under the age of fifteen years the youngest was twenty-five months old In two other children I have observed hopeless bilateral renal tuberculosis

Etiology and pathogenesis Chronic renal tuberculosis occurs more often in males in the ratio of three to two and on the right side in the ratio of five to four Exposure to active pulmonary tuberculosis is probably a more important etiologic factor than milk infection The same anatomic factors—renal mobility, obstructive malformation etc—which predispose to nontuberculous infections of the kidney may likewise predispose to the tuberculous variety

The renal infection is always secondary to a tuberculous focus elsewhere When urogenital and skeletal tuberculosis coexist, they may be assumed to be secondary to a common primary focus It is probable that the hematogenous route is the usual pathway of renal infection although recent experimental work suggests that lymphatic transmission operates in a fair number of cases Moreover, it is believed by most urologists that the initial hematogenous invasion is bilateral, but because the resistance of one kidney is greatly diminished the disease becomes clinically evident only on this side The miliary lesions in the other kidney heal spontaneously Medlar [4] has shown that minute renal tuberculous lesions may produce no symptoms and may heal spontaneously On the other hand, it is accepted that spontaneous healing of surgical renal tuberculosis does not occur Those who believe the initial renal process is unilateral hypothecate a massive tuberculous embolism to this kidney At any rate the organ is invaded, the tuberculous process develops and, untreated will destroy the kidney (Fig 1) During this destructive activity, the other kidney frequently becomes infected Bilateral caseous renal tuberculosis is the terminal picture (Fig 2)

With the development of unilateral caseous renal tuberculosis the uninfected renal mate almost always develops a toxic nephritis caused by tuberculotoxin originating in the diseased organ or in extraurinary foci Casts frequently appear in great showers from the uninfected

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 25, 1937

nently suppressed following radium therapy

Effectiveness of Irradiation

1 The older the patient and the nearer the menopause the more rapid and more permanent is the sterilization Rubenfeld and Maggio,[5] based on the study of a large number of cases treated at Bellevue Hospital determined the chances of resuming menstruation after irradiation to be, in the age group of twelve-eighteen years, one hundred per cent, between the ages of thirty-three-thirty-nine, only fifty-three per cent, and in patients over fifty-three years of age zero per cent. The age group between nineteen and thirty-two usually resume menstrual function in about seventy-five-eighty per cent of the cases treated. In our present series of 106 patients, the results previously noted by Rubenfeld and Maggio were confirmed (Table II)

2. The more intense the x-ray therapy administered directly to the ovaries and uterus, the more permanent the results In radium therapy, the total dose, the thickness of the filter, the length of time employed for the application are factors which control the effect of the irradiation In our opinion radium therapy when properly used will more positively sterilize the female than x-ray and the more intense the dose, the more positive the results

3 The stouter the patient, the lower the intensity of the radiation reaching the ovaries or uterus Therefore a greater surface dose is required for a stout person in order to increase the percentage of depth dose reaching the uterus and ovaries

Conclusion

Irradiation is a valuable therapeutic means for stimulating or suppressing menstrual function When properly employed by those qualified by training and experience it is effective in a large percentage of cases so treated When so administered is neither harmful to the mother nor infant born following stimulation x-ray therapy When used for sterilization irradiation is as effective as surgery without any associated mortality or morbidity

55 E. 86 St

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4 Kaplan, I. I Presented before the American Radium Society, Kansas City, Mo May 1936.
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CARDIAC CLINIC CONFERENCE COMING

A Scientific Session of the New York Heart Association and the Committee on Cardiac Clinics, for the presentation of papers on the original investigations carried on in the affiliated cardiac clinics will be held on April 26 at 8 30 P M, in the New York Academy of Medicine, Room 20, New York City Dr Edwin P Maynard, Jr, Chairman of the Committee on Cardiac Clinics, will preside The program is as follows

1 "Bundle Branch Block" by Meyer Sclar, M D of the Department of Cardiology of Kings County Hospital

2. "The Effect of Digitalis on the Abnormal Electrocardiogram" by Milton Kissin, M.D and Marcus Feinstein, M.D, Beth Israel Hospital.

3 "Pressor Substances in the Kidney in Experimental and Clinical Hypertension" by Ben Friedman, M D, Myron Prinzmetal, M.D., George W Pickering, M.D., and David I Abramson, M D—Sutro Fellows in Cardiovascular Research at Mount Sinai Hospital

4 "Anti-Streptolysin Titer in Adult Rheumatic Fever Patients" by Joseph J Bunim, M.D, Currier McEwen, M D, and Rose C. Alexander, M A. of the Department of Medicine of New York University College of Medicine, and Third Medical Division and the Laboratories of Pathology of Bellevue Hospital

5 "Heart Sounds in Normal Children" by Margaret H McKee, M D of Irvington House for Cardiac Children

6 "Observations on Ventricular Fibrillation" by Louis H. Sigler, M D., Attending Cardiologist, Coney Island and Harbor Hospitals

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Caller So the doctor brought you a little sister the other night, eh?

Tommy Yeh, I guess it was the doctor done it. Anyway, I heard him tellin' pa some time ago that if he didn't pay his bill he'd make trouble for him—*Nebr State Med Jour*

Robert, six, had prayed long and ardently for a baby sister and without results Then one night he added this

"And please, if you have a baby almost finished, don't put in any tonsils or adenoids, 'cause they'll cut 'em out anyway"—*Canadian Doctor*

UROGENITAL TUBERCULOSIS IN INFANTS AND CHILDREN

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Fig 1 Advanced caseous renal tuberculosis in eleven-year-old boy examined because of "chronic pyelitis" and hematuria with low-grade fever Large solitary sealed off abscess was teeming with tubercle bacilli, yet these organisms could be identified in urine only by guinea pig inoculation.

organ and the function of this organ is variably depressed Following removal of the diseased kidney, however, the remaining nontuberculous kidney is usually restored to normal and adequately fulfills its function

Symptoms The usual urinary symptoms of renal tuberculosis in children commonly lead to the diagnosis of chronic pyelitis and because symptoms referable to the bladder are the chief complaint in over three-fourths of the cases, cystitis is usually incorporated in the diagnosis The earliest vesical symptoms result from irritation of the tuberculous urine which is characteristically highly acid but later, pronounced urinary frequency, dysuria, and hematuria are directly due to acute tuberculous infection, sometimes with secondary ulcerative vesical changes Occasionally the urinary frequency amounts to incontinence and even may cause the diagnosis of enuresis erroneously to be made At times a painless initial hematuria directs attention to the urinary tract Pain referable to the upper urinary tract occurs in a third of the cases Chronic pyuria almost always exists A sterile pyuria should be considered tuberculous until proved otherwise Repeated gastrointestinal upsets occur in fully fifty per cent of all cases of urinary tuberculosis and are most striking in the young Fever is observed in a third of children with renal tuberculosis and in the terminal stage of the disease uremic manifestations frequently appear As a rule, however, the dominant symptoms are persistent pyuria and an increasingly severe cystitis

Diagnosis The initial diagnostic investigation is a complete physical examination which may reveal clues suggestive of tuberculous infection—cervical adenitis, persistent fistulae, pulmonary findings, etc Careful examination of the catheterized urine specimens will disclose tubercle bacilli in eighty to ninety per cent of the cases A catheterized specimen should always be insisted upon in



Fig 2 Bilateral renal tuberculosis in six-year-old boy Excretory urogram indicates inflammatory dilation and irregularity of renal pelves and ureters. Bladder likewise shows deformity secondary to tuberculous changes, there is slight suggestion of hour-glass effect. Inoperable condition Sanitorium treatment Uremic death one year later

the female This is unnecessary in the male except when a specimen cannot be obtained by voiding after a careful washing of the glans penis and urethral meatus with an antiseptic solution and the passage of a few c.c of urine. The urine specimen is centrifuged for fifteen minutes at 2500 revolutions per minute The sediment is transferred by a pipette to the glass slide and stained by the usual acid-fast method Repeated daily examinations are preferable to a prolonged single search As a rule, the guinea pig test will identify the organism when microscopic examination has failed

The child is next subjected to a complete urologic examination at which time the ureters are catheterized, a divided renal function test is performed and, usually, pyelography is performed (Fig 3) Not only will the diseased kidney be identified but, even more important, the presence or absence of tuberculosis in the other kidney will be determined. This last observation is of crucial therapeutic concern for bilateral renal tuberculosis is not amenable to surgical treatment and offers a hopeless prognosis



Fig 3 Renal tuberculosis in ten-year-old girl examined because of "chronic pyelitis" In this postoperative pyelogram of removed kidney extent of tuberculous ulcero-cavernous excavation is indicated. Kidney is half again normal size and contour is irregular Apparently cured one year postoperative.



Fig 4 Vesical tuberculosis in nine-year-old boy with tuberculosis of left kidney, prostate and left seminal vesicle, vas deferens, and epididymis Symmetrically contracted, slightly hour-glass bladder is cystographically demonstrated

Treatment In the treatment of renal tuberculosis it must be recognized that the surgical variety is never a self-limited disease but regularly follows a progressively destructive course In autonephrectomy, in which the diseased organ becomes spontaneously sealed off, the tragedy is postponed, not averted (Fig 4) In unilateral renal tuberculosis, nephrectomy should be performed when the diagnosis is established and the condition of the child permits The latter implies absence of acute tuberculous infection elsewhere, the urinary lesion is but one phase of a systemic tuberculosis

The chief contraindications to nephrectomy are bilateral renal tuberculosis, advanced interstitial nephritis, aplasia or absence of the opposite kidney, or active tuberculosis elsewhere Bilateral renal tuberculosis is practically always a nonsurgical condition Partial resection of a tuberculous kidney is valueless Tuberculin and heliotherapy play a limited role in the treatment of urological tuberculosis Surgical therapy is most successful when preceded and followed by sanitorium care

Prognosis The operative mortality in children should not be over five per cent, but approximately twenty per cent will die of urogenital tuberculosis during the first two postoperative years In the



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Treatment Inasmuch as prostatic and vesicular tuberculosis are associated with or are secondary to renal invasion above or epididymal invasion below, amputation of the involved kidney or epididymis or of both is the initial surgical procedure Following this most prostatic lesions will heal spontaneously In cases of advanced genital tuberculosis the prostate, seminal vesicles, and both the casa deferens and epididymes have been resected When these surgical procedures are contraindicated by far-advanced urologic disease, active pulmonary tuberculosis, etc, only sanatorium treatment should be employed

Summary

The tuberculous lesions of the urogenital apparatus in children have been briefly considered with the hope that in the clinical study of urogenital diseases of all types in the young, tuberculosis will more often be borne in mind in the differential diagnosis

140 E 54 St

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A CASE OF HEMIBALLISMUS

Motion Picture Presentation and Necropsy Findings

Hugh S Gregory, M.D, *Binghamton*
Pathologist, Binghamton State Hospital

The patient, about to be described, presented very violent unilateral movements of the left arm, which resembled hammering motions, as well as kicking movements of the left leg The descriptive term, hemiballismus, is suggested as a diagnosis

The case is that of a white woman, sixty-eight years of age, with a family history of father dying of a paralytic stroke at the age of seventy-six Her more recent personal history revealed that in 1927 she had some sort of a paralytic stroke causing her to fall to the floor in her home following which she complained of numbness through the left side of her body

This gradually cleared and she showed no further symptoms of cerebral arteriosclerosis for about four years However, for the past four years she has complained of headaches, dizziness, and ringing in the ears

The last illness developed February 10, 1936 when she again fell to the floor while working in her home Following this she began to show choreiform movements of the left arm and leg which progressed in severity to a point where she shook the bed violently These movements were practically continuous except during sleep when they ceased She would attempt to control their violence by crossing her legs and by grasping her left arm with the right hand Mentally she seemed cheerful though there was some emotional instability Tests for memory showed slight defects Neurological examination failed to reveal anything of additional note

She was given stramonium in small doses and this drug seemed to definitely modify the intensity of her movements as well as their character The motion pictures,* unfortunately, were not taken till after this very definite improvement had taken place so they fail to show the characteristic motions seen originally Occasionally there is seen a movement

The writer wishes to express his appreciation to Dr George S Lape for permission to examine this patient and make the photographic and autopsy studies

*The author showed 100 ft of motion picture film to illustrate the movements shown by this patient

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 26, 1937

evaluation of surgical and nonsurgical treatment, in a series of 316 cases not operated upon only six per cent lived more than ten years (Schlesinger and Heidrick) Yet in 270 cases operated upon by Wildbolz, fifty-eight per cent were fully recovered ten years postoperative

Tuberculosis of the bladder is always a secondary lesion and will usually disappear spontaneously following the removal of the tuberculous kidney However, advanced sclerotic changes coincident to the healing of large tuberculous vesical ulcers may cause pronounced bladder deformities

Genital Tuberculosis

Tuberculosis of the epididymis is practically always secondary to renal tuberculosis Although genital tuberculosis is uncommon in the young, it must be considered in the differential diagnosis of scrotal swellings A boy of twenty-five months was admitted to the hospital with a diagnosis of tumor of the testicle The testicle felt normal, but along the side of it I could palpate a considerably enlarged nodular epididymis which caused the diagnosis of tuberculous epididymitis to be made Epididymectomy was performed Urinalysis was negative except for the presence of tubercle bacilli, there were no urinary symptoms Urologic examination including pyelography revealed an early caseous lesion of the right upper calyx Nephrectomy was performed This observation is not an uncommon one in adults and I have observed its counterpart in nine other children, aged one and a half, three, five, seven, eight, ten, eleven, and thirteen years

It is unimportant whether the epididymal infection is primarily hematogenous or results from secondary extension from a tuberculous prostate or seminal vesicle, in turn secondarily infected by urine from renal tuberculosis These are the two theories of the mode of infection It is important, however, to recognize that the disease involves the epididymis primarily, true tuberculous orchitis is almost always a secondary invasion from a caseous epididymis Unless beclouded by overlying hydrocele the enlarged nodular epididymis can be sharply distinguished from the adjacent normal feeling testicle As a rule, the epididymal enlargement is first noted at the lower pole The vas deferens may or may not be thickened Yet the former is the rule and is first noticed in the region of the epididymis

Epididymectomy is the treatment, yet orchidectomy must be performed when the testicle is secondarily involved Tuberculous scrotal fistulae must also be excised with the epididymis Heliotherapy and tuberculin therapy may be of supportive value but *per se* should not be relied upon to cure the epididymitis If the prostate is also tuberculous, the vas deferens on the opposite side should be divided between ligatures to prevent tuberculous extension to that epididymis Although this sterilizes the patient it must be recognized that his life is at stake Because of his genital tuberculosis he must always be rated a far-advanced case

Tuberculosis of the prostate and seminal vesicles is probably never primary but follows renal or epididymal infection The process in the prostate causes a nodular induration with more or less sclerotic periprostatitis and as the lesion advances a caseous abscess may sometimes be palpated The seminal vesicle is invaded through its ejaculatory duct and changes corresponding to those in the prostate commonly occur

The symptoms of prostatic and seminal vesicle tuberculosis are predominantly those of acute or hyperacute cystitis and result from intense inflammation of the overlying mucosa of the vesical trigone and outlet and of the posterior urethra In advanced disease the patient may urinate every fifteen to twenty minutes day and night and suffer tenesmus, hematuria, and pain referred to the perineum, rectum, meatus, or sacroiliac region With rupture of a prostatic or seminal vesicle abscess perineal fistulization may occur The diagnosis is made by rectal examination and the demonstration of urogenital tuberculosis elsewhere The examining finger detects the organs to be enlarged, irregularly indurated, and perhaps even soft caseous foci may be identified Periprostatic and perivesicular thickening is noted

GYNECOMASTIA IN LUNG TUMOR

Associated with Pulmonary Tuberculosis

ALEXANDER ALTSCHUL, M D, *New York City*

The association of lung tumor and active pulmonary tuberculosis has long been considered an uncommon occurrence. The statistical studies of autopsies as given by some authors tend to bear out this contention

Rokitansky, in 1841, noted a definite antagonism between tubercle and malignancy He maintained that organs prone to cancer rarely developed Koch infection As examples he pointed to such organs as the ovary, stomach, salivary glands, esophagus, and rectum On the other hand, the lungs and ileum, which are frequently the seat of tubercular involvement, rarely have neoplasm Of course, since his time, the incidence of lung tumor has increased considerably Yet, the frequency of the association of the two is still sufficiently uncommon as to be noted

Landis, at Phipps Institute,[1] in 633 autopsies on tubercular patients, reported not one case of cancer Williams[2] found tubercular lesions only twice in 136 cancer postmortems Kelynack,[3] in the Manchester Infirmary, found it twice in 145 postmortems Pearl[4] says that there is a definite marked antagonism and incompatability between cancer and tuberculosis Both occur together in florid activity very rarely

However, the combination of the two conditions is seen more frequently than these authors report. At Montefiore Hospital,[5] in ninety-nine cases of primary carcinoma of the lung, twelve had active pulmonary tuberculosis and of 633 postmortems of cancer of any organ, forty-five had tubercular lesions The incidence, at any rate, is smaller than one would expect, with allowance for the fact that tuberculosis occurs more frequently in younger individuals (under thirty-five) and cancer is more common over forty

The occurrence of enlargement of the breasts in the male suffering from carcinoma of the lungs and pulmonary tuberculosis is so unusual as to warrant reporting Chorioepithelioma with metastasis to lung and abdomen and enlargement of the male breasts, has been described Erstwhile and Hepp[5] report such a case with a positive Aschheim-Zondek test

Gynecomastia, or abnormal enlargement of the breasts, unassociated with pulmonary pathology, has been observed to occur in (1) Syringomyelia and medullary disease, (2) Chorion-epithelioma with positive Aschheim-Zondek reaction, (3) Endocrine disorders of the pituitary and gonads (Reclus' disease, which is multiple benign cystic disease), (4) Hepatic disease, i e., cirrhosis of the liver,[6] (5) Dietary deficiency with avitaminosis (Weir[7] reported enlargement of the male breasts in natives of West Africa on a limited dietary), (6) Hermaphrodism, (7) Essential gynecomastia

Case Report

H M, age fifty-three, radio repair man, born in U S.A., married, first consulted me on June 28, 1932, for cough, fatigue, and occasional bloody sputum. He had suffered from cough and frequent hemoptysis for eleven years A diagnosis of bilateral pulmonary tuberculosis was made in 1921, and a positive sputum for B Koch was obtained He had made his home in the mountains ever since. In 1926, he had profuse hemoptysis which left him in a critical condition from loss of blood. He recovered from this, however, and his pulmonary condition was apparently arrested until the onset of his present illness.

Two brothers had died of tuberculosis, one pulmonary and the other intestinal Father had died of pneumonia, mother of cerebral hemorrhage.

Physical examination showed a man of fair nutrition, weighing sixty-five kgm, and 1 65 m in height. Blood pressure was 110/90 Lungs showed deviation of trachea to the right, dullness, anteriorly, apex to the third rib on the right side, and posteriorly to the fifth dorsal spine On the left side,

From the Medical Service of Harlem Hospital, Dr O LaRotunda Director of Medicine and from the Medical Service of Dr H R. Miller, Sydenham Hospital

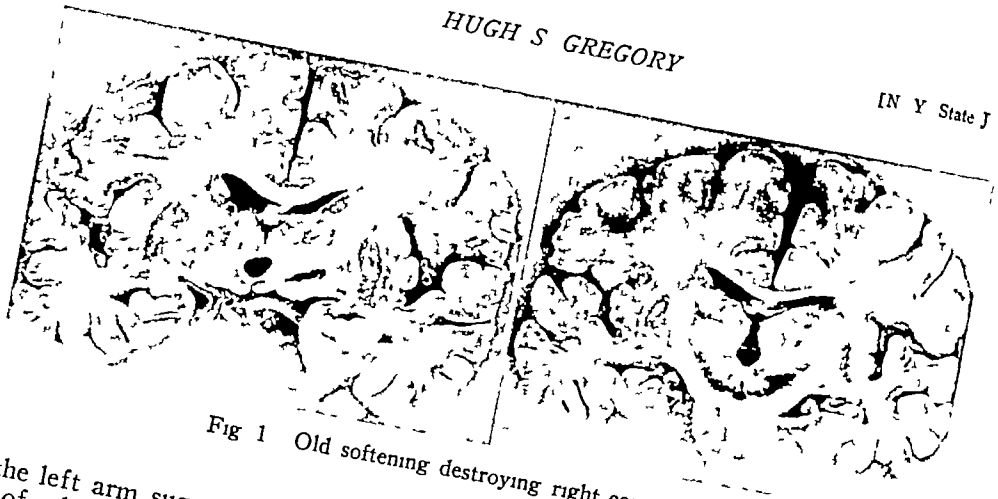


Fig 1 Old softening destroying right corpus Luysi

of the left arm suggestive of the "wind-up" of a baseball pitcher Death occurred about three months after onset of symptoms

Autopsy

Brain weight 1245 Gm Meninges normal The cerebral vessels showed marked atherosclerotic changes The region of the right corpus Luysi (Fig 1) was the site of an old rusty, partially absorbed, softening which extended anteroposteriorly for a distance of about two cm through the diencephalon In cross section it measured about two by five mm There were also scattered lacunar softenings through the basal ganglia region

Other autopsy findings were of an arteriosclerotic nature and confined to the heart and kidneys

STATE HOSPITAL

Discussion

DR LLOYD H ZIEGLER, *Albany*—It was my good fortune to see a patient recently with syndrome in a woman of fifty-seven in whom the movements were at first bilateral but within a day or two became unilateral Because she wept rather easily and had had many troubles rather recently, one of my house officers felt it to be functional Both the athetoid hammering and kicking movements suggested strongly this syndrome and she still survives

I saw a patient with these movements bilateral who was said to be a victim of chronic mercury poisoning He had been working in the felt industry

DR. R W SOUTHERLAND, *Brentwood*—Since I have had only one case of hemiballismus I shall not discuss the case which has been presented further than to agree with the diagnosis offered Dr Gregory has apologized for not having taken motion pictures of the case during the pretreatment period when the rapidity of the movements was more marked before they became slower under stramonium therapy May I suggest that the analysis of such abnormal involuntary movements be best studied under a "slow motion" moving picture reproduction?

The lesion shown on gross section in the case further stresses the point brought out in the preceding paper, namely, the need for close correlation between neuroanatomical and neurophysiological studies in the medical courses of the undergraduate student. Only yesterday, Dr Stookey pointed out that it was necessary to apply four per cent novocain to the dorsal roots during rotation of the cord by traction on the dentate ligament preliminary to the section of the spinothalamic tracts Manipulation of the dorsal roots causes pain, but the cutting of the pain-conducting tracts does not

This has always puzzled me and I feel that my knowledge of the correlation of anatomy and function in this region is inadequate to explain this fact.

At times one encounters difficulty in distinguishing between the psychogenic dyskinesiae and those of organic origin In one of my cases, the patient tried to cover up the early symptoms of a Huntington's chorea by manneristic movements of the arms, hands, and feet. He did not give a true history until confronted directly with the diagnosis with which he was completely familiar

I submit that a "slow motion" picture reproduction of such patients may offer the best opportunity for analysis of abnormal involuntary movements and thereby aid in the distinction between psychodyskinesiae and dyskinesiae of organic origin

He now showed definite clubbing of the fingers

On the next day, patient was admitted to the medical service of Mt Sinai Hospital, The following findings were noted emaciation, dyspnea, cyanosis, clubbing of fingers, dullness and rales of the right upper lobe and the upper part of the right lower lobe, and slight dullness of the left upper lobe posteriorly X-ray showed "old fibrotic tuberculosis right upper lobe with numerous bleb-like cavities and shrinkage of the lobe, and a dense lobular mass arising in the left hilum and in the region of the apex of the left lower lobe. Comparison with x-rays taken two years ago showed that the hilar lesion on the left side had already been present, but was very much smaller"

Bronchoscopy showed stenosis of the left

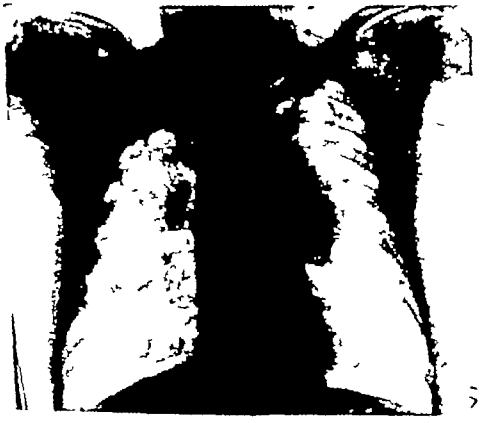


Fig 4 Left hilum shadow still larger (Aug 13, 1934)

upper lobe bronchus by a mass springing from the left posterolateral wall, biopsy of which revealed one small fragment of tissue suggestive of squamous cell carcinoma Sputum was negative for tuberculosis Von Pirquet was positive. On August 16, examination of the larynx showed slight congestion of the vocal cord No recurrent palsy present Patient discharged September 5, with diagnosis of (1) pulmonary tuberculosis right upper lobe, right lower lobe, left upper lobe, bronchiectasis (?), (2) pulmonary neoplasm left lung, (3) Arteriosclerotic heart disease.

On January 31, 1935, patient at home had attacks of dyspnea, wheezing, and obstructive type breathing There are no enlarged cervical or axillary glands noted There is a definite symmetrical enlargement of both breasts (Fig 6) Aschheim-Zondek test was negative.

At the time of death on March 15, 1935, the breasts had grown much larger



Fig 5 Noted marked increase in size of left hilum shadow (October 14, 1934)

This patient, who had pulmonary tuberculosis of long-standing, with a flare-up and hemoptysis on numerous occasions, began showing progressive loss of weight and cough out of proportion to his previous condition As shown in the serial x-rays, the hilum shadow, which undoubtedly was due to malignancy, increased in size, and at the end of one year a definite enlargement of both breasts appeared



Fig 6 Definite enlargement of both breasts despite general emaciation (January 31, 1935)



Fig 1 Dense markings of right upper half of chest with numerous small cavities There are dense markings left side apex to second rib Note several calcified glands in left hilum Ascending aorta is elongated and arch widened. (Oct 8, 1932)

there was dullness from the apex to the second rib and posteriorly from the apex to the third dorsal spine There was suggestive amphoric breathing, right side anteriorly, and a moderate number of medium-sized moist rales, anteriorly and posteriorly, and over the left apex

Fluoroscopy and x-ray of chest (Fig 1) showed tracheal deviation to the right, dense markings of the right upper half of the chest with small cavitation, increase in markings and density of the left upper chest to the second rib Hilum shadows were slightly enlarged but not unduly prominent. Urine was negative *Blood* Hemoglobin eighty-five per cent, RBC 4,850,000, WBC 9200 *Differential* Polynuclear neutrophile seventy per cent, lymphocytes twenty-eight per cent, monocytes two per cent Blood Wassermann was negative Blood Urea N 10 2 mgm /100 c.c Electrocardiograph showed low voltage QRS complexes, slurred and notched, inverted T, leads I and II

From February 12 to October 14, 1933, he was seen at intervals of one to two months Physical examination and x-ray examinations of chest unchanged Complaining of bouts of cough and occasional small hemoptysis

October 14, 1933 Weight sixty-three kgm. complaining of anorexia. Physical examination shows an increase in the number of moist rales in the right upper lobe, with a slight extension of the process

February 19, 1934 Complaining of weakness, weight loss, dyspnea, increased and more productive cough, anorexia Fluoroscopy and x-ray (Fig 2) show a large left hilum Rest of examination unchanged.

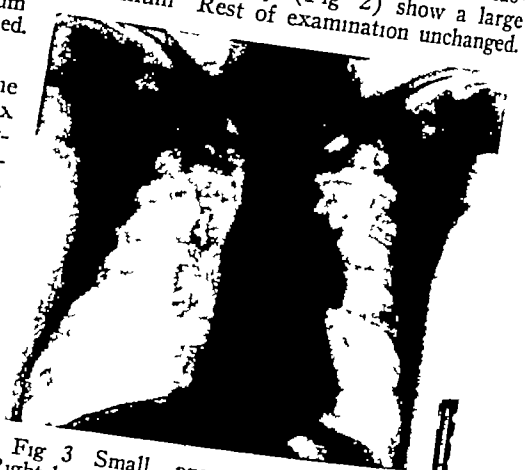


Fig 3 Small pneumothorax right chest. Right lung is not collapsed Left hilum shadow has increased in size. (April 28, 1934)

On the basis of the x-ray findings, a tentative diagnosis of pulmonary neoplasm was made and hospitalization was advised

On April 2, patient was hospitalized and at the insistance of the consultant for a life insurance company, initial therapeutic pneumothorax of the right chest was induced, giving 150 c c of air with the first collapse There was marked spontaneous dyspnea during the night, about ten hours after the collapse which lasted about ten minutes, and which was relieved by morphine and by adrenalin

Several small pneumothorax treatments were repeated without successful collapse of the lung X-ray examination (Fig 3) showed no increase in the pneumothorax, absence of collapse of the cavities, and a definite increase in the size of the left hilum shadow

The patient continued to lose weight and on August 13, x-ray (Fig 4) showed a further increase in the size of the left hilum

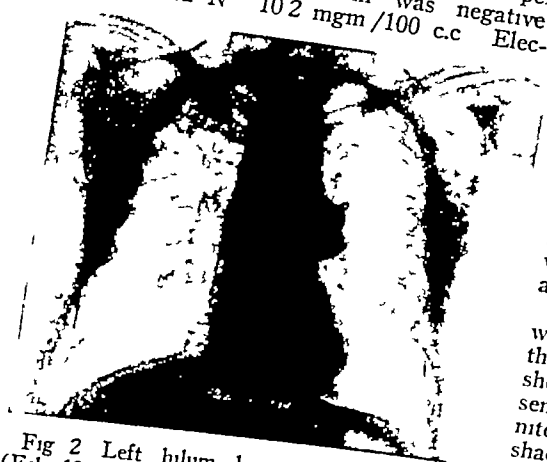


Fig 2 Left hilum has increased in size. (Feb 19, 1934)

PROLAPSE OF THE RECTUM IN THE INSANE

GEORGE L FAIR, M D, *Oyster Bay*

It is curious that in the literature on the subject of prolapse of the rectum, the occurence of this disability in the insane is very little mentioned It is among the commonest elective operative procedures which I have had to perform in my seven years as visiting surgeon to the King's Park State Hospital One finds little reference to insanity as a precipitating cause of the defect among the many that are described It is interesting, however, that in a conversation with Mr Lockhart-Mummery, chief surgeon at St Mark's Hospital for Rectal Diseases in London, he stated that nearly all his cases were insane patients, in nursing homes for the same in and about that city

This paper deals entirely with the so-called intussusception of the rectosigmoid, complete prolapse or third degree prolapse.[3] I do not know the number of cases of mucosal prolapse or of the two preceding stages of complete prolapse (first stage, "concealed" prolapse, seen only by proctoscope, second stage, protrusion of rectum through the anus without involvement of the anus[3]) there are among the 5,000 to 6,000 inmates of this state hospital, as only the necessary cases are referred to surgery

Etiology

The age incidence of my patients was from thirty-one to fifty-six years, averaging forty-six Emaciation and loss of abdominal muscle tone strangely was not present in all cases—it was noticeable in only two One of the female patients (case 4) was actually well-nourished and slightly obese The role insanity plays in etiology probably relates entirely to constipation and sluggish, careless bowel habits, which were present in all The type of insanity showed dementia precox to predominate Seven of my eight patients were of this classification—one was a case of psychosis with mental deficiency and depression The history or examination did not elicit colitis, proctitis, neoplasm, stricture, hemorrhoids, damaged external sphincter, polyps, or parturition as a direct or precipitating cause

Fig 1-3 (barium enema x-ray of three of my patients) show the presence of redundancy of the sigmoid colon (1, 2) and atony of the colon (3) and suggest that they may have been a precipitating cause Incidentally one of the two cases which gave a recurrence was that of a patient whose x-ray is in Fig 3 Redundant sigmoid causing volvulus of the same was one of the commonest emergencies which I encountered in my seven years visiting King's Park State Hospital This serves to indicate the frequency of redundant sigmoid in the insane, whether or not it is a factor in prolapse

Anatomically Moschowitz's theory[2] that prolapse of the rectum is a hernia of the transversalis fascia is substantiated by the anatomical studies of Waldeyer,[5] and the clinical researches of Ludloff,[6] Zuckerkandl,[7] Napalkow,[8] Dix,[9] and others A representation of the anatomical relationship is shown in Fig 4 According to Moschowitz the prolapse is really a sliding hernia of the sigmoid colon Descent is at first prevented by the levator muscles and its fascia, and the perineal body, then arrest of descent by the posterior wall of the rectum, the sacrum and coccyx, causes it to change course and slide along the posterior wall of the rectum down and forwards, then backward toward and through the anus The lowermost part of the rectum being fixed, the prolapse enlarges by drawing in first the two lateral, then the posterior walls Further drawing in of the bowel is prevented by fixation of the organ This is why it never exceeds five to six inches which is the longest prolapse seen in my eight cases

That destruction or injury of the sphincter ani muscles is not a factor, is shown by the practically unknown occurrence of prolapse where these have been destroyed after infection or sloughing in extensive fistula-in-ano operations Jeannel and Verheuil have called attention to this

My observations in two of the eight

There was no clinical evidence of carcinoma of the testis or teratoid tumor elsewhere The shadow in the lung is not the usual appearance of a metastatic lung lesion Pathological specimen removed at bronchoscopic examination showed a squamous cell carcinoma of the lung, apparently primary in the lung and not metastatic

This case is of interest in that there was the development of large symmetrical breasts, apparently not due to lymphatic or lymph node obstruction, in an otherwise uncommon combination of conditions, tumor of the lung, and pulmonary tuberculosis Whereas enlargement of the male breasts is known to occur in neoplastic metastases to the lung, a careful search of the literature does not reveal the association of gynecomastia and primary tumor of the lung

350 CENTRAL PARK WEST

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Special Institutes on Syphilis for Practicing Physicians

The Medical Society of the State of New York in cooperation with the State Department of Health will hold one-day institutes on syphilis in seven cities

The courses will include instruction in the etiology, pathology, diagnosis and treatment of syphilis There will be practical demonstrations in clinical and laboratory diagnostic methods including darkfield examinations and the technic of preparation and administration of the various arsenicals and heavy metals The organization and administration of syphilis control programs will be outlined

Opportunity will be given attending physicians to discuss their individual problems with the visiting speakers

Ample clinical material will be provided Persons with typical symptoms of the various stages of syphilis and with unusual manifestations that will make differential diagnosis both interesting and instructive, will be secured and presented at the various institutes

Any licensed physician is eligible but preference will be given to those not residing in the larger cities Each institute will be limited to about twenty physicians in order that they may have individual attention during the intensive training Applications will be accepted in the order in which they are received except an attempt will be made to distribute ths quota evenly throughout the individual county and in the various counties according to their medical population

There will be no registration fee. The New York State Department of Health will pay a small honorarium to cover travel expenses to each attending physician except those residing in the cities where the institutes are held

Institutes will be given in the following cities

Albany May 26-27
Binghamton May 24-25
Buffalo April 26-27
Jamestown May 23
New York City May 23-24
Syracuse May 18-19
Watertown May 20

Any physician wishing to attend any of the institutes should file his application immediately with his D S H O or Thomas P Farmer, M D, Chairman of the Council Committee on Medical Education of the New York State Medical Society, 608 E. Genesee St., Syracuse.

ANOTHER WAR CHEST WE NEED

Cancer research has reached the stage, Dr James Ewing asserted recently, where its solution largely hinges upon the problem of finding sufficient funds

"These funds need not be very large, relatively speaking, considering the enormity of the problem and the incalculable amount of good that could be accomplished with it. When hundreds of millions are spent on battleships that grow obsolete in a few years, with more hundreds of millions on maintaining an army, $1,000,000 is indeed a small sum to spend on new weapons to fight one of mankind's greatest enemies"

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Fig 1-3 (barium enema x-ray of three of my patients) show the presence of redundancy of the sigmoid colon (1, 2) and atony of the colon (3) and suggest that they may have been a precipitating cause. Incidentally one of the two cases which gave a recurrence was that of a patient whose x-ray is in Fig 3. Redundant sigmoid causing volvulus of the same was one of the commonest emergencies which I encountered in my seven years visiting King's Park State Hospital. This serves to indicate the frequency of redundant sigmoid in the insane, whether or not it is a factor in prolapse.

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My observations in two of the eight



Fig 1 Twenty-nine months after sigmoidopexy operation Sigmoid colon markedly elongated and redundant (Case 2)

patients (Fig 1, 2) showing redundant sigmoid agrees with the statements of Martin,[8] namely that "a second or third degree prolapse cannot occur unless the



Fig 2. Twenty-seven months after Ball's sigmoidopexy operation. Very redundant sigmoid colon with apparently a long mesosigmoid (Case 4)

mesocolon has abnormal mobility" Attempts were made to take barium enema on other patients in this series postoperatively, but they would not cooperate sufficiently

If insanity is a factor in the precipitating factors causing this condition, it may be of interest to note that the majority of seven out of eight patients were diagnosed as dementia precox (five paranoid, two hebephrenic in type)

Symptoms

All had prolapse with bowel movements None were noted on exertion as



Fig 3 Thirty-one months after first operation and four months before operation for recurrence. Well-defined prolapse and colonic atony Prolapse had been cured over two years after a second fixation. (Case 1)

they were not doing outside or manual work They all had incontinence of feces and a relaxed anal outlet Constipation of an obstinate nature was noted in all All were reducible at time of operation, but a few were giving increasing difficulty requiring cold applications and head-down position after bowel movements to effect reduction None were ulcerated on the mucosal surface Several showed marked edema of the bowel wall coats at operation

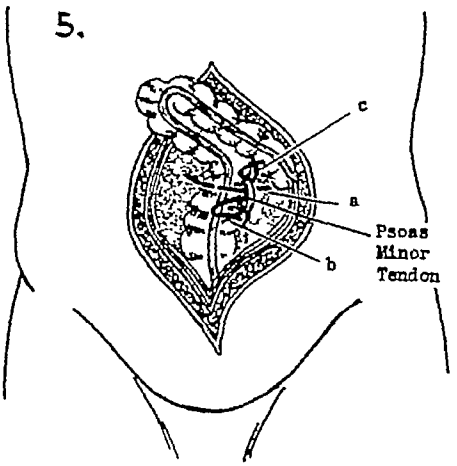
Treatment The many types of operation devised for this condition indicate the dissatisfaction with the end results

Amputation of the protruding segment is generally conceded in this country to be contraindicated except in cases of gangrene or when reduction is impossible, due to marked edema or induration Its higher mortality, technical difficulties, and the type of patient dealt with makes it an unsafe procedure here Percussion of the anterior wall of the prolapse, frequently gives tympany indicating the

Fig 4 Anatomical relationships of rectal prolapse.

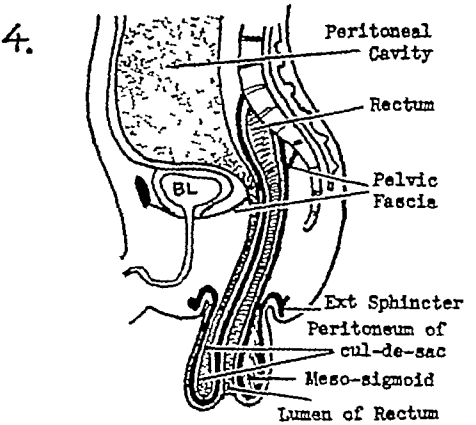
Fig 5 Pelvic colon held taut and showing placing of fixation sutures to tendon of psoas minor *Fine silk C*—Lateral border of retroperitoneal incision *Fine silk A, B*—Mesial border of retroperitoneal incision *Heavy silk B* —Longitudinal band to tendinous portion of psoas minor

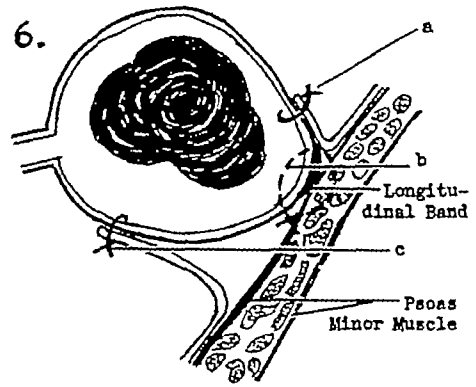
Fig 6 Cross-section showing placement of three rows of sutures as in Fig 5 (Letters are the same.)



herniation of small bowel between the walls of the prolapse Amputation of the prolapse from below by a "T" incision beginning ½" from the anal margin (Sir E Mile's rectosigmoidectomy) is the routine procedure at St Mark's Hospital for Rectal Diseases, London They advise a plastic operation on the external anal sphincter, six months later if necessary for anal incontinence

Rankin, Bargen, and Buie[10] at the Mayo Clinic recommend the Moschowitz operation, for closure of the pouch of Douglas In nine cases operated on by this method, they reported (1934) one death, seven cures, and one recurrence The operation is done on the basis that the prolapse is a hernia of the sliding type involving primarily the anterior wall of the rectum However, this requires the retention of a rectal tube for six to eight days In an insane patient it is extremely difficult to have this retained for more than a day or so As Rankin's only death was from





intestinal obstruction at the pelvic floor, it seemed an essential to this treatment As it could not be successfully done in my cases, I have felt obliged not to use the operation at all

Tamponade of the retrorectal space as advised by Lockhart-Mummery, was not considered, though an excellent operation, as it is not generally considered applicable to third degree (complete) prolapse

A modified Quenu operation was done on one patient in this series (case 3) by my senior associate, Dr F J Mc-

TABLE I

Number	Age	Mental Diagnosis	Date of Operation	Cured	Time of Recurrence	Died non-operative
1	31	Dementia Precox Paranoid	May 16, 1932 Re-operation May 4 1935	26 months	30 months.	
2	52	Dementia Precox Paranoid	July 15 1932	5 years.		
3	34	Psychosis with Mental Deficiency and Depression	July 22, 1930	23 months		23 months post-op. Chr Myo-carditis.
4	56	Dementia Precox Hebephrenic.	Sept. 10, 1932	4 years 10 months.		
5	34	Dementia Precox Paranoid	Jan. 5 1933	4½ years.		
6	42	Dementia Precox Paranoid	Dec. 3 1930	1½ years		1½ years P O Pulmonary T B
7	51	Dementia Precox Paranoid	Sept. 9, 1930		3 years	4 years P O Bronchopneumonia.
8	44	Dementia Precox Hebephrenic.	Nov 22, 1935	1½ years.		
Total				*6	*2	3.
Average			3 yrs. 1 mo		33 mos.	

* With re-operation on one recurred case, figures are seven cured and one recurred

Gowan, where a suture of the taut sigmoid to the back of the cervicouterine junction, followed by a ventral suspension of the uterus, successfully cured the prolapse for two years, when she died of chronic myocarditis

In selecting an operation to suit the conditions of an insane patient, frequently disturbed, very uncooperative, and in some cases emaciated, that of colopexy as described by Ball seemed the most probable to yield a successful end-result [4 11] My first four cases were done prior to the publication of Martin's article [3] My experience taught the same fact which he stresses—the secret of success is pulling the rectum up until it is *taut,* then fixing it to the psoas minor tendon or iliacus fascia

Colopexy Under preferably spinal anesthesia (recently I have used chiefly pontocaine-glucose technic to insure a 1½ hour anesthesia, as advised by L Sise [12] of Lahey Clinic), a left lower rectus incision is made. The patient is put in Trendelenburg position and the small bowel securely packed off A vertical incision (Fig 5) is made just above the brim of the true pelvis, external to the left common iliac artery and the left ureter The tendon of the psoas minor muscle and the ilio-psoas fascia are exposed for a distance of two inches

A mesial row (Fig 6) of fine interrupted silk sutures are then placed to unite the mesial edge of the incised peritoneum to the left lateral wall of the sigmoid colon, held taut. Still holding the colon very taut, the anterior longitudinal band is rolled outwards and backwards, while the lowermost suture of No 12 black silk is placed between the psoas minor tendon or (if it is absent or not definable, as it frequently is in women) to the iliacus fascia at the lowermost angle of the denuded area About six such sutures are then placed in a vertical direction in the same manner The lateral peritoneal cut edge is then united to the right lateral wall of the sigmoid to completely close the denuded area.

Postoperatively, I have not found it necessary to use a rectal tube, although I believe it would be useful in a sane patient They are kept with the foot of the bed elevated for two weeks and allowed out of bed in about sixteen days The bowels are tied up for five days postoperatively, then move with an oil enema A light soft diet may be given after this

The importance of the tautness of the sigmoid colon at the time of suture was strikingly demonstrated to me in the case of T P (Case 1) whom I operated on for a recurrence in May 1935 I found that the prolapse had occurred not from a stretching of the colopexy sutures, but from the failure to have fixed the colon sufficiently high After separating the suture line with difficulty, I was able to fix the bowel at least two inches higher and have to date achieved a cure (26 mos)

That emaciation is not a bar to the performance of this operation is shown by the fact that one of the patients, female, age forty-two, (Case 6) weighed at the time of operation only 81½ lbs She gained weight to 131 lbs, showing

the improved health which almost invariably follows these operations Eventually she died of pulmonary tuberculosis, with no evidence of recurrence, 1½ years postoperatively However, one of the recurrences it must be admitted, was in a patient who weighed 93½ lbs at operation She weighed 80 lbs at death from pneumonia Her recurrence did not appear until three years postoperatively

I have not found that a plastic operation on the external sphincter has been necessary in any of these eight cases Physical examination of three of the recovered cases in 1934 showed excellent sphincter tone None of the living have any incontinence whatever None of the other three (two deceased) were reported as having any There were no operative deaths Three have since died from illness unrelated to prolapse (Table I)

Summary

1 The results of seven cases of Ball's colopexy and one of modified Quénu operation for complete rectal prolapse of the third degree are described

2 The factors which obtain in insane patients making them peculiarly prone to rectal prolapse are described Redundant sigmoid with a long mesentery and colonic atony have been demonstrated in some and are among the factors mentioned

3 Emphasis is made of the necessity of having the sigmoid colon taut before it is suspended, to insure a cure

4 Obliteration of the pouch of Douglas is not a necessary step to cure rectal prolapse

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REFRESHER COURSE IN VENEREAL DISEASES

The New York City Department of Health is offering to physicians a series of lectures on venereal diseases to be held each Saturday morning at 125 Worth St The schedule is as follows

April 16

9 30—Adolph Jacoby, M D, "Gonorrhea in the Female."

10 00—Reuel A. Benson, M D, "Vulvovaginitis"

10 30—William B Snow, M D, "Heat Therapy of Gonorrhea in the Female."

11 00—Leo L. Michel, M D., "Elliott Treatment of Gonorrhea in the Female."

April 23

9 30—Gerald F Machacek, M D., "Pathological Distinction of Granulomas of the Groin"

10 00—Borris A Kornblith, M D, "Treatment of Chancroid"

10 30—Arthur W Grace, M D., "Diagnosis and Treatment of Lymphogranulomavenereum."

April 30

9 30—John F Mahoney, M D—"Biology of Spirocheta pallida." Dark Field Demonstration and Movies

10 30—Louis Chargin, M.D, "Clinical Syphilis—Primary and Secondary" Clinical Demonstration and Movies

May 7

9 30—Bruce Webster, M D., "Clinical late Syphilis" Clinical Demonstration and Movies

10 30—Margaret L Davis, M D, "Congenital Syphilis and its Prevention"

May 14

9 30—Charles Walter Clarke, M D., "American Plan of Venereal Disease Control."

10 00—M. F Haralson, M D, "U S Public Health activities in Metropolitan area."

10 30—Oma H Price, M D., "Some special problems of New York City plan."

11 00—Henry P Talbot, M D "Prophecy and promises in Venereal Disease Control"

Preventive Medicine

Another Headache Remedy

B Liber, M D, Dr P H, *New York City*

Every individual or group or profession or even nation has some ridiculous angle and those with a sense of humor can, not only "take" some fun making, but may even welcome it for the wholesome lesson it may impart In that sense the celebrated Moliere was undoubtedly one of the greatest school-masters of the medical profession of his time. Behind his justified, always rollicking, mockery there was as a rule something true that contained not only a well-deserved spanking, but a serious teaching as well Take his hilarious *"Le Médecin Malgré Lui"* where the doctor—this time a layman who is forced to play the part of a physician —is so mishandled! Although this temporary would-be healer is short in Latin and anatomy and his apparent cure for the girl's sudden dumbness is bread and wine, because that is the food on which parrots thrive and learn to speak, a better, more causal, remedy is administered the satisfaction of her amorous desire, the mating with the man chosen by her against her father's will

While *most cases of organic or somatic illness* seen by any medical man, no matter what the diagnosis, *are mental cases also or contain mental elements* in their etiology or in their complications, *some show a preponderantly psychic side*

A woman complained of *headache*—intense, persistent, constant, generalized and not confined to any one portion of her skull She went to her family doctor He did his best to find the cause and, being unsuccessful, he prescribed something that is known to give relief But there was no change Not understanding the stubbornness of this symptom he took her at first to a gynecologist whose findings were negative and later to a specialist for internal diseases who examined her thoroughly and at length and discussed the case with her physician They agreed that a neurologist would be the right man Nothing remained undone, but the diagnosis was still unknown and, what was more important, no medication and no method of treatment or modification in the patient's routine had any appreciable and lasting effect.

She was a quiet, unassuming person, who far from exaggerating her condition, tended to minimize it She was not a smoker, never drank alcoholic beverages, and indulged in no excess of coffee She ate simply and moderately, kept correct hours, and attended to her housekeeping without overworking She had no children, she lived on the best terms with her husband and their sexual intercourse was adequate Her weight was more or less normal, so were her blood pressure, heart, kidneys, menses, bowel movements She was not anemic and her appearance was that of a healthy young woman

As the regular doctors failed, an appeal was made to irregulars, either recommended by friends or about whom the husband had heard at his business place One of them noticed a few small yellowish-brownish areas on the skin Of course, he could not know that *pityriasis versicolor* was a superficial, parasitic condition of no deep consequence and that, in that stage, it was curable within a few days So he gave them the popular and meaningless name "liver spots," assured the patient that the liver was at fault and started to "treat" it Another one tormented her in another manner—and so forth

All in all she had been tortured for about nine months when, tired of the irregulars, she returned to a member of the medical profession and presented herself to the last consultant, upon the advice of her own original doctor

Both physicians went over the case as carefully as possible. At first they re-examined the *organs* and *functions* As those yielded no clue, they studied the patient's living *habits* and finally began to analyze her *psyche* and *situation* at home and her *relationship* to her immediate environment They almost failed again, when, at the end of the interrogations she mentioned her mother There was an unusual glance. Something unpleasant was suddenly painted all over her face, as if a cloud had passed over her forehead, eyes and cheeks At the insistence of the examiner she balked It was felt that she made a great effort not to speak against her own mother But she could not resist the continual fire of detailed questioning and the truth was learned

She had never liked her mother, who was domineering and overbearing and had also ruled despotically over her husband until his death The old lady was extremely selfish and demanded much attention Each one of the children, now all married, feared her and tried to get rid of her by sending her

away to another brother or sister It was one year since our patient's turn came to give hospitality to her mother Patient was the youngest of the siblings and one of the wedding gifts she received when she married, exactly one year before, was her mother That was the cause of her sickness This mother's greatest joy was an endless *nagging* She was worse than the proverbial mother-in-law Nothing that the daughter did was well done There was no freedom for the young woman, as she was not permitted to leave the house or to see friends—except when her husband was at home or accompanied her Yes, this mother attempted even to denounce her daughter to her son-in-law and so disrupt a happy union Life was hell for this newly-married woman and many were the nights when she lay awake crying or when her sleep was filled with the most frightful dreams, some of which were revealed to the examiner

It was discovered that the headache invariably ceased when the mother happened to be absent from the patient's house for a day or two

The remedy, therefore, was to remove her altogether and, as no one of the children wanted her, she was sent to a decent home for the aged *That brought the cure* Our patient's headache disappeared and she became generally happy This is a true story

611 W 158 St

VITAMINS GOING WILD

The strangest and most extraordinary exploitation of vitamins, remarks Dr Morris Fishbein in *Hygeia,* has been their recent promotion in relationship to beauty, and here we find not only the established vitamins employed but also an alleged new vitamin, the existence of which actual scientific investigation does not even admit Among the first of these promotions was the inclusion of vitamin D in various ointments and particularly in soap Just why any one should put a vitamin in soap has not been apparent. Soap is really supposed to take things off the skin and not to put them on.

Incidentally, attempts are now being made to sell a cream which contains a glandular preparation that will cause wrinkles to fly right off the face. Just where the wrinkles go nobody knows

In various magazines, particularly those devoted to the so-called "fair sex," in recent months have appeared a number of announcements about a new vitamin called vitamin F, which it seems was discovered by a resident at various times of Chicago, with a medical record not susceptible of much verification It seems that he has evolved out of linseed oil some substances which are very important for rats Working with the assistance of two young ladies he found, for example, according to some of the claims, that sex can to a certain extent be made to order if parents desiring a boy will eat large quantities of vitamin E in addition to an otherwise balanced diet. The evidence is said to be based on 7,000 rat experiments What a jolly time these rats have in the interests of science!

Of course the experimenter is bound to be right half the time.

"TISSUE PAPER FACE"

A Belfast physician describes an interesting phenomenon in a letter to the *British Medical Journal* He writes

"In the course of my work I have performed many transilluminations and have been impressed with certain appearances which are observed in some cases In one type of patient the whole face is illuminated, so that one gets the impression that there is scarcely any bony structure One of my housemen described this appearance vividly as a 'tissue-paper face.' Over a number of years it has been my experience that this 'tissue-paper face' is found in the highly neurotic. I first made the observation when dealing with patients complaining of catarrh, but being impressed by the absence of all cause for this condition I began to feel that the catarrh was more imaginary than real, and to associate three conditions the complaint of catarrh, the 'tissue-paper face,' and the fact that these patients were highly neurotic. I wonder if the possible connection in this respect might be an error in calcium metabolism, a feature which is, I understand commonly met with in neurotic states I bring forward this observation in the hope that others may contribute their experience or draw my attention to any previous work on it"

Preventive Medicine

Another Headache Remedy

B Liber, M D , Dr P H , *New York City*

Every individual or group or profession or even nation has some ridiculous angle and those with a sense of humor can, not only "take" some fun making, but may even welcome it for the wholesome lesson it may impart. In that sense the celebrated Moliere was undoubtedly one of the greatest schoolmasters of the medical profession of his time. Behind his justified, always rollicking, mockery there was as a rule something true that contained not only a well-deserved spanking, but a serious teaching as well Take his hilarious *"Le Médecin Malgré Lui"* where the doctor—this time a layman who is forced to play the part of a physician —is so mishandled! Although this temporary would-be healer is short in Latin and anatomy and his apparent cure for the girl's sudden dumbness is bread and wine, because that is the food on which parrots thrive and learn to speak, a better, more causal, remedy is administered the satisfaction of her amorous desire, the mating with the man chosen by her against her father's will

While *most cases of organic or somatic illness* seen by any medical man, no matter what the diagnosis, *are mental cases also or contain mental elements* in their etiology or in their complications, *some show a preponderantly psychic side*

A woman complained of *headache*—intense, persistent, constant, generalized and not confined to any one portion of her skull She went to her family doctor He did his best to find the cause and, being unsuccessful, he prescribed something that is known to give relief But there was no change. Not understanding the stubbornness of this symptom he took her at first to a gynecologist whose findings were negative and later to a specialist for internal diseases who examined her thoroughly and at length and discussed the case with her physician They agreed that a neurologist would be the right man Nothing remained undone, but the diagnosis was still unknown and, what was more important, no medication and no method of treatment or modification in the patient's routine had any appreciable and lasting effect.

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EDITORIALS

Inexorable Fact

The past month has disclosed widespread dissatisfaction with the State Unemployment Insurance Act Even its friends admit it has proven administratively unworkable

Certain inherent flaws in the principle of the law have also come to light By the very nature of unemployment insurance, contributions drop precisely when the demand for benefits is greatest The result is naturally disappointing to those who had hoped this measure would prove a buffer against relief

There is also a growing realization that the law works an injustice on the low-paid workers Their contributions help to supply more substantial benefits than they themselves will ever receive to persons in higher income brackets It is true that the latter contribute more in dollars and cents, but proportionately the burden on them is less They are better able to pay the weekly levy on their salaries and to make personal provision for a rainy day

To physicians, who have studied the workings of compulsory health insurance in Europe, there is nothing surprising in these disclosures The discrepancy between theory and practice, in connection with obligatory insurance, is an old story The faults which are developing in the operation of unemployment insurance have repeatedly been stressed by organized medicine in warning against compulsory prepayment for medical care.

As a matter of fact, obligatory sickness insurance presents many more inherent difficulties than unemployment insurance It is almost impossible to formulate a sound actuarial basis for sickness protection Unemployment can be positively defined Its existence is easily established Deliberate malingering and hypochondria make it less easy to determine the presence of illness Besides, far more intangible elements enter into the provision of medical service than into the distribution of unemployment benefits

So far the operation of old age and unemployment insurance in this country has born out the profession's warnings against compulsory sickness insurance We have seen nepotism, graft, sloppy administration and high costs incommensurate with the scanty benefits obtained What impartial person can look in this direction for a system of medical care when medically sponsored plans in various communities have proven themselves infinitely more honest, efficient, and effective?

A Familiar Plaint

We don't need "time machines" or other fourth dimensional magic to persuade us that one century is much like

Highlights of the 1938 Annual Meeting

For Complete Program, see April 1 issue

(All activities will be held on Daylight Saving Time)

TIME AND PLACE—Opens Monday, May 9, 9·00 A M, at the Waldorf-Astoria Hotel, between Park and Lexington Avenues and 49th and 50th Streets, New York City Closes Thursday, May 12, 10 30 P M This will be the largest State Medical Meeting in size and scope ever held, and probably the largest attended Medical Meeting in the United States this year

REGISTRATION—Registration will be held in the Hotel on Monday after 9 00 A M for Delegates, and on Monday, Tuesday, Wednesday, and Thursday for members and guests Every physician must register and obtain an official badge to attend sessions

BUSINESS—The House of Delegates of the Medical Society of the State of New York will convene at 10 00 A M on Monday in the Ballroom

GENERAL SESSIONS—Two General Sessions will be held, one on Tuesday, 2 00 P M, and one on Thursday, 2·00 P M, in the Ballroom

SECTION MEETINGS—Fifteen Scientific Sections will hold twenty-eight sessions on Tuesday morning, Wednesday morning and afternoon, and Thursday morning in the hotel *(See complete program for locations)*

GUEST SPEAKERS—Twenty-eight prominent guest speakers in all fields of medicine will address General and Section Meetings

SCIENTIFIC EXHIBITS—Fifty-six scientific exhibits, to be located in the First and Second balconies of the Ballroom and the Second floor foyer, are a part of the program

SCIENTIFIC MOTION PICTURE EXHIBIT—Forty-four scientific motion pictures by twenty-five exhibitors will be shown in the Empire Room from 9 00 A M Monday until 10 15 P M Thursday evening

TECHNICAL EXHIBITS—One hundred and ninety-two exhibits of leading pharmaceutical, surgical, and allied products and services will be open during convenient hours throughout the convention This will be the largest number of exhibitors ever to take part in a State Medical Meeting For the benefit of physicians with office hours which do not permit spending much time at the meeting during mornings and afternoons, the exhibit rooms will be open until 10 30 P M on Tuesday

BANQUET AND DINNERS—The Annual Banquet and Reception will be held in the Ballroom of the Hotel on Tuesday, at 7·00 P M (Tickets are limited—application should be made to Augustus Harris, M D, Chairman of Banquet Comm, 2 E 103 St, New York City) Dinner for the Delegates will be served in the Hotel on Monday following the adjournment of the afternoon session of the House of Delegates (Tickets can be procured from the Secretary of the State Society, 2 E 103 St, New York City)

WOMAN'S AUXILIARY—Headquarters are in the Carpenter Suite of the Hotel, and the ladies are asked to register at the Registration Desk in the Suite after 9 00 A M, Monday Meetings and the Dinner will be held on Monday A hobby show will be open during the four days of the Annual Meeting, May 9, 10, 11 and 12

them to this decision A picture entitled "Your Life Is In Their Hands" would have done the medical profession more harm than any good from the expose of quackery and quacks, the records of which are on file

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Blood Dyscrasias From Occupation

Industrialization has brought in its train a whole series of diseases which can be attributed directly to the occupation in which the worker is engaged Numerous physical and chemical agents are required in the manufacture of certain products which agents are detrimental to the health of the individual Lead, for instance, is employed in over 150 industries (paints, storage batteries, drinking utensile, and many others) Another powerful poison, benzol, is used in all the rubber industries

Held and Lieberson[1] emphasize the necessity of the early recognition of blood dyscrasias in those who come in contact with x-ray, radium, lead, and benzol in the course of their daily work Each of these attacks a definite part of the hematopoetic system, at the onset of the disease Lead depresses erythroblastic activity, benzol produced a leukopenia, while radioactive substances affect the hemolymph glands and cause a lymphocytosis Held and Lieberson stress the importance of recognizing the ill-effects of these drugs during this early stage of the blood dyscrasia because during this time the disease is *reversible* by removing the causative factor and by following adequate therapeutic measures To wait longer is to invite a severe form of the disease which responds poorly, if at all, to treatment To the reversible leukopenic stage of benzol poisoning there is added an aplastic anemia if the poisoning is permitted to continue The hemorrhagic diathesis which develops in the later stages of exposure to radium often defies all means of therapy

Unlike the cases of spontaneous blood dyscrasias, those which result from occupation show a long period of dysfunction in only one branch of the blood system and it is this factor that enables the physician to attack the disease early and be reasonably assured of restoring the blood picture to normal The complete removal of the patient from contact with the chemical is essential Periodic examinations of the blood of all workers in industries which utilize agents capable of inducing a blood dyscrasia should be made a public health law Only in this manner will susceptible individuals be spared a serious disease, because it not only is preventable but curable when it is properly treated in its early stages

1 Held I W and Lieberson, A N Y State Jour. Med, 38 186, 1938.

Perirenal Insufflation

Enormous strides have been made in the roentgen diagnosis of soft tissue tumors by use of contrast media We have attained the greatest accuracy by this means of study, in the detection of new growths of the gastrointestinal, urinary, and gall-bladder tracts More recently, the use of air injected into the cerebrospinal fluid system has increased materially the ability of the neurologist to diagnose and localize intracranial and spinal cord tumors

In 1935, Cahill[1] injected air into the perirenal space in order to outline the adrenal glands in cases where these structures were suspected of a new growth Within the past year, Mencher[2] has elaborated upon the technic of perirenal insufflation and has definitely determined its value in cases of paroxysmal hypertension, masculinism, and Cushing's syndrome The air, which is introduced by means of a needle attached to a delivery system and inserted into the perirenal space, outlines the kidney and adrenal and enables one to visualize a tumor mass in this area with the x-ray

Incidental to his work with perirenal insufflation, Mencher has noted that it is possible to obtain a positive air outline

1 Cahill G F *Jour Urol*, 34 238 1938
2 Mencher W H *J A.M.A* 109 1338 1937

another In a recent issue of the "Friends' Quarterly Examiner," Cyril C Barnard puts a 1714 datemark on the so-called "New Deal" in medicine

Social workers today proclaim with the voice of discovery that a substantial proportion of the public is compelled by poverty to go without medical care Over two hundred years ago the Quaker John Bellers made the same observation Without the aid of million-dollar surveys, he found that three-quarters of the people were too poor to secure either medical care or necessary drugs

On its surface, this would appear to be a serious indictment of government and the medical profession Over two hundred years ago, three-quarters of the people were going without essential medical services, and they are still going without them today Strangely enough, in spite of this alleged neglect, the span of life has been steadily lengthening in the past two centuries Both general and infant mortality have been strikingly reduced and many diseases have been virtually eliminated from the morbidity tables

Considering this paradox, one is forced to the conclusion that either medical care is an unnecessary luxury or the figures cited by Friend Bellers and his modern protagonists are somewhat exaggerated When the progressive drop in morbidity and mortality is traced to its exact causes, it becomes apparent that there is no such general dearth of medical service as some reformers, dead and alive, would have us believe

It is noteworthy that the path Mr Bellers blazed in 1714 in his remarkable "Essay Towards the Improvement of Physick in Twelve Proposals" is still considered the true road by most of the modern prophets of public health He urged the creation of public hospitals and laboratories, the appointment of county physicians to care for the sick poor and governmental endowment of medical research Especially remarkable is his evaluation of sickness in economic terms in an age when misfortune generally evoked either sentimental condolence or pious admonition

Viewed in the light of his affinity with present day sociologists, John Bellers appears as much of an anachronism in his century as Mark Twain's Connecticut Yankee at King Arthur's Court History's well-known tendency to repeat itself reassures us, however Probably Mr Bellers was quite comfortable in 1714 even though he seems to us to have been two hundred years ahead of his time Maybe, even—heretical thought!—the medical "radicals" of our own day are not quite as revolutionary as they and the rest of the world seem to believe!

A Gratifying Response

In our issue of January 1, 1938, there appeared an editorial called "Hollywood on Crusade" The purport of it was to inform our readers that a certain motion picture concern "is about to embark on another crusade This time it will be a picture exposing and denouncing quack doctors" Furthermore, the announcement stated that the concern would "work in cooperation with the American Medical Association, whose aid has been pledged by Dr Morris Fishbein" We then expressed doubts as to the wisdom of the procedure, looking with concern on the tendency of Hollywood toward theatrics, and fearing that it would bring discredit on the whole profession from the undiscerning

In *The New York Times* of April 3, we find the following "Because of protests from medical bodies throughout the country the Warners have abandoned their contemplated production of 'Your Life Is In Their Hands', an expose of quack practitioners which was to have found its source in the files of Dr Morris Fishbein of the A M A The objections pointed out that reflection would be cast upon the entire medical profession, so the studio shelved the story rather than stir up a controversy"

We are glad indeed that the second thought of Warner Brothers brought

Correspondence

[THE JOURNAL reserves the right to print correspondence to its staff in whole or in part unless marked "private" All communications must carry the writer's full name and address, which will be omitted on publication if desired Anonymous letters will be disregarded]

Federal Pure Food and Drugs Legislation

New York City
333 E 57 St.

To the Editor

The National Pure Food and Drugs Act now on our statute books is dated 1906, and was passed then only after a crusade of years' duration, carried on by Dr Wiley There have been but few amendments to that Law in the last thirty-odd years, so we are still living under antiquated legislation on that important subject, and there is no national legislation covering cosmetics

Several bills have been introduced into Congress in the last six years, and all have failed of enactment into law, largely because of a very strong lobby working against the passage of such legislation

An extremely weak food, drug, and cosmetic bill is now before the Congress Among its many weaknesses are the clauses which place the control of advertising in the hands of the Federal Trade Commission. All administrative authority, including advertising, should be placed with the Food and Drugs Administration, under the Department of Agriculture, if the people of this country are to be protected against harmful or worthless preparations The recent tragedy resulting from the use of the elixir sulfanilamide, which took the lives of well over sixty individuals would have been prevented, had proper laws been in force controlling the production of such preparations

There are numerous harmful drugs purchasable without prescription, and an entirely new group of diseases has grown out of the indiscriminate use of these drugs by the laity

It should be pointed out that quite as much harm can come in a negative way from advertising which makes false or fraudulent claims, in that an individual with a disease in an early and curable stage may waste valuable time experimenting with a nostrum, with the result that the disease is no longer curable when proper medical care is resorted to

Great strides have been made in the last half century in the prevention of disease, and in increasing the expectancy of human life. The present situation in the Congress of the United States is a challenge to every physician in the country, one of whose functions should be the protection of the people from the use of improper food, drugs, cosmetics, and devices

It is to be hoped that every physician will communicate with Senator Royal S Copeland and with Representative C F Lea, in Washington, D C, who are in charge of their respective branches of the Legislature, with reference to the Food and Drugs Act, and also to the representative from his respective congressional district and the senators from his state, protesting against the inadequacy of the present law, and demanding national legislation which will be dictated by an honest desire to provide certain needs of the American people, and will take the Food and Drugs Act out of the hands of politics

MALCOLM GOODRIDGE, M D

March 12, 1938

Chronic Appendicitis

Merribrooke Farm
Stamford, Conn.

To the Editor

In the interesting and valuable Ray article on appendicitis in the NEW YORK STATE JOURNAL OF MEDICINE for March 15, I was surprised to find on page 422 that in chronic appendicitis the pain and discomfort are in the right lower quadrant of the abdomen. In my articles on chronic appendicitis in my fifty years in the Academy of Medicine library and in medical libraries rather generally here and abroad, I took particular pains to show that in chronic appendicitis the pain and discomfort are not in the lower right quadrant of the abdomen and care was taken to show why these symptoms are quite elsewhere.

I have been present when expert consultants upon whose opinion much depended and yet they did not know how to make a diagnosis between acute and chronic appendicitis in most cases when symptoms were not well-defined I remember that on one occasion Dr Reginald Fitz of Boston who gave the disease its male (hybrid) name asked me to make a diagnosis in one of his cases at the Massachusetts General Hospital I could not keep him out because it was before I had realized the need for a comprehensive study of the subject.

There are five well-defined kinds of

of the mediastinum Thus, a new field in roentgen diagnosis is opened for the recognition of mediastinal lesions by the use of a contrast substance The selection of the perirenal route for the injection of air is recommended over the paravertebral route because it is less hazardous The air finds its way into the mediastinum through the aortic opening in the diaphragm In addition to the merit of this method in adrenal and mediastinal tumors, the subdiaphragmatic regions can also be investigated, since it is possible to distinctly delineate both leaves of the diaphragm Oxygen or carbon dioxide are equaly effective as gaseous contrasts and they may be used in place of air With the more extensive use of perirenal insufflation, a greater degree of accuracy in the diagnosis of the lesions for which it is indicated may be looked for

CURRENT COMMENT

"IN THESE DAYS WHEN revolutionary changes are occurring in business, banking, labor relations, agriculture and transportation, and with the influence and power of Government to regulate economic activities, to referee disputes and to dictate policies, it is inevitable that we in the various professional fields must examine critically the role which our several professions are likely to play in the present and future social order. All of us have a more or less common group of problems, not only in relation to the community but also in regard to the functions of the universities, to which the country at large must look in the future for much of its leadership All of us are interested in the problems of health for they are with us from birth and throughout the entire span of life.

"The history of medicine, like that of other human institutions, is the history of individuals From the beginning of the human race certain individuals were recognized as having the power or knowledge to cure the sick and to treat the wounded Medical care has always been a function of society

"—Dean Willard C. Rappleye of Columbia's College of Physicians and Surgeons, quoted in the *Columbia University Quarterly* The remarks were made over two years ago, but are still pertinent.

" STATE MEDICINE, IN MY OPINION bears disaster for doctor and patient alike. you cannot pipe out medicine to the community as you do with steam heat in New York City I feel that private practitioners, by broadening their relationships with their patients, instead of becoming emergency men and merely curative physicians, can become in the best sense of the phrase guardians of the health of the people.

"For preventive medicine to be effective, other fundamental social problems must first be settled What, for example, is the object of subjecting a poor student to elaborate dental examination, when he or she has a father out of work and isn't receiving enough nourishment at home to form good sound teeth? An appalling inconsistency

" I know the futility of speaking grandiosely of sweeping reforms, of demanding the demolition of our present structure and the erection of a new one overnight. And I distrust the man with a pet scheme, the panacea We must realize that changes come gradually We must be grateful for small but localized improvements in our medical system, improvements effected, possibly, without the consciousness of the ultimate objective."—Sound statements from the radio address of Dr A. J Cronin, our English colleague and author "The Citadel."

"I DO NOT SAY THAT no drugs are useful, but there is not enough discrimination in their use."—Sir William Gull

"DEMOCRACY IS BEING CHALLENGED at home and abroad and the shame is that many criticisms directed at the system are justified. One cause for deserved criticism is that millions of men and women do not take politics or government seriously Democracy must be salvaged, or else the measured tread of armed guards will become familiar, free speech, freedom of enterprise and cherished liberties will vanish from the face of our fair land, and regret will prove of no avail"—From a letter to *The New York Times* under date of March 27, by Walter I Priest of Bluemont, Virginia

"THE NATURAL TENDENCY among scientists to carry any new theory or practice to extremes has not been discouraged by the manufacturers of biological products, so that the virtues of immunization in many lines have been greatly overrated, under pressure of commercial interests While this wave is by no means spent, it is believed that its crest has passed, and that immunization will in the future be regarded more in the light of its true rather than inflated values"—*The Health Officer*

Public Health News

Education For Marriage

J Rosslyn Earp, L R C P, Dr P H
New York State Department of Health

On March 12 the New York State Conference on Marriage and the Family met under the chairmanship of Dr Sidney E Goldstein in New York City A part of the sessions were devoted to considering the progress of education for marriage and family life in the colleges and high schools of the state. A questionnaire had been sent to the 174 colleges and high schools of the state and at the time of the meeting only seventy replies had been received. These showed, however, that the educators of the state are quite generally conscious that education for marriage is a part of their responsibility All of the colleges replying and all but one of the high schools claimed to make some provision in this respect Little seems to be known, however, as to the content of the courses given It is obvious that this must vary widely from one institution to another Many of the courses are given in the department of home economics, in some colleges, however, the subject is handled by the department of ethics and in still others it is not confined to any one department but approached from several different viewpoints Three colleges go so far as to say that preparation for family life is the central core of the entire curriculum

It is probable that any medical man would be critical of these courses in their present stage of development Thinking it would be interesting to know what should be taught in the way of preparation for infant care to the high school and college student, I asked Dr Elizabeth M Gardiner, Director of the Department's Division of Maternity, Infancy and Child Hygiene, for her advice Dr Gardiner was not prepared to outline any course to be given in high school in the present stage of our educational development. We introduce our children to science at too late an age, she believes The subject should be taught early in the grades and there is no more fascinating branch of science than the biology of reproduction At some future date when children in high school are already familiar with the simple facts of fertilization, pregnancy, and parturition, and have an objective attitude toward these facts, it will be possible to teach preparation for parenthood in high schools At the present time high school students may learn the technic of infant care through their departments of home economics This instruction is probably given already in many schools Those schools which have a department of ethics no doubt offer courses in the current ideals of family life. It would be perhaps desirable if more high schools had instruction in ethics

The college student, says Dr Gardiner, is in another category More mature emotional control has been achieved and the problems of human genetics and human reproduction are talked about impersonally and without reserve. If the previous courses of instruction had been satisfactory, the most advantageous teaching in college groups would be through discussion

The above represents, of course, only one of several medical aspects of education for marriage. Any course which broaches the psychology and physiology of reproduction must have the widest contact with adult human experience One cannot help thinking, for example, what such courses properly conducted might accomplish in preventing a social misfortune which recently drew wide public attention I refer to the commission of sex crimes against women and children The Honorable Austin H MacCormick, Commissioner of Correction, New York City, tells us that from August 1 to September 15 of last year twice as many men charged with sex offenses were admitted to Riker's Island Penitentiary as during the same period in 1936 So active were the police and the public in their search for suspicious actions that "for a while," says Mr MacCormick, "it was utterly unsafe to speak to a child on the street unless one were well-dressed and well-known in the neighborhood To try to help a lost child with tears streaming down its face, to find its way home would, in some neighborhoods, cause a mob to form and violence to be threatened" The Commissioner believes, as surely all of us must believe, that sex offenders are mental patients requiring hospitalization rather than imprisonment but since there is no room in our hospitals at present for these cases he does his best with the facilities provided on Riker's Island. He says, "If substantial additions could be

chronic appendicitis Making the general diagnosis of the condition is a simple matter, but determination of which of the five kinds is present in any given case requires the clinical sense of a real doctor—not only his clinical sense but sometimes skilled employment of instruments of precision

I was not the one who named the Morris point for chronic appendicitis for comparison with McBurney's point in acute cases, my friends got to applying a name to the condition which I have described at length

ROBERT T MORRIS, M D

March 18, 1938

Dr Fishbein Clarifies the Situation

The Journal of the
American Medical Association
535 No Dearborn St,
Chicago, Ill

To the Editor

The editorial appearing in this issue of the *New York State Journal of Medicine*, page 650, entitled, "A Gratifying Response," has just reached me. It was unfortunately written without any attempt on your part to discover the actual facts behind the decision by Warner Brothers not to make the movie, entitled, "Your Life Is in Their Hands" You have accepted the statement of the studio publicity department, which apparently was endeavoring to get out from under what was for them a ticklish proposition

The motion picture which had been planned, and the scenario which had been prepared, were planned wholly to inform the public of the manner in which charlatans impose upon them by the use of the typical methods of charlatans, which have been described from time to time in various publications

When it was announced that this film was to be made, the American Optometric Association, as well as the osteopaths and chiropractors, were circulated and each one of them asked to send to Warner Brothers an individual protest against the making of the film Inasmuch as these groups are organized on a business basis in contrast with the organization that exists in scientific medicine, the result was a considerable number of letters to Warner Brothers protesting against the making of the film and carrying threats of legal action

I may say for the scenario that it was prepared by two competent writers, that there was not a libelous statement in it, and that unquestionably the information that it contained, had it reached any considerable number of people, would have done great good in distinguishing between the competent, ethical doctor and the charlatan

I am sorry to say that your editorial is incompetent, because it is based on inadequate information I hope you will publish this statement, which is sent for that purpose

Very truly yours,

MORRIS FISHBEIN

April 11, 1938

[NOTE We regret that the information regarding the American Optometric Association, the Osteopaths, and the Chiropractors were not available to us when our editorial was written. We surmised the situation however, and the end-results please us nevertheless —EDITOR]

SILICOSIS LESS THAN EXPECTED

Approximately 2 7 per cent of the 12,000 foundry workers in New York State are affected with silicosis, and of this number about 0 7 per cent show signs of tubercular complications, Elmer F Andrews, State Industrial Commissioner, and Dr Leonard Greenburg, Executive Director, Division of Industrial Hygiene, reveal in releasing a report on the most searching study of this industry ever attempted by any agency

Mr Andrews expressed the opinion that while the silicosis hazard in the foundry industry in this State is existent, it is of a mild degree of severity and may be expected to yield satisfactorily to appropriate measures of control He pointed out that the incidence of the disease as disclosed by the study is much less frequent than many previous surveys have indicated He stressed the fact that the foundry industry was selected for investigation not only because its workers are exposed to silica dust, the cause of silicosis, but also because it has the largest number of persons in any *single trade exposed to this dust*

According to the report, 110 cases of silicosis were discovered in the group of 4,066 persons examined Of these, eighty-eight or 2 2 per cent were in the first stage, sixteen or 0 4 per cent were second stage, and six or 0 1 per cent were third stage silicosis Of the 110 cases fifteen or 0 7 per cent showed signs of tuberculosis

culin before and after the disease. However, a change in the type of the reaction was noticed in several None of the mumps patients showed reactivation or exacerbation of their tuberculosis

Of the thirteen cases with scarlet fever, only one showed a spread of the tuberculous process None of the six cases of diphtheria experienced any ill effects so far as their tuberculosis was concerned The children with scarlet fever and diphtheria were not tested with tuberculin.

In the discussion, the author points out that only twelve children of the 118 showed any increase in the tuberculous lesions during convalescence. This closely parallels the experience of similar groups of patients whose tuberculosis was not complicated by acute contagious diseases In the great majority of those who showed increase in tuberculosis, the extension occurred several weeks after the intercurrent disease had subsided None of these remissions occurred in quiescent or apparently arrested lesions showing that the old foci were not disturbed by the intercurrent contagious disease. The remissions seen in the active tuberculous lesions could be safely considered coincidental and unrelated to the contagious disease.

Very little evidence was found to support the contention that measles or any of the other contagious infections have a depressing effect on the body's capacity to react to tuberculin. In the majority of previous studies the Pirquet method was employed for giving the tuberculin test. This may explain the apparent discrepancy, because the Mantoux test which is more precise, was used in all of the author's cases

Summary and Conclusions

1 A group of 118 children convalescing from tuberculosis who developed acute contagious diseases was studied.

2 No definite evidence was found to support the prevalent belief that measles, chickenpox, whooping cough, mumps, scarlet fever and diphtheria have a deleterious effect on tuberculous lesions in the lungs of children

3 No definite evidence was found to support the belief that the above diseases depress allergy to tuberculin in a child with healed or active tuberculosis

4 Further data were discovered to strengthen the contention that exacerbations or remissions are fairly common occurrences during the course of childhood-type tuberculosis and that they may occur in the presence or absence of intercurrent contagious diseases

Reference

Nalbant, J P *Amer Rev of Tuber*, December 1937

DANGER AHEAD

A New York judge recently imposed a fifteen-dollar fine for passing a red light on a motorist who admitted illiteracy, notes the *Medical Week* At the same time he criticized severely the system which permits drivers who cannot read or write to operate cars No matter how competently a motorist handles his machine, he is not a safe driver if he cannot read certain warning signs

In technical fields allied to medicine there is a parallel to this situation Many registered physiotherapists consider themselves qualified to practice medicine because they can operate their apparatus, although they are completely unable to read danger signals in a patient's condition or make a diagnosis It is a sad and well-known fact that physicians often employ commercial x-ray and clinical laboratories whose technicians do not know how to interpret the signs set before them

Whether in driving or medical practice, a certain amount of knowledge is necessary besides mastery of an inanimate machine. It is doubtful, however, whether the illiterate motorist is nearly as dangerous as the lay technician who takes to the medical road without being able to read warning signs

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St Faith's House renders a service to the unmarried mother for a long enough stay to insure her prenatal, confinement, and postnatal care and, after its birth, the care of the baby

It is incorporated under the Department of Social Welfare of New York State and is endorsed by the Judges of the Children's Courts, many of the medical profession and various well-known organizations

To be admitted to the house, a girl must be white, Protestant, and free from disease. Admissions are made directly through the Worker-in-Charge, at St. Faith's House, 53 So Broadway, Tarrytown-on-Hudson (Telephone 258)

A report of the house will be furnished upon request.

made to our psychiatric staff, we could do many of the things that one expects of hospitals or clinics." He has some hopes of being able by diagnosis to segregate the small minority of really dangerous sex offenders but the treatment of the large total number is another matter

This brings me back again to the possibilities of adequate education for marriage in youth and I will close with a last quotation from Commissioner MacCormick "Until the attitude of the people as a whole toward sex is more rational, until it can be discussed more frankly and more intelligently, until people realize more fully what damage repressions and complexes and maladjustments can do to a normal human mind, and until we approach the problem with sustained intelligence rather than in bursts of occasional hysteria, we must expect sex offenses to constitute a major problem for society" *

* MacCormick, Austin H, Honorable "New York's Present Problem," *Mental Hygiene*, p. 4, January 1938.

The Effect of Contagious Diseases on Tuberculosis

An attack of acute contagious disease in a child infected with tubercle bacillus is something nearly every physician dreads It has long been taught that measles, whooping cough and influenza predispose to tuberculosis and aggravate existing clinical tuberculosis If is also commonly said that the acute contagious diseases, particularly measles, depress or obliterate the child's capacity to react to tuberculin These opinions, seldom supported by convincing facts, have recently been challenged J P Nalbant reports on a study made of 118 children convalescing from tuberculosis who developed acute contagious diseases while in the sanatorium

Several writers state that during an attack of measles the tuberculin test becomes negative Some assert that intercurrent infections, particularly measles, stimulate activity in many cases of tuberculosis In one series of thirty-seven cases of tuberculous children who developed measles, the tuberculin test done by the Pirquet method showed that the reaction became negative in all at the appearance of the eruption, but became positive again in half of them by the seventh day Other writers express different views Chadwick, for example, found that a group of tuberculous children who reacted positively to tuberculin showed no change roentgenologically and no change in their tuberculin reactions during and after measles Berghoff studied 596 cases of measles in the army and found only one case of frank active tuberculosis following directly after measles infection

Effect of Contagious Diseases Exaggerated

Scattered studies made in Europe to determine the effect of whooping cough, chickenpox, scarlet fever and measles on the tuberculin reaction, and on active or inactive tuberculous lesions, indicate that the effect of the contagious diseases on tuberculosis has been exaggerated and may be very doubtful This supports the findings of the author in a study made at the William H Maybury Sanatorium, which included forty-three children with measles, thirty-nine with chickenpox, sixteen with whooping cough, thirteen with scarlet fever, thirty with mumps, and six with diphtheria, making a total of 147 cases of acute infectious disease in a group of 118 children convalescing from pulmonary tuberculosis of the childhood-type The ages of the children ranged from six months to fifteen years All had x-ray examinations of the chest a short time before the onset of the contagious disease and directly after the expiration of the quarantine period. Eighty-three of the 118 children had active pulmonary tuberculosis of the childhood-type, the remaining thirty-five had quiescent or apparently arrested disease

In four of the forty-three cases of measles the intracutaneous tuberculin test with Old Tuberculin became negative to a dose to which they were positive before, but were again positive two weeks after the disappearance of the eruption Six cases, showed by roentgenological examination, an increase in the pre-existing tuberculous process but none of these occurred in less than one month after the measles In each instance the exacerbation of the tuberculosis was an evanescent occurrence and all recovered completely in a few months

Two of the sixteen children with whooping cough showed exacerbation of the tuberculous disease In one case this occurred during the course of whooping cough but subsided promptly Three of the cases of chickenpox experienced extensions of their tuberculous lesions none of them showed any change in the tuberculin reaction Of the twenty-five children with mumps, twenty-four were positive to tuber-

Reprinted by permission of *Tuberculosis Abstracts*, March 1938.

THE WOMAN'S AUXILIARY

To the Medical Society of the State of New York

JEFFERSON COUNTY On March 10 the Woman's Auxiliary of the Jefferson County Medical Society had their monthly dinner meeting at the Black River Valley Club in Watertown Thirty-six members were present.

Mrs Harlow G Farmer, President, presided Dr Charles A Prudhon, Secretary to the Jefferson County Medical Society, spoke on Legislature trends Dr John M Rice, Chairman of the Legislature Committee, spoke on current legislation before the New York Legislature Members were asked to write their representative in the New York State Legislature concerning the bill before the Legislature.

It was decided to write letters approving the Nurse Practice Act, Physicians Lien bill, the Esquirol-Hawkins Radiology bill, and disapproving the Peterson Chiropractor bill, the Health Insurance bill, and the Feld Medical Licensure bill

Mrs Walter Fox Smith, who attended an Auxiliary meeting in Syracuse, read Doctor Goodrich's address on Preventive Medicine entitled "Beauty and Health"

ROCKLAND COUNTY The Woman's Auxiliary of Rockland County held its regular monthly meeting on March 16 at the Hotel St. George in Nyack

In the absence of Mrs R F Sengstacken, Chairman of legislative affairs, Mrs J C Dingman gave a report of the recent recommendations sent by the Auxiliary to the State Legislature relative to subjects pertaining to medical interests

Mrs S W S Toms, who as State Chairman of public relations had attended the recent Executive Board Meeting in Syracuse, gave a report of this meeting

Mrs A. N Selman, President, appointed Mrs John J Rooney, Jr, to serve on the State Publicity Committee during the State Convention in New York City in May

SUFFOLK COUNTY Mrs William Barnhardt of Islip was honored on March 21 at the Sturrup Cup Castle, Oakdale, at a testimonial luncheon given by the Woman's Auxiliary to the Suffolk Medical Society She was presented with an attractive bouquet of roses by Mrs Stanley P Jones who expressed the esteem of the Society for Mrs Barnhardt's long and interested service as past president.

Mrs S K. Oxholm outlined in an interesting manner the history of medicine and surgery She spoke of the highlights through the ages from many years before Christ to the present time.

An amusing recitation was given by Mrs E Raymond Hildreth

Mrs John L Bauer read a delightful poem written by Mrs Barnhardt entitled "God's Poem"

QUEENS COUNTY The fifth anniversary of the Woman's Auxiliary to the Medical Society of the County of Queens was celebrated by a tea on March 23 at the Society Building in Forest Hills

Among those guests who were welcomed by the President, Mrs Elmer Kleefield, were Mrs Frederic E Elliott, President of the Kings County Auxiliary, Mrs Stanley P Jones, President of Suffolk County Auxiliary, Mrs Luther H Kice, Chairman of Legislative Committee of the State Auxiliary, Mrs Henry Hirsch, Recording Secretary of the State Auxiliary, and Mrs Milton B Bergmann, Publicity Chairman of the State Auxiliary

LETTER FROM MRS EDWIN A. GRIFFIN, CONVENTION CHAIRMAN With winter fast slipping away, in a few days we shall look for the return of the birds and the smell of soft damp earth and then our plans shall be for happy days ahead. Yes, we are planning for four very happy days ahead Our State Convention will be held at the Waldorf-Astoria Hotel, New York City, May 9-12 in conjunction with the 132nd annual meeting of the Medical Society of the State of New York. Your State President, Mrs Francis R. Irving of Syracuse met me this week to make plans and we have many good times in store for you whether you are an Auxiliary Member or not. If your thoughts will just turn to the Waldorf-Astoria and if you will keep May 9-12 in mind I am sure you will find many friends, both old and new Interesting meetings to attend and our Hobby Show, which compares most favorably with any to be seen anywhere at any time will occupy an hour or more of your time We have a delegates dinner on Monday night to which we cordially invite all physicians wives and their friends But I shall not tell you all our secrets at the present time Please keep the dates with a big red line around them and come and register with "The Woman's Auxiliary to the Medical Society of the State of New York"

ANNOUNCEMENT

The Annual Banquet of the Medical Society of the State of New York will be held on Tuesday evening, May 10, at 7 P M in the Grand Ballroom of the Waldorf-Astoria, Park Ave and 49th St. Subscriptions will be $5 00 per person (including gratuities) Tickets to be collected at tables An excellent menu has already been arranged Outstanding speakers and distinguished guests will attend Fine music will also be provided including a fifteen-piece orchestra for dancing afterward As it is only possible to conveniently accommodate about eleven hundred, it is important for you to send your subscriptions early This will also facilitate the work of the committee in arranging for the seating for such a large number Will you, therefore, kindly plan now for the number of guests, with names, whom you expect to include in your party, or state preference of persons with whom you wish to be seated Cocktails will be served at the assigned tables in the Ballroom upon individual order, at any time after 6 45 P M

Please forward checks *promptly,* at $5 00 per cover payable to Dr Augustus Harris, 2 East 103 Street, New York City, Chairman Dinner Committee

Convention Exhibits will be illuminated
and open to display until 10 30 P M

To Dr Augustus Harris, 2 East 103 Street, New York City

Enclosed please find check to the amount of $ for covers for the Annual Banquet

My guests will be

I wish to be seated with

Signature

took him to Manaos, in the heart of the Brazil jungle, 1,000 miles up the Amazon He was away less than three weeks, most of his journey being by plane.

Although on a vacation, the surgeon was called into duty about twenty miles from Manaos when he found an Indian with a dislocated shoulder The shoulder had been dislocated a couple of days before and was reduced by Dr Cooper

"Medical conditions in the Amazon valley are very primitive," the doctor said "The people are frightfully jealous of their own national independence and an American can never get a license to practice medicine there."

About ten miles from Para, Dr Cooper visited a colony for leprosy victims and said there were about 1,500 in the camp "Nothing is being done to cure the victims," he remarked. "They are just left in the colonies to die" There are three colonies

Kings County

INDUSTRIAL MEDICINE AND ITS relation to the employe and employer were discussed on March 15 at a meeting of 150 members of the Medical Society of Kings County Speakers were Dr Cassius H Watson and Dr Marion B Sulzberger of Manhattan and Dr Clarence D Selby of Detroit.

THE ALUMNI ASSOCIATION OF THE Long Island College of Medicine will hold their Annual Alumni Day activities on April 30 The following program has been arranged

11 00 In Clinical Hall, Polhemus, "Gastro-intestinal Carcinoma" by Dr Albert F R. Andresen, '07

12 45 Annual Luncheon in the Hospital

1 30 "The Evolutionary Perspective of Syphilis" by Captain Richmond C. Holcomb, M.C., U S N., '96

2 30 Annual Business Meeting

7 00 Annual Dinner of the Association, Columbus Club, Prospect Park West and Union Street. Speaker of the evening, Honorable Frank Hague, Mayor of Jersey City

THE SOUTH BROOKLYN MEDICAL SOCIETY returned to the attack on the WPA methods of treating the sick in public clinics in a report issued on March 12 While hordes of needy sufferers here submit to the ravages of disease rather than face personal treatment in open clinics, the borough physicians protested, they themselves are being squeezed out of practice by the same sort of "unfair competitive tactics" which stirred the wrath of the business world They urge that the authorities abandon the mass treatment scheme by returning the impoverished patients to their family physicians who have intimate knowledge of case histories

Dr John J Jennings, press reference committee chairman of the Kings County Medical Society, admitted to an interviewer that these contentions reflect the attitude of "a fair proportion of all the doctors in Brooklyn."

Personnel of the Works Progress Administration set-up, the medical society spokesman declared, consists in the main of doctors "who have been unable to meet the competition of their fellow medical men and are willing to accept a weekly salary of $29 50 a week"

"The family physician's office is open twenty-four hours a day," states the report. "These medical men represent the best the public may have in medical care.

"Our government instead insists on immediately flip-flopping into its own set-up, spends large sums for buildings, puts a few doctors in charge, a clerical force is created, and then gets to work in an effort to save lives and bring sound health to the needy All this disregards the trained medical practitioner who, without the aid of social service investigators, has intimate knowledge of the families he treats"

The report is the result of a survey by a committee of three, Dr Sylvester McNamara, Dr John J Sheehy and Dr Pasquale J Imperato, prepared in answer to a report issued by the Public Health Service in Washington, which cited "the need and occasion for development of a national health program"

Of the public syphilis clinics the report remarks

"It does not dawn upon the authorities that these thousands of young men and women suffering from social disease feel too ashamed to congregate with others, sitting in line as they wait for their Wasserman tests to be taken, or to be treated for syphilis, knowing that all the others in the room are victims of the same disease, living in the same community They fear these others may gossip and spread their shame about the community"

The Government, according to the report does not take advantage of thousands of private offices where people thus afflicted may go for treatment in privacy Unless conditions are changed, it predicted, there will be a heavy increase in the number of social disease cases resorting to self-medication and quackery

Madison County

DR. OTTO PFAFF, dean of Madison County physicians, and prominently known throughout the state in medical and polit-

Medical News

Albany County

WILLIAM F RIENHOF, MD, FACS, Associate Professor of Surgery at the Johns Hopkins Medical School, addressed the Medical Society of the County of Albany on March 23 on "Carcinoma of the Lung and Allied Conditions"

Bronx County

THE BRONX COUNTY Medical Society, at its meeting on March 16, listened to the following program on Medical Assistance to the Indigent

"Medical Care at the Crossroads," by Dr E C Woods, Chairman, Public Relations Committee, Westchester Medical Society Discussion was by Dr Augustus Hambrook, Chairman, Public Relations Committee, State Medical Society, Dr Jackson Davis, Medical Officer, State Department Social Welfare, and Dr J B Schwedel

Chautauqua County

THE SPRING MEETING of the Chautauqua County Medical Society was held at Dunkirk on March 16, nearly fifty physicians and surgeons from all parts of the county attending the conference at Hotel Francis

Dinner was served and a scientific session and business meeting followed Dr Clive E Hallenbeck presided.

Dr D K. Kitchen of Detroit, Mich, the principal speaker, told of recent advances in the use of endrocrine products in therapeutics of glands of internal secretion A motion picture showing the technic of spinal anesthesia was shown and a general discussion followed

Standing orders for public health nurses, suggested by the State Medical Society, were discussed and adopted

Chemung County

DR. ADOLPH ROSTENBERG, JR, addressed the Chemung County Medical Society on March 17 on allergy and its relation to dermatology, with lantern slides On March 24 Dr Anthony Cipollaro spoke on cutaneous tuberculosis

Cortland County

THE CORTLAND COUNTY MEDICAL SOCIETY met on March 18 at Hotel Cortland. Dr I H Levy presented a paper on "Lesions of Opening of the Stomach, Benign and Malignant." Dr J E Wattenburg and Dr C J Kelley led the discussion

Erie County

RECENT COMPLAINTS OF private physicians concerning alleged abuses of the facilities of the State Institute for the Study of Malignant Diseases are unjustified, The Committee on Economics of the Medical Society of the County of Erie decided on March 7, following a forum meeting in the society's offices

Dr Burton T Simpson, head of the institute, informed the physicians that under present rules no case is admitted to the institute without a letter from a doctor, that cases needing surgery are referred back to family physicians, that no cases are admitted where cancer is not suspected, that more than nine-tenths of the patients are unable to pay for treatment, and that no hopeless cases are accepted.

Dr L Franklin Anderson, Chairman of the committee on economics, presided.

Fulton County

DR WILLIAM T DORAN, of Bellevue Hospital, New York, delivered an interesting paper on "Intra-abdominal Conditions Due to Trauma," at the meeting of the Medical Society of Fulton County, Gloversville, on March 18 The paper was of interest to all, particularly since it was presented in such a practical manner A number of clinical examples with x-ray findings were cited by the doctor He also showed a number of photographs of several cases of unusual rarity that he had had opportunity to see

Following the paper, Dr W J Kennedy, Urologist at Nathan Littauer Hospital, gave a brief discussion of pathological conditions of the kidney and bladder also due to trauma.

The officers of the Society for 1938 are as follows *President,* H H Oaksford, *Vice-president,* J A Shannon, *Secretary,* Louis Tremante, *Treasurer,* J D Vedder, *Board of Censors,* Woodard Shaw, W J Kennedy and S J Colton, *Delegate to State Society,* S C Clemans, *Alternate,* Claude Bledsoe.—Reported by Louis Tremante, *Secretary*

Jefferson County

DR. HOWARD N COOPER returned home on March 18 after a 12,000 mile trip that

Onondaga County

PHYSICIANS MINGLED WITH engineers at the meeting of the Technology club on the roofgarden of the Onondaga on March 14, when a symposium on "Public Health" was presented under auspices of Syracuse section, American Society of Civil Engineers, in conjunction with the Onondaga County Medical society

Dr O W H Mitchell, president of the medical society and professor of public health in College of Medicine, Syracuse university, presided over the discussion Earl F O'Brien is president of the ASCE

Dr Phillip J Raffle, district state health officer, opened the symposium by outlining the work of his department. Dr H Burton Doust, city health commissioner, discussed the operation of his department, recognized as one of the highest standing in the country The third speaker was Anselo F Dappert, principal sanitary engineer of the state division of sanitation

A SPEAKER FROM THE Syracuse Chamber of Commerce public health committee will discuss "Auto Accidents as Related to Health" at a meeting of Syracuse Academy of Medicine, April 19 Announcement of the talk was made by Dr D F Gillette, chairman of the chamber's special committee on health factors in traffic accidents

The group met on March 17 in a further study of how much physical defects contribute to accidents Continued study was recommended since the committee has found official records do not give details on the physical status of drivers involved in mishaps

DR. MARY R. LAKEMAN of Rochester State commander of the Women's Field Army for the Control of Cancer, told fifty upstate women in an Army campaign meeting in the Mizpah Auditorium Syracuse, on March 11, that cancer, now the nation's second greatest cause of death, would be under full control within a generation

The former executive of the Massachusetts State Health Department spoke as leaders of the Army from seven counties mapped plans to raise $2,600 in Syracuse and more than $100,000 in the State during April, to carry on an educational campaign for cancer control The money will be raised by subscription

Clubwomen from the Army's fifth district, including Onondaga, Oswego Oneida, Lewis Jefferson, Madison and Herkimer Counties, attended the session and heard addresses by Dr George Price, chairman of the cancer committee of the Onondaga Medical Society, Dr Nathan P Sears, Dr Donald S Childs and Mrs Alexander S Oberlander, president of the Syracuse Federation of Women's Clubs

Oswego County

DISAGREEMENT BETWEEN MEMBERS of the Oswego Academy of Medicine, serving as members of the surgical and medical staff of Oswego Hospital and the city of Oswego, relative to fees charged for care of welfare patients, sent to the Oswego Hospital for hospitalization, prevailing for the past eighteen months, are on the way to a settlement satisfactory to all concerned, according to accounts in the Oswego newspapers

Mayor Willard J Hall, for the Hospital, over a period of several months, had been negotiating with a committee representing the Academy of Medicine, consisting of Dr J F Burden, Dr J T Dwyer and Dr C Kenneth Elder, and a final meeting was held at the Mayor's office, City Hall, on March 15, when terms of an agreement on fees were worked out satisfactorily

The Hospital will continue to receive $4 per patient day, as it has in the past eighteen months, since the physicians attending welfare patients resigned as members of the Hospital staff Oswego Hospital has had no official staff since the wholesale resignation, but, at the present time, since the resignation a staff has been functioning, under administration of the Academy of Medicine, members of which rotated services in the operating room and wards, on a three months' service basis, much as had been done previously under Hospital direction of the staff

There was no indication, said the Mayor, who also is president of Oswego Hospital, that this system would be changed immediately, and the Hospital organize a new medical and surgical staff

The agreement will somewhat reduce costs to the city for operations on, and care of welfare patients A schedule of fees for operations will be set up, on an equitable basis and it was expected later the Academy of Medicine would ratify the proposition to be adopted by the Welfare Department.

Queens County

AN INTERESTING PAPER BY Frank H Lahey, M D, on gastric and duodenal ulcer, was presented at the meeting of the Medical Society of the County of Queens on March 29, and a paper on diphtheria mortality was presented by Samuel Frant, M D

A JOINT MEETING OF THE Medical Society of the County of Queens and the pharmaceu-

ical circles, was publicly acclaimed Oneida's No 1 citizen for civic leadership and humanitarian work on March 10 as 250 county and municipal leaders and personal friends jammed the Elks Temple in Oneida for the testimonial banquet

The dinner was in commemoration of the fiftieth anniversary of Dr Pfaff's graduation from the New York College of Medicine He began his practice at Turin, Lewis County

Six speakers, including William F Santry, former City Judge, who acted as toastmaster, lauded Dr Pfaff for his work to fellowmen Many congratulatory letters and telegrams from Governor Lehman, Postmaster General Farley, and other national and state leaders, were read

Monroe County

THE MEDICAL SOCIETY OF THE County of Monroe announced on March 16 a program to prevent deaths from childbirth of 100 more babies and 10 more mothers a year in city and county

The announcement followed on the heels of a report that the county has a maternal death rate below the national average

Dr Charles A Gordon, chairman of the State Medical Society's committee on maternal welfare, commended the county maternal welfare committee for this record

Based on a five-year study by county committee members, the new program is designed to secure cooperation of the parents to

1 Use nursing services more

2 Pay more attention to eugenics and less to birth control

3 Realize the responsibility of "pa"ternity as well as "ma"ternity

Local and state health departments, hospitals and dispensaries, the Public Health Nursing Association and the Tuberculosis and Health Association will cooperate in this educational effort Special attention will be given to an attempt to reduce the infections due to blood poisoning and to increase clinic facilities in rural areas

New York County

NEW DEATH CERTIFICATE FORMS on which physicians will be required to make confidential reports in detail on the causes of patients' deaths, are being prepared for use in New York City

Dr John L Rice, Health Commissioner said the forms will be tried out first in Manhattan and the Bronx, but will be instituted shortly in Queens

They were drawn up, Dr Rice said with the aid of the Queens County Medical Society and other county medical groups, and are expected to lead to more frank reports on deaths

The present forms, it was pointed out, have a place on the front for such information, and doctors often hesitated to tell all the truth about what caused a patient's death The new forms, however, have a separate section devoted entirely to causes of death

This section is to be kept strictly confidential, Dr Rice said, and may not even be used in court cases

PRESIDENT NICHOLAS MURRAY BUTLER of Columbia University will speak at the New York Academy of Medicine on April 28 at 8 15 on "Medicine and the Progress of Civilization"

DR CHARLES M MCDOWELL AND DR ORLANDO S RITCH, both graduated from New York Medical College, then called New York Homeopathic Medical College, in 1878, received gold medals on March 9 at a luncheon at the college, York Avenue and Sixty-fourth Street. The medals were inscribed "In recognition of sixty years of faithful service to our alma mater and to humanity" Dr McDowell is professor emeritus of physiology, and Dr Ritch is a trustee

DR EMANUEL LIBMAN, diagnostician and contemporary of the late Dr Harlow Brooks, will read the Harlow Brooks memorial lecture at the meeting of the Washington Square Medical Society on April 28

CONTROL OF SYPHILIS was the topic at the meeting of the Medical Society of the County of New York on March 28 The speakers were Drs David J Kaliski, Thomas Parran, Jr, Surgeon General, George Miller MacKee, and Howard Fox

Niagara County

THE REGULAR MEETING of the Medical Society of the County of Niagara was held March 8 at the Hotel Niagara, Niagara Falls Dr Vincent D Leone, President, presided As chairman of the Subcommittee on Pneumonia and Syphilis Control, Dr E E Gillick spoke regarding "The Control of Syphilis" It was decided that a list of speakers should be prepared to be made available to the public for the syphilis campaign

Dr Burton G Simpson of the State Institute for the Study of Malignant Disease at Buffalo spoke on "The Recent Advances in the Etiology of Cancer"

Reported by Forrest W Barry, M D
Secretary

Hospital News

Dale Carnegie Tells How to Raise Hospital Funds

NO LESS AN EXPERT THAN Dale Carnegie, who wrote "How to Make Friends and Influence People," was Chairman of the Speakers Bureau in the recent United Hospital Fund Drive which scored a smashing victory in New York City He wrote a small four-page folder to help the money-raisers extract the needful from the kind contributors who after all were really the ones who made the campaign a big success It is well worth preserving by hospital officials who may sometime be planning a drive. Here it is, entitled, "How to Win Prospects "

The eight ways to help win people to your way of thinking which I outlined in my book, are the same eight ways to help win gifts for the support of the essential health services protecting the people of New York.

Briefly repeated, these are as follows

1 The only way to get the best of an argument is to avoid it.

2. Show respect for the other person's opinion. Never tell a man he is wrong

3 If you are wrong, admit it quickly and emphatically

4 Begin in a friendly way

5 Get the other person saying "yes-yes" immediately

6 Let the other man do most of the talking

7 Try *honestly to see things from the other* person's point of view

8. Let the other man feel that the idea is his, not yours

As far as gift solicitation goes, these eight general methods of dealing with people may be narrowed down to five specific goals you will be shooting at. The goals will have to be reached one after the other, so I have attempted to list them below

First—Know the facts You know what the hospitals are and what they do You know how they protect the community's health You know the broader program of health protection which is being undertaken through integration of medical social service, convalescent care and home care with the active hospital treatment of the sick. You have made yourself familiar with this information at meetings and by reading the campaign literature. Aren't these facts, which convinced you, the same as will convince your prospect? So, Step One is KNOW YOUR FACTS

Second—Be interested in your prospect You have studied his record to find out how much he should give. This interest in him will, in turn, help interest him in you and your appeal Besides, it is what makes possible getting an early yardstick gift from your best prospect as a challenge to those you see later on. So, Step Two is STUDY YOUR PROSPECTS

Third—Remember the value of time You cannot afford to take a chance on your prospect not being able to see you So you make an appointment. Will not this make him realize the importance of your call? It will also ensure you an opportunity for personal solicitation. Let's call Step Three MAKE AN APPOINTMENT

Fourth—Know what is needed You realize how much the hospitals dig into their own pockets for free care. You know that the 3-cents-a-day plan does not provide funds to meet these extra needs You understand then why they need support. In the same way you can make your prospect realize why the hospitals need his gift and the gifts of the other executives of his company Why they also need a corporate gift equal to $4 for each of the company's employees. Step Four, then is GET BOTH EXECUTIVE AND CORPORATE GIFTS

Fifth—Have full confidence There is no question in your mind about the need of the voluntary hospitals Knowing their value, you have no doubt that the money will be raised

My work in life has been to teach people the confidence they need for success When they have that the battle is nine-tenths won.

You already have this confidence. That makes me, for one, sure of the campaign's success Sure that New York will have the continued protection of its voluntary hospitals So Step Five is LET'S START NOW, AND SEE OUR FIRST, AND BEST, PROSPECT TODAY

Rapid Wall-Washing Device

LABOR HAS BEEN CUT IN HALF, the soap used has been cut ninety per cent, and, best of all, the walls are kept clean as never before, by a simple wall-washing contrivance in use at Evanston Hospital, in a suburb of Chicago It cleans all types of walls, corridors, paneling, washable wall paper, and delicate pastel colors, says Mrs Blanche W Watt in *The Modern Hospital*, and she describes it as follows

tical associations of the county was held at the society's building on April 6

Dr. Adolph George DeSanctis of Manhattan addressed the Rockaway Medical Society on March 10 at the monthly meeting in the Inwood Country Club Dr Louis A Sarrow, the president, presided. Preceding the meeting a dinner in honor of the speaker was held

The open meeting of the Queensboro Surgical Society will be held in the Auditorium of the Medical Society Building on April 28, at 9 P M John E Jennings, M D, F A C S will be the guest speaker

The meeting will be preceded by the Annual Dinner

Rensselaer County

The Community Chest drive was outlined to the Rensselaer County Medical Society at its meeting on March 8, in the Troy Health Center by Louis A Serene, secretary of the Troy Council of Social Agencies

Other items on the agenda included a medical paper, "Posterior Presentations" by Dr John F Connor Discussion on the paper was led by Dr J H F Coughlin, Dr William B D VanAuken, Dr Charles R Lewis and Dr Douglas A Calhoun

The meeting also heard a report from the society's compensation and arbitration committee

Steuben County

With the program dealing chiefly with gynecological technic, the Steuben County Medical Society met in Corning on March 10 for its spring session About thirty-five physicians attended

Following luncheon the business meeting and program was presented in the Corning Club

Mrs Herbert L Beecher of Livonia, district manager for the Women's Field Army for Cancer Prevention described the women's campaign against cancer

The principal talk was given by Dr Chester S Clark of the department of gynecology, Syracuse University, on "Misplacements of the Uterus"

Sullivan County

The Medical Society of the County of Sullivan arranged a course of nine lectures for its members, to be given each Wednesday night beginning March 9 and continuing until May 4 The courses on Dermatology and Syphilology as given for the most part to postgraduate students at Columbia University, are being brought directly to Sullivan County

Four of the lectures are scheduled for Monticello, four for Liberty, one at Loomis and one at the Woodbourne Institute for Mental Delinquents at Woodbourne.

Officers of the County Medical Society are Dr Harry Golembe, *president*, Dr Ralph S Breakey, *vice-president*, and Dr Deming S Payne, *secretary-treasurer*

Warren County

Dr. Norman Jolliffe of the Department of Medicine at New York University and Bellevue Hospital Medical College was guest speaker at a meeting of the Glens Falls Academy of Medicine on March 18 at the Crandall Library He discussed "Clinical Aspects of Vitamin B-1 Deficiency" Much of Dr Jolliffe's work on B-1 has been done in chronic alcoholism centering about a study of the effect of the vitamin on peripheral polyneuritis in this condition.

Westchester County

The Westchester County Medical Society forwarded a recommendation to the State Medical Society on March 15, that in view of the success of the Associated Hospital Service Plan and of the current promotion of other private insurance plans, "it is more than ever desirable that the State Medical Society prosecute with all possible speed its plan for the eventual establishment of a program of voluntary non-profit medical expense insurance for persons in the lower-income groups, and operated under the four basic principles which have been stated and adopted by this society"

The four basic principles referred to were incorporated in a statement adopted by the Westchester County Society in January It was then declared that organized medicine should favor any program to make medical care more available than at present by improved economic arrangements, that lay agencies should confine their functions to the non-medical aspects of any plan for such purpose, that the medical aspects of such a plan should be absolutely and solely in the hands of the medical profession, and that these two functions should be kept clearly inviolate and the status of the medical profession firmly established by suitable legislation.

Although the Westchester County Medical Society has thus endorsed the principle of voluntary non-profit insurance against medical expenses, a spokesman said that the society is more than ever opposed to compulsory health insurance under governmental auspices

affiliation with organized medicine to secure appointment. Some sixty eligible physicians in Erie County, authorized to care for workmen's compensation cases through recommendation by the County Medical Society, are non members of the Society The Membership Committee has instituted a campaign to impress eligible non-members with the fact that their isolation weakens their professional and public relationships The Committee is composed of Dr Allen R. Long, Chairman, and Drs Marvin Block, J G Fowler, J G Kanski, K. P Lyons, and H O Muscato

A SYSTEM UNDER WHICH all physicians would be members of a hospital staff, was urged by Dr Walter S Goodale, superintendent of Buffalo City Hospital, at a meeting of the Lions Club of Buffalo on March 21

The plan would have two motives, Dr Goodale explained. First, to enable the physician to gain a greater knowledge of medicine, and second, to enable physicians practicing in poorer neighborhoods of the city, who lack proper equipment to combat a certain disease, to take their patients to the hospital where necessary treatment could be obtained

The speaker also advocated reimbursement of physicians who donate their services in private institutions to public charges At present, he explained, these physicians are members of the hospital staff, donating their services to conform with an honorary custom that long has been in vogue

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AMBULANCE DRIVERS EMPLOYED by private hospitals have addressed an appeal to Mayor LaGuardia and Commissioner Goldwater of the Department of Hospitals for amelioration of working conditions which they describe as among the poorest in the city

The plea was directed at the city officials because most hospitals have contracts with the city by which each receives $9,500 for the upkeep of two ambulances

Spokesmen for 162 drivers, who are organized in the Ambulance Drivers' Union, Local 643, International Brotherhood of Teamsters, said that unless promises of improved conditions are received the union would consider a strike vote

Louis J Orifice, one of the delegation, declared the average pay of drivers is $70 a month, and that some receive less than $60 The average working hours, he said, are eighty-four a week, with twenty-four and thirty-six hour shifts common in many hospitals Provisions for food and lodging for the drivers, he said, are not adequate

RESUMING ITS ORIGINAL custom of holding its Spring ball immediately after Easter, the Woman's Auxiliary of the Nyack Hospital has set April 23 as the date for the ball this year The ball will be held in the auditorium of the Rockland State Hospital, Orangeburg

THE ALUMNI ASSOCIATION of the Kings County Hospital, Brooklyn, announces Alumni Day, May 14 Ex-interns from all over the country are expected Clinics will be held all day at the hospital Annual Dinner, with election of officers, will be at a New York hotel Inquiries addressed to (Miss) Elizabeth Sigeti, Kings County Hospital, will receive immediate attention

MEMBERS OF THE Rockland County Medical Society and 500 employees of the Rockland State Hospital gave votes of confidence to Dr Russell E Blaisdell, superintendent of the State Hospital, on March 14, at their respective meetings Strongly-worded resolutions were adopted in both cases

The Medical Society voted to send its resolution to Governor Lehman and other State officials and the hospital employees delegated a committee of four to go to Albany to add weight to their resolution of confidence in Dr Blaisdell

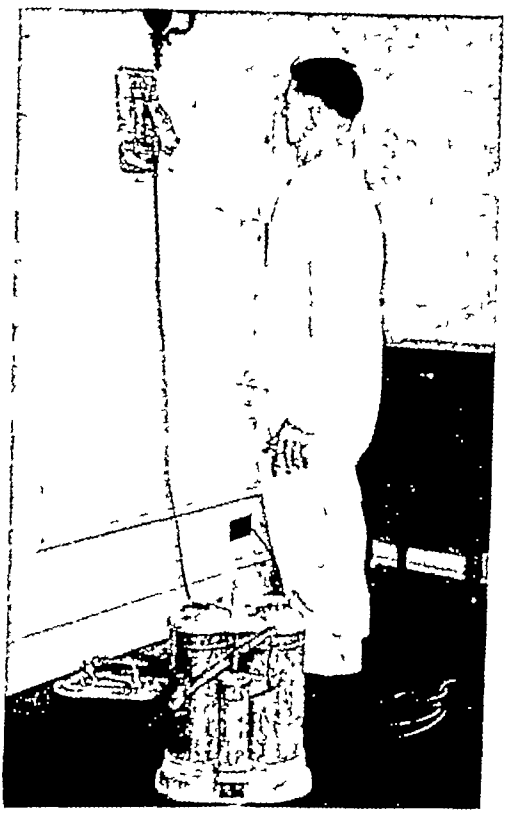
Charges have originated from sources and from motives which "in the opinion of fair-minded men would not be considered fair and impartial," states the Medical Society resolution, going on to declare that the members in their familiarity with Dr Blaisdell and the hospital methods have seen only the highest professional standards

The employees say in their resolutions

We feel that a grave injustice has been committed against the good name and fair reputation of the institution by the malicious and erroneous statements of a few disgruntled former employes, which have been sensationally published in a New York newspaper

Any employes such as those who made ill-founded accusations, who have been discharged or whose resignations have been requested

The machine consists of two tanks, each holding six quarts One is used for the soap solution and the other for the rinse water Fastened to each tank is a tube of rubber thirty-five feet long A six by twelve-inch trowel is attached to each tube and a gauge and valve are used to regulate the supply of solutions to the trowel Covering the trowel is turkish toweling of double thickness, folded and sewed so that no raw edges are visible. These cloths are easily clamped on and are equally easy to remove, so they may be kept clean at all times The machine is durable, light and easy to move.



When the operator reports for work he brings everything needed for the day, including from thirty to thirty-five trowel covers This is our daily average Before mixing the soap solution the condition of the wall is noted to determine the strength of the solution necessary For surfaces washed once a month to once every six months, we use 1½ to 2 ounces of any good neutral soap to one gallon of water

Before beginning work both tanks are filled, forty pounds of air pumped into each tank, the trowels attached and the gauges and valves adjusted. Less than fifteen minutes is needed for preparation In order to keep a sufficient amount of pressure to force the solutions through the tanks to the trowels, air is pumped into the tanks three or four times during the day Solutions in both tanks are checked frequently to make sure they are clean.

Inexpensive trowel cloths are purchased in dozen lots They stand up well under service and are sent to our laundry daily As compared with wall washing sponges we find that turkish toweling costs less, lasts longer and is easily kept clean

Machine Is Easy to Operate

The knack of handling the equipment may be quickly learned by the intelligent worker We were fortunate, however, in having among our employees a man who had previously had demonstration experience with the machine. This experienced and competent workman can cover from three to five rooms, twelve by sixteen feet, with one or two windows in eight hours In our opinion the ordinarily capable worker could gain enough experience in a few weeks to approximate this speed With our trained man there is no streaking or lap marking and no drop cloths are needed in corridors and public rooms Undoubtedly, a less experienced man would be unable to do the work so neatly at first, but this skill can be acquired.

We have found that this method of washing does not wear the paint surface as much as does ordinary washing by hand, and it has reduced our schedule of repainting at least one-half

The only hand washing we find necessary to do is where the flat, straight-edged trowel interferes with convex or curved corners or where there are many pipes and obstructions in walls and ceilings This type of trowel would likewise not be practical on highly stippled walls

Newsy Notes

THE STAFF OF Millard Fillmore Hospital, Buffalo, of which Dr James H Borrell is President, has adopted and enforced a rule that all staff members shall be members of the County Medical Society This provision is in line with the new By-Laws of the Buffalo Hospital of the Sisters of Charity which requires that staff members shall affiliate with the Medical Society or the Dental Society The Staff of Deaconess Hospital reports ninety-nine per cent membership in the County Society, and other hospitals are considering this requirement—a policy recommended by the American Medical Association Insurance companies and some governmental agencies require

Medicolegal

LORENZ J BROSNAN, ESQ
Counsel, Medical Society of the State of New York

Libel and Slander—Authorship of Article in Medical Magazine

In a case which came to trial a short time ago in one of the courts of the City of New York, interesting questions were raised concerning the publication of scientific articles in a medical journal*

The plaintiff in the action was a duly licensed physician practicing his profession in the State of New York, who brought suit against the defendant publishing company, the owner of a magazine devoted to medical matters The plaintiff sought damages by reason of an article which had appeared in an issue of the magazine entitled "Therapeutic Uses of Collodial Sulphur", which plaintiff claimed was falsely attributed to him Prior to the trial of the action a certain Dr C was brought in as a party defendant in the case.

The case was tried by the Court without a jury and it appeared that the plaintiff was professionally associated with a number of hospitals and that he also was a teacher of internal medicine. He had written a number of articles which had appeared in various medical journals Dr A testified that the article in question had been published in the defendant's magazine under his name but that he did not write or have anything to do with the said article. He claimed that as a result of its publication references to it had been made by friends and professional acquaintances, with the result that he had been held up to ridicule and contempt in his profession

Dr C, called as a witness in the case, gave testimony that he had been the person who had prepared the article referred to and that the plaintiff had had no part in its preparation Dr C. further stated that he had at a previous time asked the plaintiff Dr A, to prepare an article on the subject of collodial sulphur, but that he had refused to do so giving as a reason that the time was not ripe for a definite statement concerning its uses Dr C testified that he was interested in a chemical company, which was sponsoring such a product and that in due time he expected to be appointed to a salaried position with said company and admitted that he had a definite interest in advertising the product and that he had read the galley proofs of the article in question before its publication

The published paper submitted to the Court upon the trial, included among other things a number of case histories cited by the author One such account was to the effect that a certain patient fifty-four years of age, who had been walking with a cane for some time, after four injections of collodial sulphur was "able to dance all night" Another such instance cited in the article was of a patient who, aged sixty-four, suffering from acute sciatica, after twenty-five treatments had been able to "push a baby carriage two miles" A third instance cited in the article was of a man twenty-four years of age, who had suffered from a carbuncle for a few days and had been unable to work, who had returned "to strenuous labor six days after his first injection"

The Court concluded that the plaintiff's cause of action was well founded and granted judgment in favor of the plaintiff, both against the defendant publishing company and against Dr C.

In so deciding, the Court handed down an opinion in the course of which he stated

> The plaintiff did not believe that the product was ready for general application, consequently, he objected to having his name associated with such advertising, and considered the publication contrary to professional ethics The article was falsely attributed to the plaintiff, and it seems to me its advertising characteristics would hold him up to severe criticism in his profession.
>
> The question arises Is the illegal and unauthorized use of plaintiff's name to such an article libelous *per se?*
>
> It follows, therefore, that the article published by the defendant is libelous *per se*, and that no special damages need be alleged or proved
>
> This is not a case wherein exemplary damages may be awarded, and we must concern ourselves with the question of nominal or compensatory damages
>
> It would not be fair to infer in the case under consideration that the plaintiff "had no character to lose." On the contrary, the plaintiff made an impressive witness, appeared to be sincere in the practice of his profession and imbued with the proper respect for medical ethics
>
> Therefore it seems to me he is entitled to compensatory damages, basing same on the

*A v B Publishing Co, 166 Misc. 39

have fully merited their dismissal from service in the institution.

The food is wholesome and sufficient in quantity Working and living conditions of the employes, as well as the living conditions and the treatment of patients, compare favorably with those of any institution in New York State

Improvements

THE BILL OF Senator James J Crawford and Assemblyman Crawford W Hawkins, both of Brooklyn, authorizing the trustees of the Long Island College Hospital to finance a building expansion program was added to the statute books on March 15 Governor Lehman announced his approval of the measure

Hospital authorities, it is understood, plan to construct a large addition to the hospital and college, to be financed by a mortgage operation The measure authorizes the board of regents of the hospital to sell, mortgage or lease any real property in its possession

THE NEW $225,000 FIVE-STORY wing of the Buffalo General Hospital is now completely open for use, Dr Fraser D Mooney, superintendent, announces

The principal addition afforded the hospital is a suite of six new operating rooms, each with a balcony from which medical students may view operations

The rooms are artificially lighted, air-conditioned and sound-proofed. Illumination is such that no shadows are created.

The surgery ward occupies the fourth floor On the fifth floor are accommodations for interns The first floor is given over to a staff dining room, library, examining room, and a waiting room.

CONSTRUCTION OF THE $450,000 addition to the State Institute for the Study of Malignant Diseases in Buffalo, at High and Oak streets will be begun this spring The new six-story hospital will house facilities to care for 104 cancer patients, in addition to clinical facilities

THE NEW 400-BED HOSPITAL at the National Veterans Home in Elmira is now in full use, although dedication is not scheduled until May 15

A NEW BRIDGE AT Ellis Hospital in Schenectady connects the E wing to an adjacent building with over forty rooms, large, airy and sunny, renovated and refurnished for additional patients A large new wing is also now under construction

A NEW WING FOR THE Greenwich Municipal Hospital is recommended by Dr Thomas J Bergin, health officer

At the Helm

THESE HOSPITAL OFFICIALS HAVE BEEN CHOSEN

Herman Ringe, to be President of the Wyckoff Heights Hospital, reelected

Nathan S Jonas, to be President of the Jewish Hospital of Brooklyn, reelected

Mrs Henry P Molloy, to be President of the Woman's Auxiliary of the Victory Memorial Hospital of Brooklyn

Herbert Caldwell, M D , to be chief medical officer of the U S Veterans Facility at Batavia

Hugh D Marshall, to be President of the Greenwich Hospital Association

Dr J J Golub, Executive Director of the Hospital for Joint Diseases of New York, appointed to the Saratoga Springs Authority

DR EDWIN HOWE FISKE confirms a report that he resigned several weeks ago as director of surgery of Kings County Hospital Dr Fiske said he understood that he would continue in the position for another year so that he could retire on a pension but that he would hereafter take no active part in the affairs of the hospital Dr Fiske has been connected with the hospital thirty-six years

He was retiring, Dr Fiske said, to devote more time to writing, to give younger men "a chance" and to be able to give more time to other work, including that at the Holy Family Hospital, Brooklyn, where he is a staff surgeon

He pointed out that the Holy Family Hospital hoped to open its new building soon Long efforts by Dr Fiske culminated in the erection of the present main building of Kings County Hospital

Across the Desk

A Corking Book of Medical Reminiscences

Up in the northern part of New York State, only half a mile from the Canadian border, lives a fine old physician of seventy-six summers who can, "when necessity arises, still operate as of yore, with a steady hand and a stout heart, on a formidable case." He is still practising, "not from financial necessity, but because I love to, with a help-meet loving and lovable, the girl whom I chose as my head-nurse in Bellevue, with children of whom I am proud, with enough grandchildren to make me feel something of a patriarch."

He is Dr William N Macartney, of Fort Covington, and he has written a corking book of reminiscences entitled "Fifty Years a Country Doctor* His little community is made up of Indians on a reservation, French Canadian habitants, farmers, and small-town folks, which guarantees what the newspaper fellows call "local color" and 'human interest stuff" As one reviewer says, "his characters out-Harum David Harum"

"Get Out of My Way!"

If you want a glimpse of the man, take the time he patched up the broken skull of an Indian whose squaw had nearly brained him with an axe Next day when he called he found a youngish man on the front steps who asked

"Is this man going to die?"

"I can tell better when I look at him," replied Macartney

"Was his skull fractured?"

"Yes"

'Did you take some of the bone out?"

"Yes"

"Where is it?"

"In a good safe place"

"You are not very communicative I can make you talk," he said, getting red in the face.

"You're not man enough, you damned whipper-snapper"

"I want you to understand that I am the District Attorney of Franklin County," said he.

"You may be the Great Mogul of Hell for all I know, but if you don't get out of my way and let me see my patient, I'll knock your block off"

The doctor saw his patient

Many of the reminiscences are stories of the Indians and French-Canadians along the border For instance, he recalls the mourning of Antoine Larouche at his wife's funeral A friend met him and said

"Antoine, I was very sorry for you I see at the funeral how bad you was feel for lose your woman"

Antoine inquired, "Did you see me at de church or at de cemetery?' '

"At de church, Antoine."

"Mon Dieu! You should have seen me at de cemetery! I jus' raise Hell at de cemetery!"

Then there was the old Yankee farmer living on "Sand Street," an out-of-the way place. One sleety winter day he had a heart attack, and the doctor came on the run, only to find he had left his stethoscope behind He began to open the man's shirt in front, met another, and, seeing a third, asked, "How many shirts are you wearing, Abner, six?"

"No," said he, "I ain't got only four on"

Finally Dr Macartney got his ear down to Abner's chest, when his wife appeared from the "buttery," saying, "Abner, why don't you take off some of them shirts so the doctor can hear what's agoin' on in your insides?"

Abner grinned "Oh, all the doctor's tryin' to do is warm his ear"

Pneumonia Not a Disease?

But it would be a mistake to think that this fine old country doctor had merely compiled a volume of funny stories Far from it A large part of his book is devoted to his treatment of the diseases encountered in his half-century of practice. Beginning with his chapter on "Diet," on page 187, this summation of a lifetime of experience

Fifty Years a Country Doctor, by William N Macartney, M D, 584 pages, New York, E P Dutton & Co., 1938.

nature of the libel, the social and professional position of the plaintiff and the tendency to injure the plaintiff in the public estimation of his character

In so deciding the Court referred to an earlier case decided by the Court of Appeals * In that case the law of libel applicable in the case presented was summarized by Chief Judge Crane of the Court of Appeals as follows

In order to constitute a libel, it is not necessary for the defendant in its paper to directly attack the plaintiff as an ignorant imposter The same result is accomplished by putting in her mouth or attaching to her pen words which make self-revelation of such a fact One may say of a physician that he is an ignorant quack, or he may print a statement by the physician regarding some operation performed by him or some treatment of a disease which shows him to the profession to be an ignoramus and a bungler Both of these publications would be libelous This publication regarding the plaintiff is an attack upon her profession and livelihood, and is libelous without plea or allegation of special damage.

Suppose the defendant had published of the President or of the Governor of this State an article purporting to have been written by him, in which his views therein expressed were false and contrary to his avowed principles theretofore made known to the public, and further, that it contained statements of fact regarding public finances or prohibition or the tariff, which were grossly inaccurate and absurd and ridiculous in the eyes of those acquainted with governmental matters Would not such an article be libelous?

The law of libel is very simple, and, briefly, is this "Whatever words have a tendency to hurt, or are calculated to prejudice a man who seeks his livelihood by any trade or business, are actionable. When proved to have been spoken in relation thereto, the action is supported, and unless the defendant shows a lawful excuse, the plaintiff is entitled to recover without allegation or proof of special damage, because both the falsity of the words and resulting damage are presumed."

Claim of Improper X-Ray Treatment

A young married woman consulted a physician specializing in obstetrics and women's diseases, and gave a history of having had her appendix removed some years before, having for two years been troubled with excessive menstrual flow and of having undergone a curettage the previous year, since which time the patient claimed she had been in a generally run-down condition

She also complained for the past month she had been flowing excessively with clots at times, and that another physician had ordered a curettage She complained of pain and soreness in the back and legs and pressure on the rectum

The doctor examined the patient and diagnosed a fibroid the size of a small orange in the fundus, the rest of the uterus appearing boggy, cervix dilated about three fingers The doctor considered the possibility of an aborted uterus or a malignant uterus The uterus itself was retroverted The doctor explained to the patient that she probably was suffering from a fibroid tumor, and advised x-ray treatments to stop the flow, and a period of observation to determine whether further x ray treatments or other treatments were necessary A single x-ray treatment was administered to her When a week later she returned for observation, the patient complained of being sick, which she attributed to the use of the x-ray She admitted that her flowing had stopped. The next heard from the patient was some days later when the doctor was called to attend her at home The patient was in bed and having an exaggerated menstrual flow The doctor reassured her that the condition was not unusual Following that, another physician saw the patient and after a conference the patient was admitted to the hospital for observation and curettage, following which she remained in the hospital for about two weeks due to a complication of contracting a cold During the operation the diagnosis of fibroid in the fundus was confirmed, but it was not disturbed The patient, when she left the hospital, was completely recovered but anemic She never returned to the physician thereafter

Some time later an action was begun charging that the physician had negligently and improperly diagnosed the plaintiff's condition as stomach trouble, and had improperly prescribed x-ray treatment therefor It was claimed that at the time the plaintiff was in an advanced stage of pregnancy and that improper diagnosis and treatment caused the plaintiff to suffer a miscarriage and other injuries of an alleged permanent nature

When the case was reached for trial the plaintiff's attorney was not ready to proceed and at his request certain adjournments were granted for the purpose of enabling him to prepare his case for trial Finally the Court granted him no further adjournments, and upon motion of counsel for the defendant, dismissed the action

* *Ben-Oliel v Press Publishing Co*, 251 N Y 250

Books

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue Brooklyn N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and the interest to our readers

RECEIVED

Practical Methods in Biochemistry By Frederick C. Koch Second edition Octavo of 302 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $2 25

The Hair and Scalp A Clinical Study By Agnes Savill, M D Second edition Octavo of 309 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $4 75

Demonstrations of Physical Signs in Clinical Surgery By Hamilton Bailey, F R C S Sixth edition Octavo of 284 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $6 50

Textbook of Experimental Surgery By J Markowitz, M B Octavo of 527 pages, illustrated. Baltimore, William Wood & Company, 1937 Cloth, $7 00

Wheeler and Jack's Handbook of Medicine Revised by John Henderson, M D Tenth edition Duodecimo of 703 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $4,00

Synopsis of Obstetrics and Gynaecology By Aleck W Bourne, M A. Seventh edition Duodecimo of 452 pages, illustrated. Baltimore, William Wood and Company, 1937 Cloth, $4 00

Medicine for Nurses By W Gordon Sears, M D Second Edition Duodecimo of 435 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $3 25

Vade Mecum of Medical Treatment. By W Gordon Sears, M D Duodecimo of 368 pages Baltimore, William Wood & Company, 1937 Cloth, $4 00

Modern Dietary Treatment. By Margery Abrahams, M A and Elsie M Widdowson, Ph.D Duodecimo of 328 pages Baltimore William Wood and Company, 1937 Cloth, $3.25

Diseases of the Skin. A Manual for Students and Practitioners By the late Robert W MacKenna, M D Fourth edition revised and enlarged by Robert M B MacKenna, M D Quarto of 557 pages, illustrated Baltimore, William Wood and Company, 1937 Cloth, $7 00

The Roentgenologist in Court. By Samuel W Donaldson, M D Octavo of 230 pages Springfield, Charles C Thomas, 1937 Cloth, $4 00

A Monograph on Veins By Kenneth J Franklin D M Octavo of 410 pages, illustrated Springfield Charles C Thomas, 1937 Cloth, $6 00

The Therapeutic Problem in Bowel Obstructions. A Physiological and Clinical Consideration By Owen H Wangensteen, M D Quarto of 360 pages, illustrated Springfield, Charles C Thomas, 1937 Cloth, $6 00

The Collapse Therapy of Pulmonary Tuberculosis By John Alexander M D Quarto of 705 pages, illustrated Springfield Charles C Thomas, 1937 Cloth, $15 00

Neurology By Roy R Grinker, M D Second edition Quarto of 999 pages, illustrated Springfield, Charles C Thomas, 1937 Cloth, $8 50

Macleod's Physiology in Modern Medicine Edited by Philip Bard Eighth edition Octavo of 1051 pages illustrated St Louis, The C V Mosby Company, 1938 Cloth $8 50

Approved Laboratory Technic. Clinical Pathological, Bacteriological, Mycological, Parasitological, Serological, Biochemical and Histological By John A Kolmer, M D and Fred Boerner, V M D Second edition Quarto of 893 pages, illustrated New York D Appleton-Century Company, 1938 Cloth, $8 00

Surgical Diseases of the Mouth and Jaws. By Earl Calvin Padgett, M D Octavo of 807 pages, illustrated Philadelphia, W B Saunders Company, 1938 Cloth, $10 00

Essentials of Prescription Writing By Cary Eggleston, M D Sixth Edition, Revised 16mo of 155 pages Philadelphia W B Saunders Company, 1938 Cloth, $1 50

Fractures and Dislocations for Practitioners. By Edwin O Geckeler, M D Octavo of 252 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $4 00

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Pulmonary Tuberculosis in Practice A Modern Conception. By R. C Wingfield, B.A Octavo of 122 pages, illustrated Baltimore William Wood & Company, 1937 Cloth, $2 50

Lectures on the Epidemiology and Control of Syphilis, Tuberculosis, and Whooping Cough, and Other Aspects of Infectious Disease By Thorvald Madsen, M D Octavo of 216 pages, illustrated Baltimore, Williams & Wilkins Company, 1937 Cloth $3 00

and observation runs through sixty chapters, to "Tonsillectomy," on page 527 Someone has said that the best postgraduate medical school in the world is the sickroom, and a physician who has had a fifty-year course in this school must have something worth saying

One of his most interesting conclusions is that pneumonia is not a disease Of course this idea is not new Dr Macartney has been maintaining this thesis for more than twenty-five years He devotes pages to it, but one paragraph will give his viewpoint

"I may as well admit that I am unorthodox You are under no obligation to agree with me, nor do I feel under any obligation to apologize for my heresies so long as the mortality remains where it is I maintain that pneumonia can to a large extent be controlled by treatment and that in many cases it can be aborted Morover, I am not only a heretic, but an iconoclast, since I have maintained stoutly since 1911 that pneumonia is not a disease at all Not a disease, but a morbid condition attendant on other affections and infections, a consolidation of lung tissue occurring as a complication in a large variety of infections, diseases, and injuries The term itself is an outworn heirloom from the remote past Etiologically, it includes very many and distinct diseases"

A Lucky Flash of Memory

Some years ago Dr Macartney was hurriedly called to attend a road worker whose carotid artery had been punctured by a sliver of stone. After a wild drive of four miles in a leaping buckboard over a villainous road, he found a fellow workman making compression on the wound, but complaining that "his thumb was getting tired" The doctor got water, antiseptic and instruments ready, then substituted his thumb for that of the laborer It was evident that there was an active hemorrhage from some deep vessel Reading on

No local anaesthetic was at hand, and I had no way of giving him ether I made a swift cut along the line of the sterno-mastoid, turning out a handful of clots Immediately a heavy column of bright arterial blood gushed up and boiled out of the wound, utterly obscuring everything Compression of the carotid from below only partially controlled this There was still an exceedingly active hemorrhage from above through the circle of Willis Additional compression from above with my other hand controlled it, but about this time I ran out of hands To my consternation, when I turned to ask for assistance, I found that, save for my patient, I was entirely alone. They had all fled to the barn which was some distance away I shouted and yelled without avail Temporarily, I felt like a class A idiot.

It seemed to me that something ought to be done about it, but just what I was not prepared to say There was a stout cord within reach, upon which some dishcloths were hanging I knew that, with this about his neck, I could control the hemorrhage but had a feeling that the coroner might be captious Then I recalled having seen in the Wood Museum in New York a specimen showing a ligature around the carotid artery applied by Dr Charles Phelps Confronted with a ruptured carotid aneurism, he had held an aneurism needle between his teeth, threaded it with his free hand, successfully tying the carotid above and below, single-handed This gave me an idea

Lacking a handled needle, I got out a large, full curved Hagedorn needle, meanwhile controlling the hemorrhage with a packing of gauze in the wound compressed with my left hand With my right, I buttoned up my coat, which in my haste I had not stopped to remove. I wove the needle through my coat front and found that, by swelling out my chest pouter-pigeon fashion, I could hold it with sufficient firmness to thread a stout ligature through it. With my one free hand I passed this needle just above the clavicle close to the trachea, bringing it out again well back toward the lateral processes I intended to include everything but the trachea and no doubt succeeded Using my teeth and my free hand, I tied this mass ligature snugly, puckering up the skin and all the included tissues I then reintroduced the needle above, following the same line of procedure I made an earnest attempt to include the base of the tongue, the hyoid bone, the phrenic nerve, and all the odds and ends that might be in that vicinity With both ligatures tied, I removed the packing, found the wound dry and the bleeding fully controlled

With a little easy dissection, I found a punctured wound of the carotid, ligated it on either side, removed the mass ligatures, put in a small silk drain and closed the wound. Luckily, I got a primary union throughout and my patient lived happily ever after Of course, such things don't really happen, but this did I cite this case as an example of what we occasionally encounter, hoping that it may serve a useful purpose This patient owed his life to a happy recollection of the ingenious expedient adopted by Dr Phelps.

Books

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue Brooklyn N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and the interest to our readers

RECEIVED

Practical Methods in Biochemistry By Frederick C. Koch Second edition Octavo of 302 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $2 25

The Hair and Scalp A Clinical Study By Agnes Savill, M D Second edition Octavo of 309 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $4 75

Demonstrations of Physical Signs in Clinical Surgery By Hamilton Bailey, F R C S Sixth edition Octavo of 284 pages, illustrated. Baltimore, William Wood & Company, 1937 Cloth, $6 50

Textbook of Experimental Surgery By J Markowitz, M B Octavo of 527 pages, illustrated. Baltimore, William Wood & Company, 1937 Cloth, $7 00

Wheeler and Jack's Handbook of Medicine Revised by John Henderson, M D Tenth edition Duodecimo of 703 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $4,00

Synopsis of Obstetrics and Gynaecology By Aleck W Bourne, M A Seventh edition Duodecimo of 452 pages, illustrated Baltimore, William Wood and Company, 1937 Cloth, $4 00

Medicine for Nurses By W Gordon Sears, M D Second Edition Duodecimo of 435 pages, illustrated. Baltimore, William Wood & Company, 1937 Cloth, $3 25

Vade Mecum of Medical Treatment. By W Gordon Sears, M D Duodecimo of 368 pages Baltimore, William Wood & Company, 1937 Cloth, $4 00

Modern Dietary Treatment. By Margery Abrahams, M.A. and Elsie M Widdowson, Ph D Duodecimo of 328 pages Baltimore William Wood and Company, 1937 Cloth, $3.25

Diseases of the Skin A Manual for Students and Practitioners By the late Robert W MacKenna M D Fourth edition revised and enlarged by Robert M B MacKenna, M D Quarto of 557 pages, illustrated Baltimore, William Wood and Company, 1937 Cloth, $7 00

The Roentgenologist in Court. By Samuel W Donaldson M D Octavo of 230 pages Springfield, Charles C Thomas, 1937 Cloth, $4 00

A Monograph on Veins. By Kenneth J Franklin D M Octavo of 410 pages, illustrated. Springfield, Charles C Thomas, 1937 Cloth, $6 00

The Therapeutic Problem in Bowel Obstructions. A Physiological and Clinical Consideration By Owen H Wangensteen, M D Quarto of 360 pages, illustrated Springfield, Charles C Thomas, 1937 Cloth, $6 00

The Collapse Therapy of Pulmonary Tuberculosis By John Alexander, M D Quarto of 705 pages, illustrated Springfield Charles C Thomas, 1937 Cloth, $15 00

Neurology By Roy R Grinker, M D Second edition Quarto of 999 pages, illustrated Springfield, Charles C Thomas, 1937 Cloth, $8 50

Macleod's Physiology in Modern Medicine Edited by Philip Bard Eighth edition Octavo of 1051 pages illustrated St. Louis, The C V Mosby Company, 1938 Cloth, $8 50

Approved Laboratory Technic Clinical Pathological, Bacteriological, Mycological, Parasitological, Serological, Biochemical and Histological By John A Kolmer, M D and Fred Boerner, V M D Second edition. Quarto of 893 pages, illustrated New York, D Appleton-Century Company, 1938 Cloth, $8 00

Surgical Diseases of the Mouth and Jaws. By Earl Calvin Padgett, M D Octavo of 807 pages, illustrated Philadelphia, W B Saunders Company, 1938 Cloth, $10 00

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REVIEWED

Laboratory Manual of General Physiology By T Cunliffe Barnes, D Sc. Octavo of 116 pages, illustrated Philadelphia, P Blakiston's Son & Co, Inc, 1937 Cloth, $1 00

This manual, by the author of the *Textbook of General Physiology*, is intended for a year's laboratory work in the elementary general physiology of animals It has no special virtue aside from the fact that it has a large number of experiments to choose from, the experiments to be performed and the sequence being matters for each instructor to decide As the author points out, most of the experiments claim no originality, but are taken from other laboratory manuals They are presented in brief fashion, and for the greater part require supplementary reading and explanation for which adequate references are given Many of the references are from the author's textbook

The topics considered include experiments on (1) animal behavior, (2) physical and chemical principles (test tube experiments), (3) irritability, or the response of the organism to external environment, (4) the permeability of living cells, and (5) events occurring inside the organism, i e the *milieu intérieur* in the sense of Claud Bernard

J Raymond Johnson

The Baby's First Two Years By Richard M Smith, M D New and revised edition Octavo of 121 pages, illustrated Boston, Houghton Mifflin Company, 1937 Cloth, $1.75

Dr Smith is a sensible pediatrician of much experience His book has been rewritten and brought up to date It is good, and can be conscientiously recommended to the mother who needs it

Walter D Ludlum

Synopsis of Genitourinary Diseases. By Austin I Dodson M D Second edition Duodecimo of 294 pages, illustrated St Louis, The C V Mosby Company, 1937 Cloth, $3 00

This book covers in a concise manner the subjects of urological practice The author is professor of genitourinary surgery at the Medical College of Virginia, and we imagine the book has grown out of his lecture notes It contains almost everything a medical student should know about this field of medicine. The author has not included the technic of urological surgery, but the indications for special examinations and for surgery are always clearly given.

The text is amazingly up to date and includes the latest therapeutic claims made If the therapeutic agent is very new, as for example sulfanilamide, the author has added the literature references

The illustrations deserve a word of praise. They are well drawn, clear and informative, much more so than blurry photographs of pyelograms would be

Altogether, this is an ideal little book for the student and for the general practitioner who wants to read up on genitourinary diseases

Heinrich L Wehrbein

Biological and Clinical Chemistry By Matthew Steel, Ph D Octavo of 770 pages, illustrated Philadelphia, Lea & Febiger, 1937 Cloth, $8 00

This volume was written expressly for the preclinical medical course in physiological chemistry The increasingly higher standards of the medical curriculum make almost mandatory that the usual physical and biochemical course be accomplished before the student has much appreciation of clinical medicine This specific necessity of blending clinical and pathologic with theoretic is well met. Routine subjects are elaborated by material ordinarily furnished in later courses Beyond the usual experiments, clinical laboratory methods are given practically and in a manner to interest the student in his own metabolic processes Despite its scope and application, the material is carefully and concisely presented References are almost exclusively English and are modern A new text, it meets a demand and should be a welcome addition to the field

Irving M Derby

Some Fundamental Aspects of the Cancer Problem. *Symposium* Sponsored by the Section on Medical Sciences of the American Association for the Advancement of Science. Edited by Henry Baldwin Ward Quarto of 248 pages, illustrated New York, The Science Press, 1937 Cloth, $2 50

This publication by the American Association for the Advancement of Science, comprising thirty papers read at a symposium in December 1936, gives a broad and diversified survey of cancer research

Heredity and constitutional factors are shown to be influenced by environmental changes and play an important role both in the development of cancer and in its localization The importance of chemical agents and sex hormones in initiating, stimulating or inhibiting tumor formation is well presented.

The metabolism of cancer is thoroughly reviewed, and the book contains papers showing the carbohydrate, protein and inorganic salt changes in the metabolism of cancer The metabolism of radium and its

biologic action on cancer tissue is admirably discussed HARRY MANDELBAUM

The Diagnosis of Nervous Diseases By Sir James Purves-Stewart, K.C.M.G. Eighth edition. Octavo of 842 pages, illustrated. Baltimore, William Wood & Company, 1937. Cloth, $10.00.

A work that has passed through eight editions must have an interesting history attached to it, and that is true of this book. It is written by a prominent medical figure who has devoted most of his efforts to neurology.

The book consists of twenty-six chapters with an index and numerous references and illustrations. Its object is to introduce the student and medical practitioner to neurology. It has had a wide circulation and a fine reception from those who are interested in this subject. As expressed in the preface, *the main scheme has remained* the same throughout all the revisions, namely, the description of clinical facts as observed in everyday neurological practice and indicative of their diagnostic significance.

The revision was made necessary to include newer facts and principles as acquired in the general progress made in this field. The book as a whole is an attractive volume that has been of interest to students and neurologists in the past, and will continue to be so in the years to come. It is highly recommended especially to those who are seeking the foundations of neurology.

IRVING J. SANDS

The Thinking Body. A Study of the Balancing Forces of Dynamic Man. By Mabel Elsworth Todd. Octavo of 314 pages, illustrated. New York, Paul B. Hoeber, Inc., 1937. Cloth, $4.00.

This book treats of the physiological mechanics of the human body. It has to do not only with why we have joints but how we use them. It has to do with the upright posture, locomotion and muscle balance. It deals with the physiology of the skeletal body.

Most of us were taught a great deal about the anatomical relations of the various parts of the skeletal body and very little of the purpose of the skeletal body. We were taught the meaning of words but not the construction of the sentence. In this book the author endeavors to explain the function and purpose of the skeletal body and how it does the elaborate things it does. In doing this, balance, stress and strain, and thrust must all be considered along with coordination and rhythm.

In giving this work to the medical profession the author has made a basic contribution in a field that is rarely recognized by the average doctor, and one in which much work is still to be done.

JA. C. RUSHMORE

Maternal Deaths—The Ways to Prevention. By Iago Gladston, M.D. Octavo of 115 pages. New York, The Commonwealth Fund, 1937. Cloth, $.75.

The prevention of maternal mortality is a subject in which "all doctors and all the people" should be interested. Unless the public is interested in reducing the number of deaths associated with childbirth, the doctors will never be able to accomplish the desired results. Education is "the keystone of the arch of success" in reducing mortality in general and maternal mortality in particular.

This small volume contains a concise discussion of the problem, and offers proposals for doctor, nurse and layman to reduce the high death rate coincident with childbirth. The author does not claim originality, but frankly states that he has only attempted to correlate known facts. How well he has succeeded can only be known by a close study of the booklet. It seems almost incredible that so much understandable material and standardized facts could have been packed into 110 pages.

The booklet is highly recommended for doctors, nurses, affiliated organizations and laymen, and we venture the opinion that, if its distribution could be sufficiently extensive throughout the country, our maternal mortality would be materially reduced within a very short time.

HARVEY B. MATTHEWS

Recent Advances in the Study of Rheumatism. By Frederic J. Poynton, M.D. and Bernard Schlesinger, M.D. Second edition. Octavo of 380 pages, illustrated. Philadelphia, P. Blakiston's Son & Co., Inc., 1937. Cloth, $5.00.

This small volume, a second edition, covers practically every aspect of the rheumatic state. Under this heading are included acute rheumatic fever, subacute and chronic states of the same disease, chronic arthritis, fibrositis, and allied states. The authors comment on a criticism of their first edition, that it carried "an atmosphere of doubt and indecision." The reviewer would champion the stand of the writers, and point out that one of the charms of their book is its lack of dogmatism in a disease the etiology of which is still not known. Poynton and Schlesinger have done much to correlate clinical and laboratory truths. Their book is not one of factless generalizations, but true to the well-recognized British tradition of exactitude in medical research, it takes noth-

ing for granted The work is a veritable storehouse of knowledge on the subject, and should be heralded as one of the very best.

GEORGE E. ANDERSON

Latent Syphilis and the Autonomic Nervous System By Griffith Evans, M A, F R C S Second edition Octavo of 157 pages, illustrated Baltimore, William Wood and Company, 1937 Cloth, $3 00

In this comparatively small book the author has listed numerous cases of thyroid disease, allergy, asthma, dysphagia, dyspepsia, abdominal complaints, with or without adhesions, and finally, cancer from his own practice that he has definitely linked up to latent or heredo-syphilis

It would be difficult to prove a fallacy in his arguments connecting these conditions in the light of much that we do know regarding syphilis, especially when we consider how much is still unknown One may dispute the diagnosis in many instances, and may also hold that the response to therapy with iodides, bismuth and mercury is not, in itself, sufficient proof of syphilis

No matter what attitudes one takes toward the diagnosis of the specific cases, the author has rendered a service in calling attention to the manifold possibilities of syphilis as an underlying cause in a large number of obscure maladies

The reviewer feels the time spent in reading this book will be used to good advantage

E ALMORE GAUVAIN

A Practical Treatise on Diseases of the Skin for the Use of Students and Practitioners. By Oliver S Ormsby, M D Fifth edition Quarto of 1334 pages, illustrated Philadelphia, Lea & Febiger, 1937 Cloth, $12 00

Oliver S Ormsby is recognized as one of the country's outstanding dermatologists His textbook on dermatology and syphilis is well known as a standard work on the subject for students and practitioners

This fifth edition of his book has been thoroughly revised and brought up to date, and includes twenty new diseases In fact, all advances in dermatology have been incorporated

The first chapters are devoted to the elements of dermatology Subsequent chapters take up the subject according to the old classification of skin diseases which to the reviewer's mind is much simpler than the new

The chapter on x-ray therapy unfortunately is very short, and the reader will have to consult more detailed works for full information on this subject The same criticism is made of industrial dermatoses which is an important subject today, and should receive more attention

Dermatological literature has been carefully reviewed, and should be of value to the dermatologist, who will appreciate the exacting labor of gathering such data.

The book is printed in exceptionally clear type on a fine paper with a hard glossy surface making it a pleasure to read. The illustrations are numerous and remarkably clear The individual lesions stand out distinctly This is a valuable feature of the book

Ormsby's treatise on Diseases of the Skin has always been a sound and practical textbook The fact that this is the fifth edition is evidence of its popularity and value.

ALFRED POTTER

Fractures and Dislocations for Practitioners By Edwin O Geckeler, M D Octavo of 252 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $4 00

This generously illustrated book makes no pretense of being a complete study of fractures and dislocations, but merely promises a condensation of the subject without the omission of essential details It stresses the important fact that proper early care by the practitioner may influence favorably the end results, and emphasizes only accepted present-day methods in immediate treatment.

Although the author takes occasion to refer to the dictum of "Treat them where they lie," the question of transportation might, with profit, be considered more seriously, and then dignified with a special reference in the index We respectfully suggest that the author, in his second edition, modify or qualify the statement he makes in speaking of deformity from angulation (malunion) "This altogether too common complication is inexcusable." There seems to be a lot of finality in the last word of the quotation The list of references is found at the close of each chapter, a definite convenience to the reader and to those seeking additional information We believe that a book of this type serves a useful purpose This one should have a special appeal to the practitioner

JOSEPH RAPHAEL

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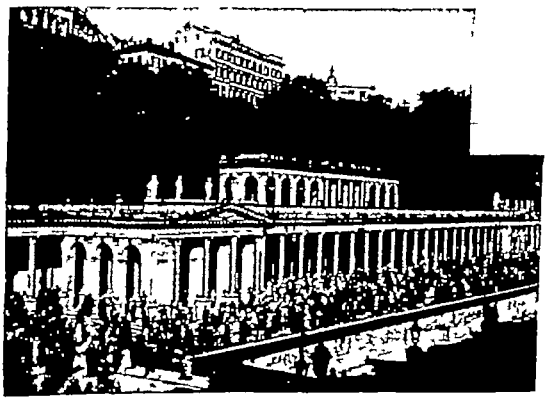
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NOTES FROM OUR ADVERTISERS

Parke, Davis & Company Elects New President and New Finance Chairman

Dr A William Lescohier was elected President of Parke, Davis & Company, and Norman H F McLeod Chairman of the Finance Committee, at a meeting of the Company's Board of Directors held in Detroit on March 1 Both men have been actively connected with the Company for about thirty years Dr Lescohier has been General Manager and a Director since 1929, and Mr McLeod a member of the Board since 1921 and Secretary and Treasurer since 1923

Dr Lescohier succeeds Oscar W Smith, who had been President of the Company for sixteen years until his death on February 7 of this year Dr Lescohier was born in Detroit, a few blocks from the laboratories of which he now becomes the chief executive. After graduating from high school he worked a year or two in the laboratories and then enterted Detroit College of Medicine In 1909 following his graduation from college, he became a member of the Parke-Davis Research Staff giving special attention to biological problems In 1918 he was named Assistant Director of the Research and Biological Laboratories in which capacity he was in charge of the production of serums vaccines antitoxins, and other biological products In 1925 he was made Director of the Department of Experimental Medicine and in 1928 he was appointed to the position of Assistant to President. In 1929 he was elected General Manager, which position he has occupied since that time

Mr McLeod continues as Secretary and Treasurer of the Company as well as a Director in addition to his new post as Chairman of the Finance Committee. He was born in London Ontario, and after graduating from high school embarked on a banking career, taking a position with the Canadian Bank of Commerce. Coming to Detroit in 1898 he became connected with the Detroit Stove Works where he remained until 1906 In that year he joined Parke, Davis & Company as Traveling Auditor and in this capacity he travelled all over the world visiting the many laboratories and branches of the Company In 1917 he was appointed Chief Auditor In 1921 he was elected to the position of Treasurer and made a member of the Board of Directors In 1923 he was made Secretary and Treasurer of the Company

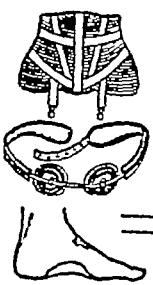
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*Proc Soc Exp Biol and Med., 1934 32 241 245
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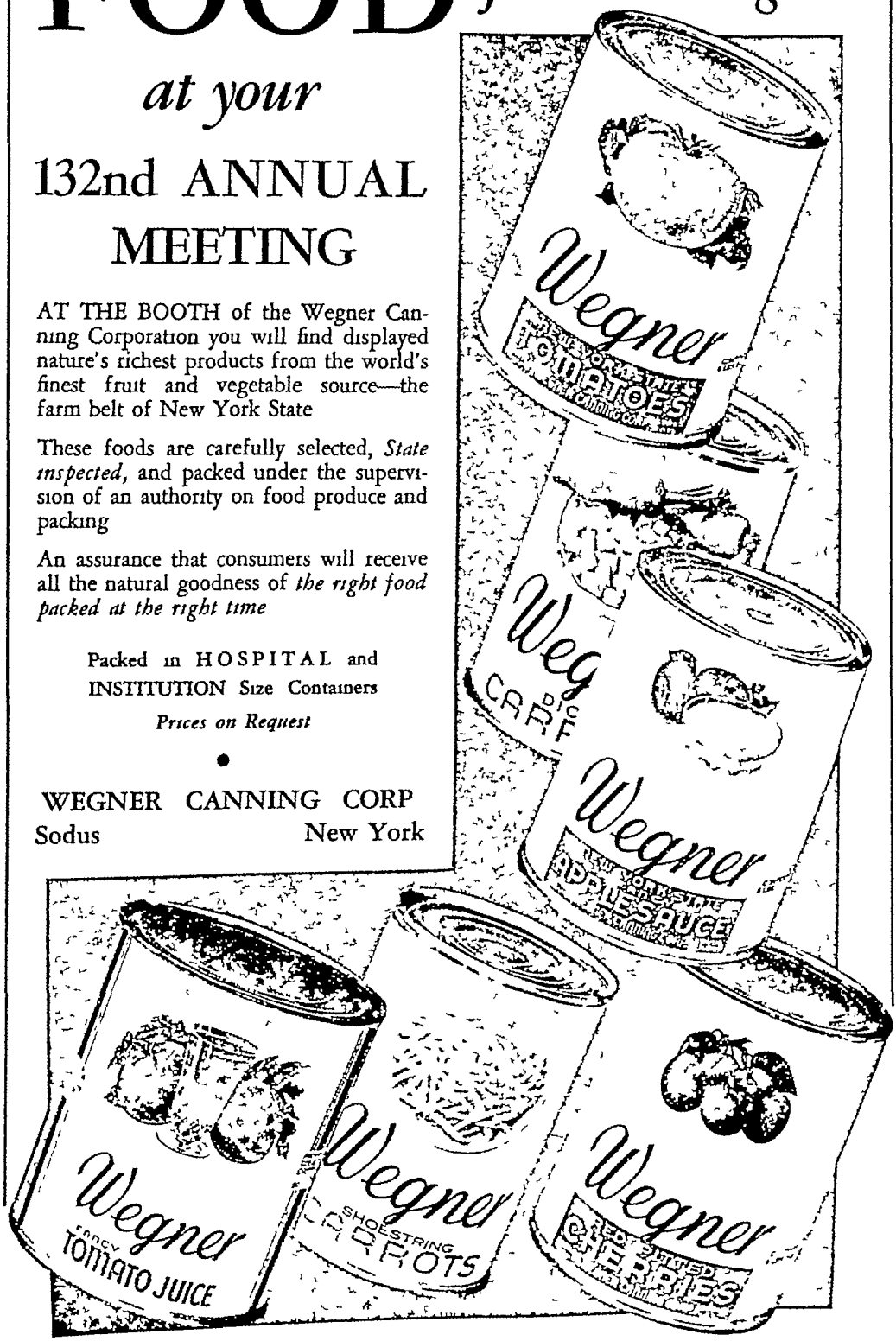
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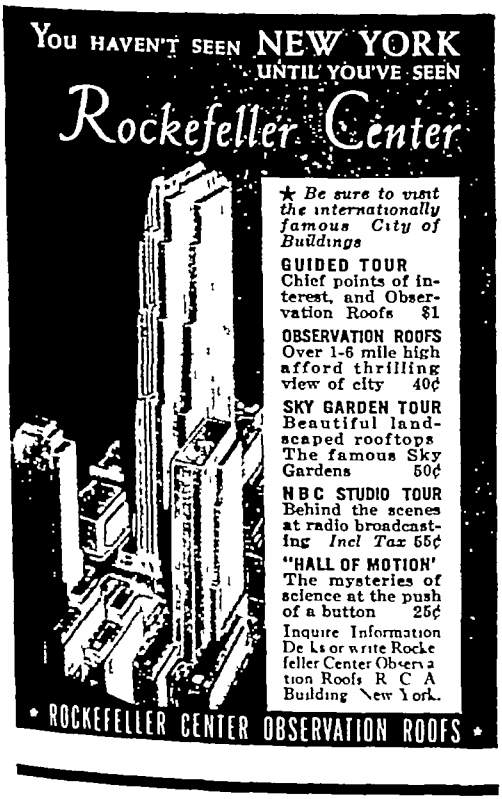
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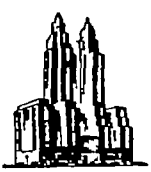
By DAGMAR

After one has visited in Pistany Spa in Czechoslovakia, one may learn to visualize the surprise the Romans must have experienced when they extended their empire to the North in the 9th century They knew that it was a phenomena they had conquered, this spot, where the earth extravagated hot mud, where springs disembogued sulphurous hot water But they were unable to realize that this place would become in later years the Mecca of an untold number of suffering, health-seeking mortals Legend has it that a young Roman general, fatigued from the long march had collapsed on the very spot after the word "halt" had been given and that when he found himself lying in the warm mud, he had the peculiar sensation of regaining his strength and his energy in double a measure and that he then had issued the order LUTATIO CUM LUTO, his legionnaires too should benefit by the mud bath, vigorous, invincible men he needed However, chronicles of the year 1551 were the first ones to record Pistany's official praise It was Count Sigismund von Herberstein, an explorer, who wrote an incandescent account of 'his discovery" even though it is an established fact, passed on by word of mouth, that the place was known for its healing qualities throughout the centuries Dr Johan Grato von Kraftsheim, the much appreciated medical adviser of three reigning emperors, prescribed a forty days cure at Pistany to his royal patients in 1580

Unfortunately, the wars with the Turks and the "Thirty Years War" as also the caprices of the river Waag which changed its course several times, prevented Pistany to take its proper place among the world's famous spas sooner It was not until the 19th century that its fame began to spread over the globe Today it is recognized by the medical profession

(Continued on page xlii)





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(Continued on page xlv)

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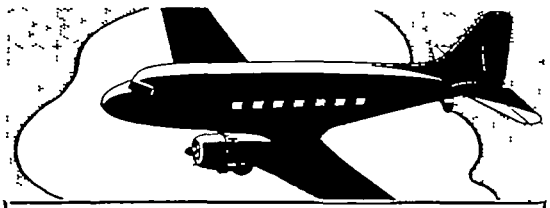
(Continued from page xlii)

unique because it has not been found elsewhere, but also attributes to it the physical properties which make it retain its intensive heat. It is free of irritant organic matter, it is an inorganic substance, not a peat, it does not putrefy

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(Continued on page xliii)



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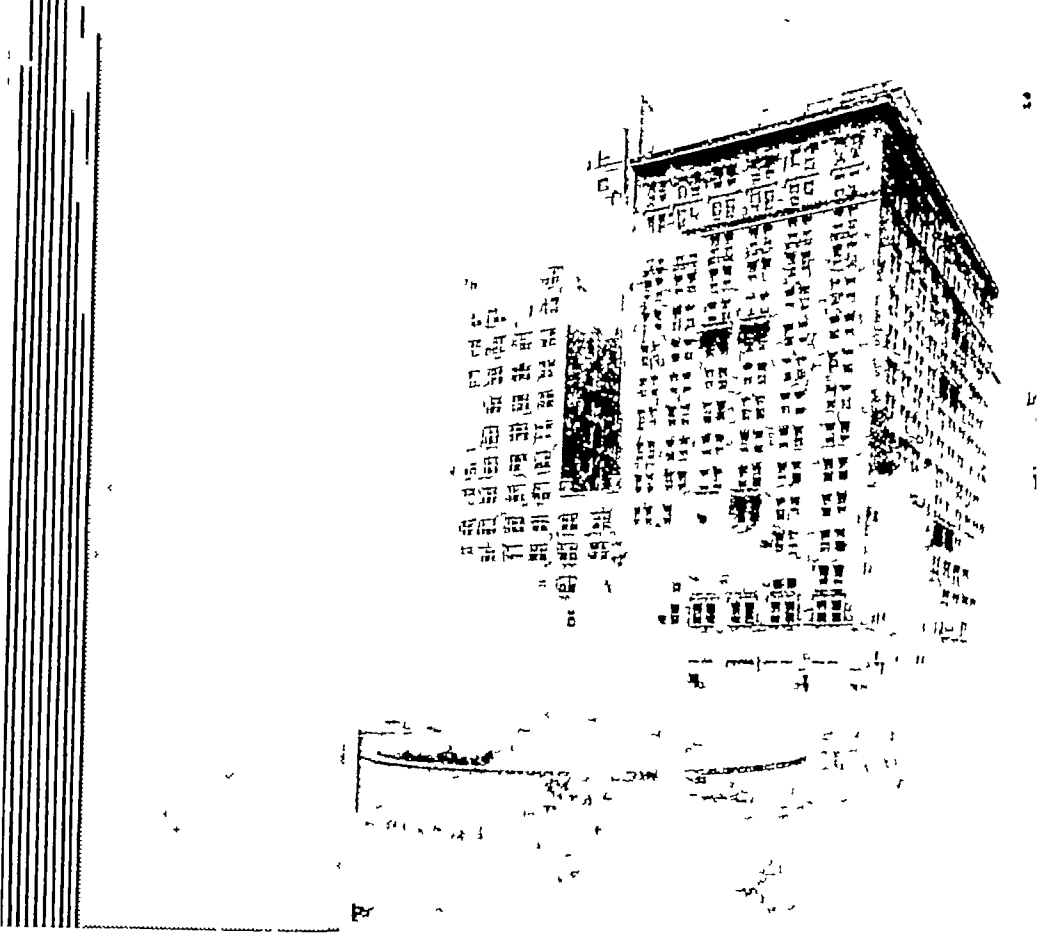
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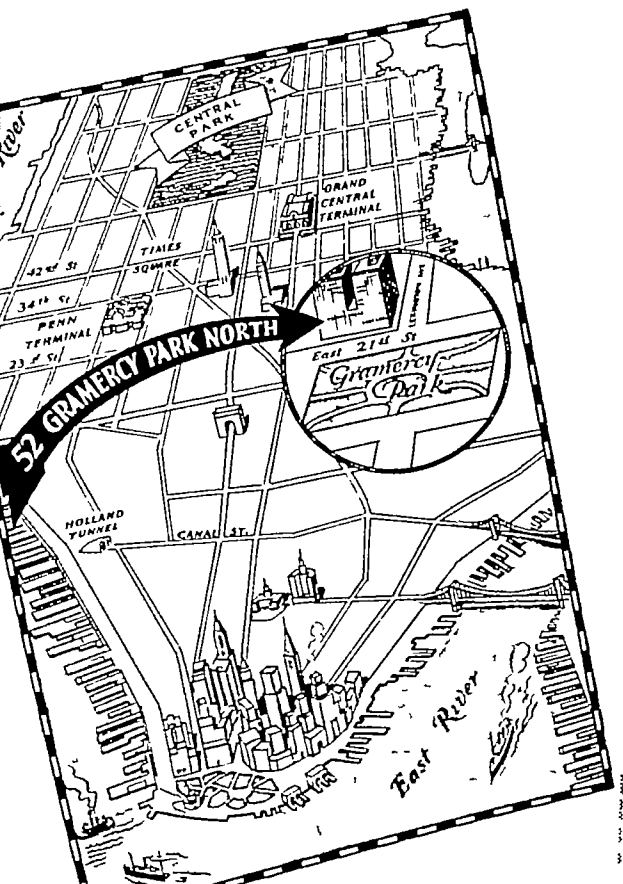
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(Continued from page xlv)

mall in the open too) with its picture galleries, its theatres, its motion picture houses and its many other diversions catering to a variety of preferences The management of the spa has rested throughout the last three or four decades in the hands of one family It was Alexander Winter who devoted his life to the development of the spa, an ambition which was inherited by his sons On the island stands the far-famed Thermia Palace Hotel, built right over the springs, its interior chosen with impeccable taste. There too are the "Irma Baths," the "Napoleon Baths" and the "Pro Patria Baths," one does not need to be blessed with earthly goods in order to find relief at Pistany

To the interested newcomer the island must seem like a phantasmagoria People sit or lie, more or less completely encased in radioactive mud of a blackish-greenish color which the sun hastens to turn into iridescent hues To watch the faces of those taking the cure is still more impressive, they convey of relaxation, of contentment

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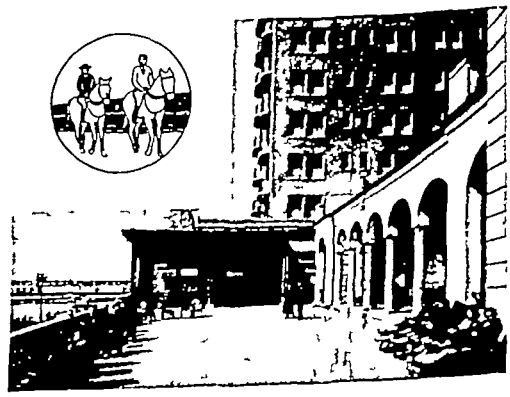
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fected after a twenty days treatment on my friend the beautiful, petite, blonde Hollywood actress While she obeyed religiously the orders of her physician, I had sojourned through the adjacent country where the natives wear their costumes, elaborate affairs stitched all over in gold and silver, so much more frequently than in any other part of the country, I thought. When I had left, my friend was using one of the rickshaws, a little house with a roof on wheels manned by foot by a peasant boy or girl, which transfers patients from their hotels to the bath When I returned, she hooked her arm affectionately in mine and walked across the bridge to the bath with a radiant smile on her face. She even insisted on having tea with me on the top of Radium Hill on which the exquisite pagoda-like tea house is erected and from the balconies of which one obtains such sweeping view of the town and the valley of the Waag

One institute I had no time to visit while I was at Pistany and that is the Animal Institute. Being a lover of pets of all sorts, I regretted my inability very much However, I made up for my loss by reading the interesting article "Animals Come to Pistany" by Dr R L Stuerm which appeared in one of the leading magazines not so long ago

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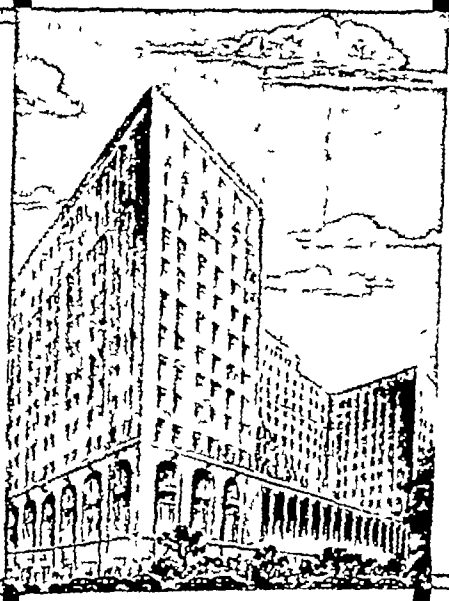
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Preventive Medicine—The Basic Health Record *C Ward Crampton, M.D*

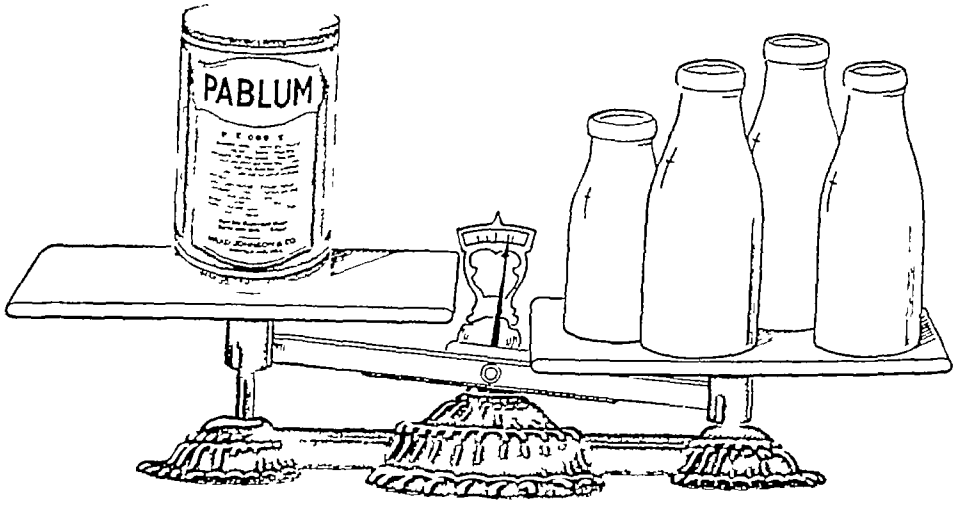
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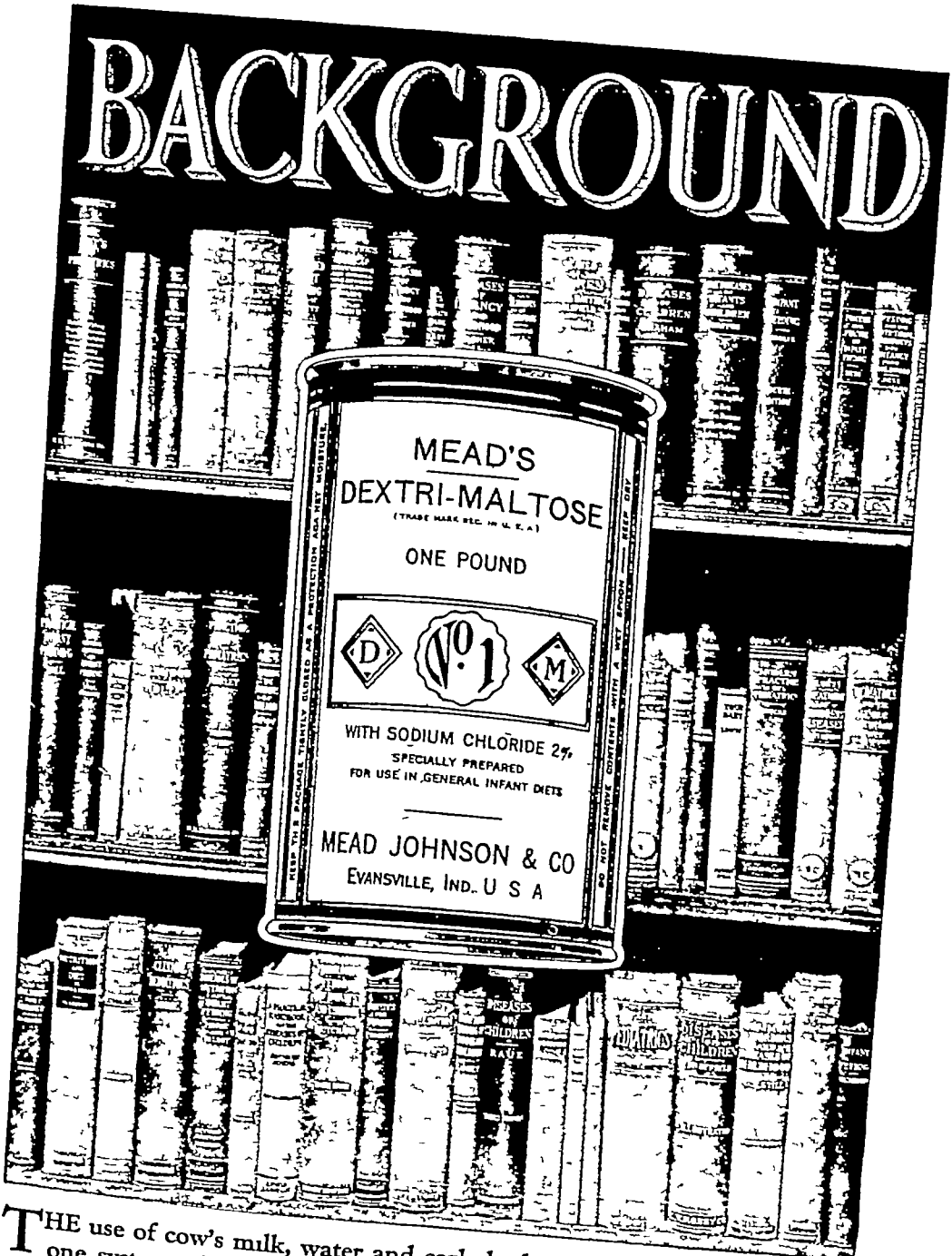
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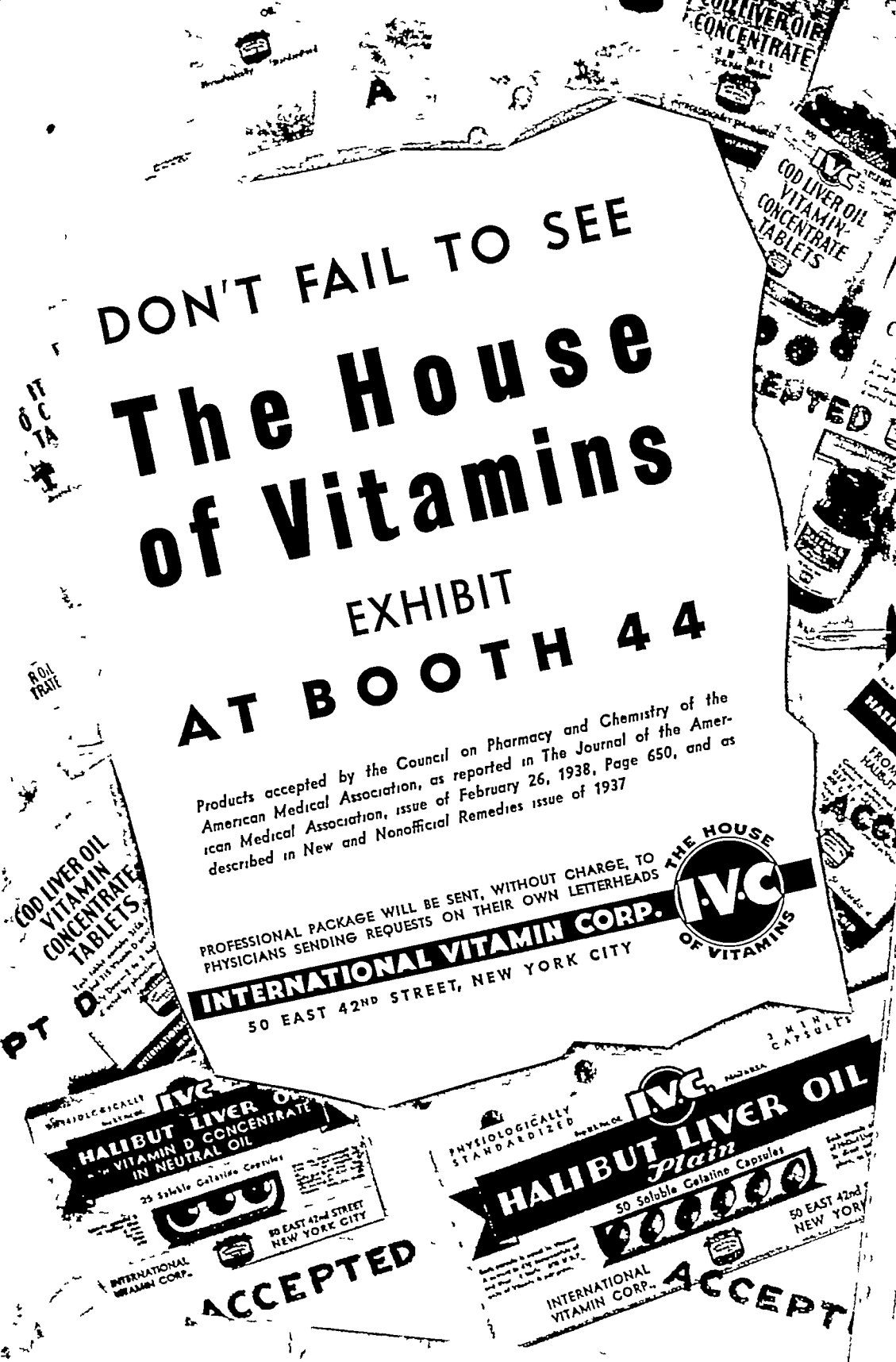
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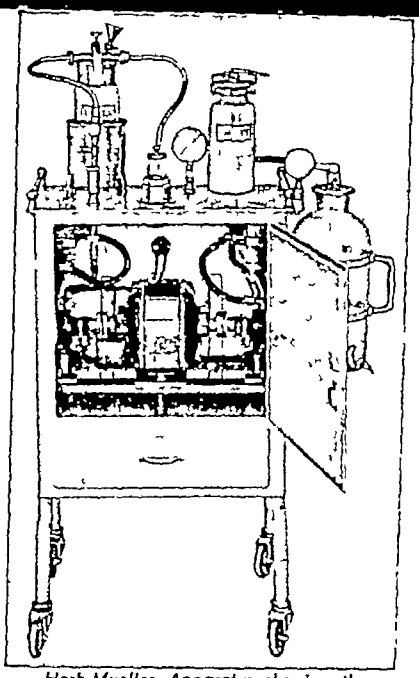
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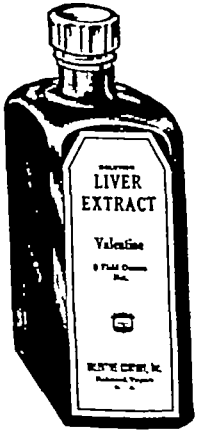
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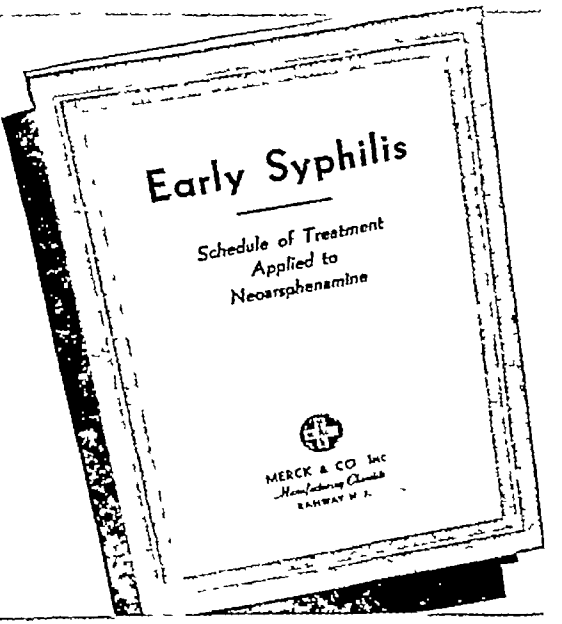
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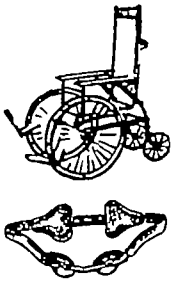
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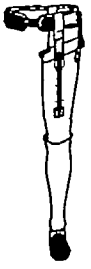
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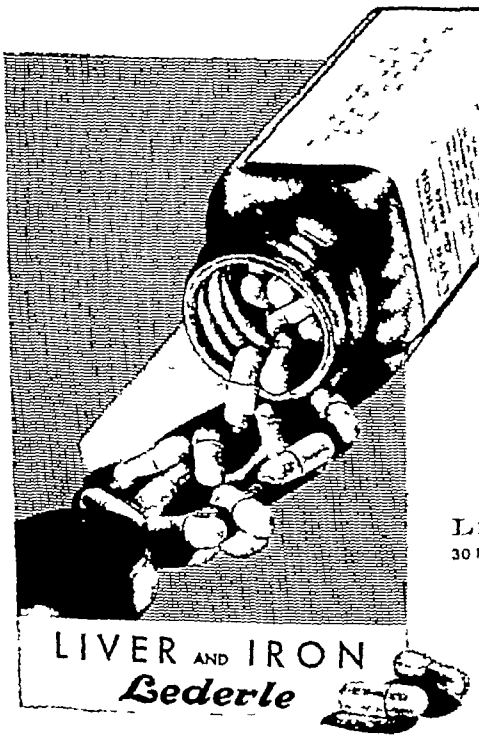
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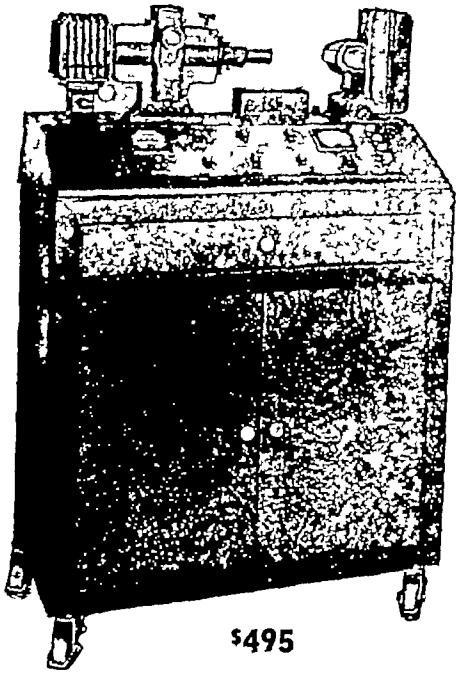


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The physician selecting B_1 for antineuritic use will do well to have that B_1 along with enough of G and the others So, too, if the particular function of G is desired, B_1 and the others are needed

The Committee on nomenclature of the American Society of Biological Chemists recommended, 1927, that

> the term G be used to denote the more heat stable water soluble dietary factor called the P P (pellagra preventive) factor by Goldberger and associates and which also has to do with maintenance and growth

The Sherman-Bourquin test, under which G came into so much of labeling and advertising, proves, now, to have been finding only the riboflavine factor G , in the South, means the P-P factor Human life is too all important to accede to the suggestion, all right, just call riboflavine, G.

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So, too, Strauss, and then Jolliffe and associates, used Vegex in showing the relation of and need for the B vitamin Complex in treating alcoholic polyneuritis, where B_1, alone, is not all sufficient.

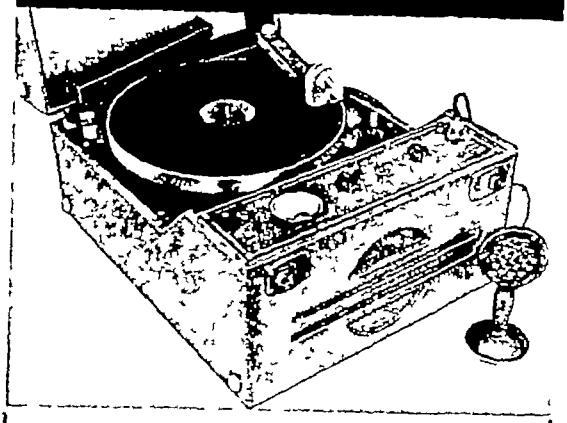
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The extrinsic factor has been established for Vegex, another story for next month s Vegex page

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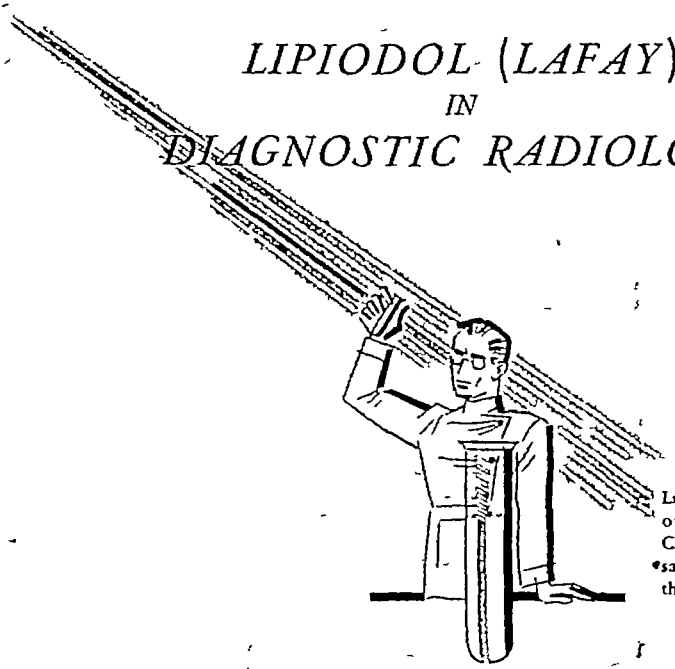
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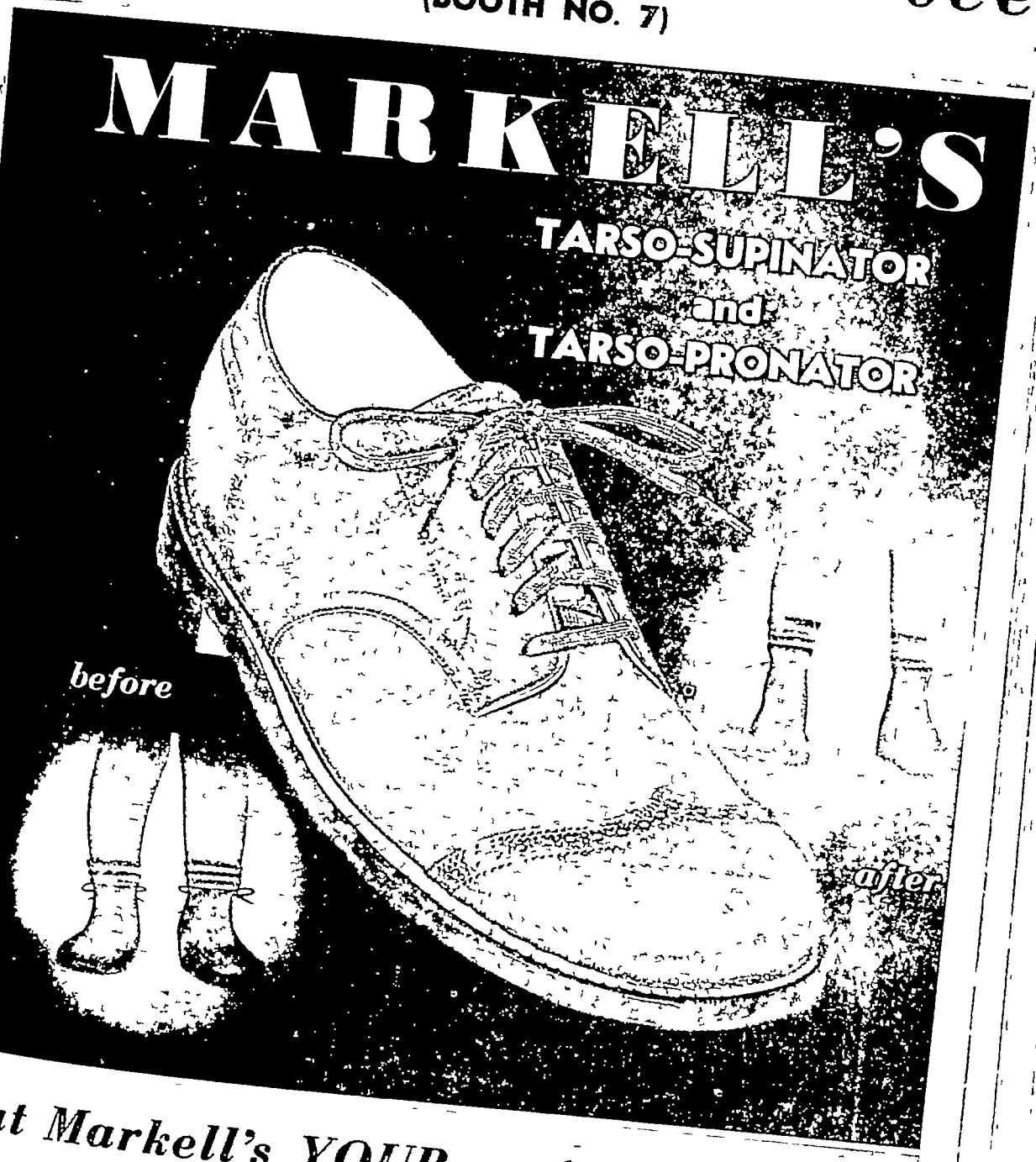
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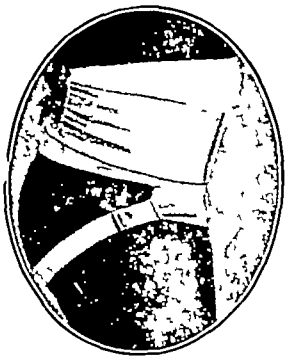
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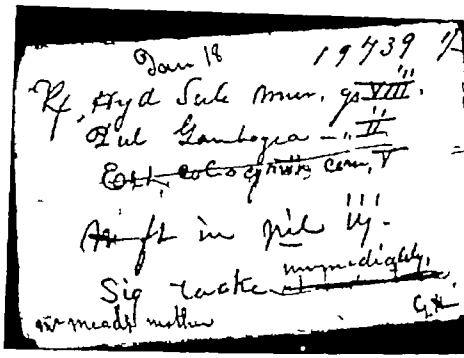


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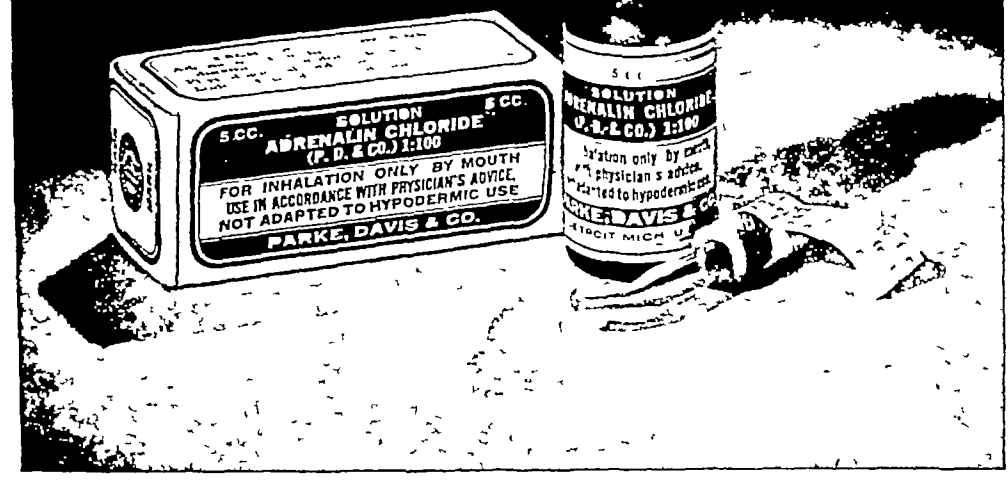
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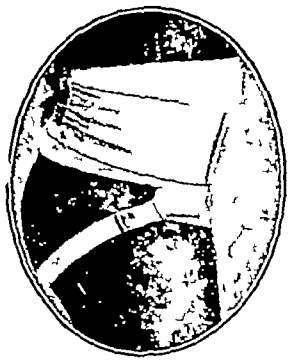
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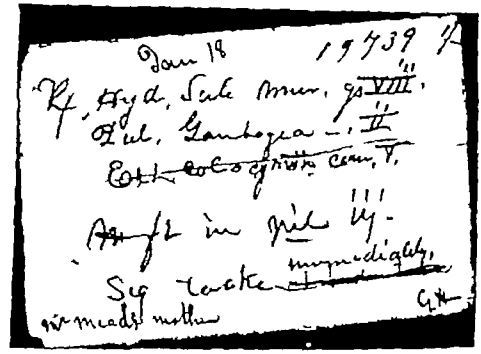


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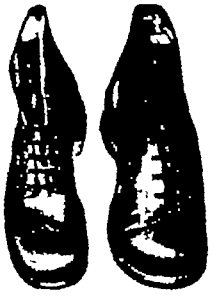
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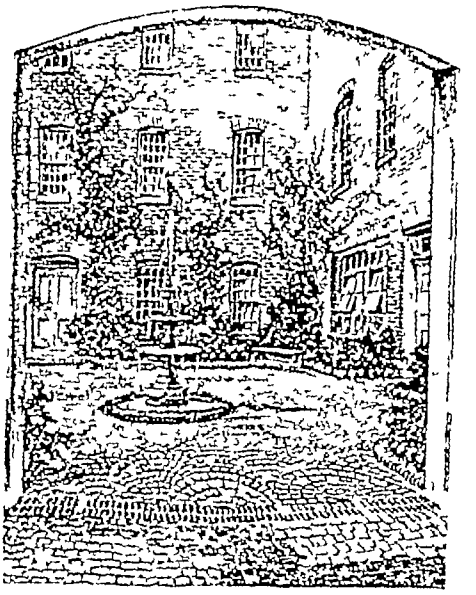


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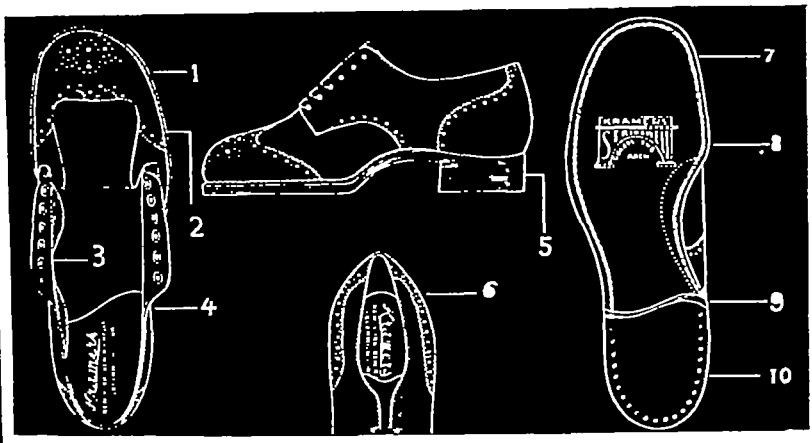
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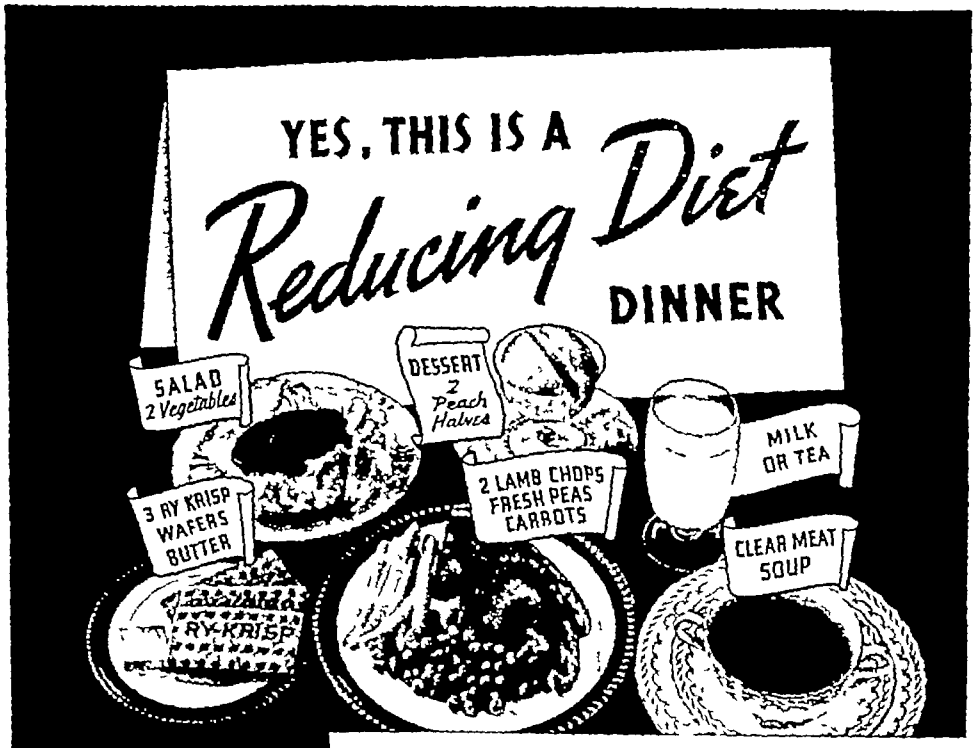
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In commercial canning practice, certain operations—specifically the blanch—may aid in elimination of gases from raw food tissues However, main dependence is placed upon what are known as "exhausting" or "preheating" operations, not only to expel gases from raw foods, but also to exclude air from the can

Briefly, the exhausting operation is accomplished by mechanically passing the open can containing the raw food through a so called "exhaust box" in which hot water or steam is used to expand the food by heat and drive out air and other gases contained in the food and in the can The times and temperatures used in commercial exhausting operations will naturally vary with the nature of the product (1)

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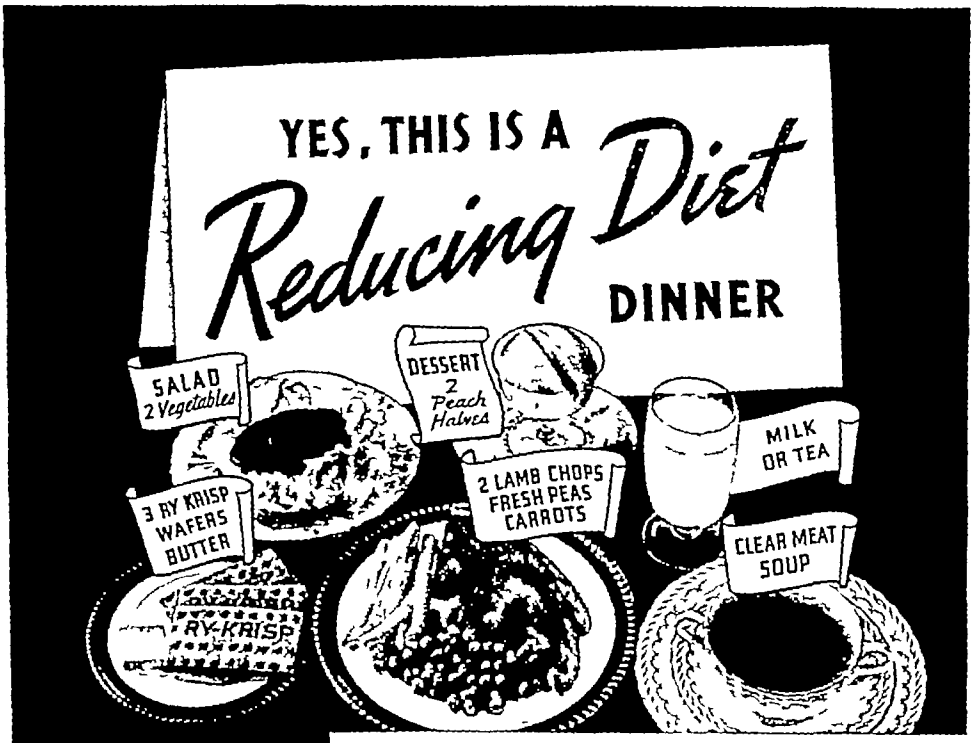
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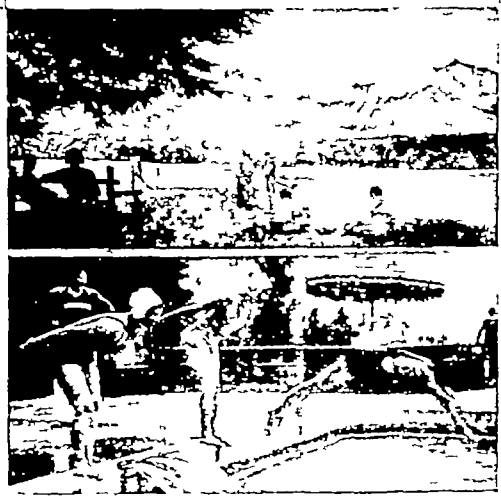


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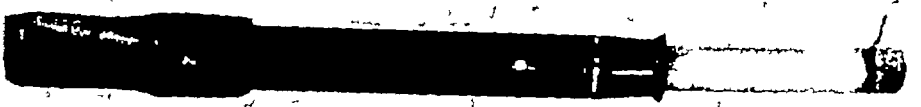
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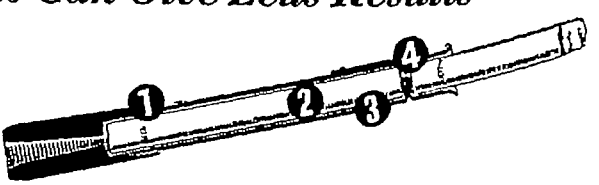
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JOURNAL of MEDICINE

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Vol 38 MAY 1, 1938 No 9

SOME UNUSUAL COMPLICATIONS ASSOCIATED WITH ABRUPTIO PLACENTAE

EDWARD C HUGHES, M D and ALBERT W VAN NESS, M D, *Syracuse*

Premature separation of the normally implanted placenta, known as abruptio or ablatio placentae, or accidental hemorrhage, constitutes one of the most formidable complications of pregnancy Its occurrence is probably more frequent than stated, and its diagnosis too often missed Development of this condition not only markedly increases mortality, but also is a main cause of fetal death In the majority of cases, the local condition within the uterus with its sequelae accounts for most of these deaths However, in a few individuals, separation of the placenta seems to be part of a general disorder which itself may become more serious than the local disturbance within the uterus This general change affects other structures and organs In many instances, death is the result of these changes rather than of the abruptio itself These cases become general medical as well as obstetrical problems

Although the etiology of abruptio placentae has never been clearly understood, and probably will remain one of the mysteries of medicine for some time to come, no doubt these local and general conditions are on the same basis In an investigation of sixty cases of definite abruptio placentae, occurring on private and ward services of Syracuse Memorial Hospital and Syracuse University Hospital, the age of the patient, the number of pregnancies, and as associated toxemia or nephritis seemed to be the important factors in their etiology Trauma was also noted as an associated factor

It was found that a greater number of separations occurred in women between the ages of thirty-one and forty years Also, the highest percentage occurred in patients having four or more pregnancies

AGE

15-20 yrs	21-30	31-40	Over 40
8 3%	35%	53 3%	3 4%

PARITY

Grav I	*Grav II*	*Grav III*	*IV or more*
28 5%	15%	13 3%	43.2%

47 1 per cent of the primapara were between the ages of thirty and forty years

Premature separation of the placenta was associated with the toxemias of pregnancy and nephritis in 79.9 per cent of the cases Many have thought that the association of these conditions have placed them upon the same etiological basis Portes [1] found them related in 91 3 per cent of the cases in his series Schoeneck [2] stated that 96 3 per cent of his series were toxic Dieckman [3] reported that in a series of fifty-eight cases sixty-nine per cent were toxic. It was

I am indebted to Drs Raymond J Pieri and M. A. Schoenwald for the use of Cases 1 and 2, and I wish to express my appreciation of the privilege.

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 26, 1937



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TABLE I

	Nontoxic	Toxic	Total
Maternal death	0	6 2%	5%
Fetal death	41 6%	66 6%	61%
Shock	16 6%	41 6%	
Postpartum bleeding	17 %	45 8%	
Oliguria to anuria	0	22 9%	
Edema	0	70 7%	
Albumen	1+	1+ to 42%	

interesting to note that forty per cent of the entire group in this series occurred in connection with a severe type of toxemia

Mild	Severe	Nephritis	Trauma	Unknown	Syphilis
28 3%	40%	11 6%	5%	13 3%	1 8%
Total	68 3%	79 9%			

No doubt that in some of the 13 3 per cent in whom the cause was given as unknown, toxemia played an important part It would appear from observations of these findings and also from the reports of others that there must be two types of abruptio placentae The more frequent type is associated with some toxic condition, and the other is due to trauma and other conditions such as endometritis and syphilis The classifications, toxic and nontoxic, as suggested by Dieckman,[3] seem to be suitable It is also a fact that when the abruptio is of the toxic type the prognosis becomes more grave There is a greater possibility for other complications to occur such as changes in the blood, kidney changes, and alterations in the electrolytic elements of the blood These things have occurred in some of the cases in this series, and will be discussed later

That the toxic group offers a greater chance for complications to arise is shown by Table I

There also occurred tendencies to bleed from other sites in four cases of the severely toxic group The character of the blood in these four individuals seemed to change The bleeding time was longer, particularly in two cases No such things happened in the nontoxic cases Unfortunately, the only blood studies on most of these patients were the usual Hgb, RBC, WBC, and differential An average of these counts has been made and is tabulated in Table II The degree of the condition has been classified as mild, moderate, and severe in both groups

The hemoglobin, a good criterion of the degree of anemia was low in all types, indicating that in spite of rather large transfusions given, an anemia occurred The number of RBC were highest in the mild nontoxic type, and lowest in the severe nontoxic type This may be explained by the fact that in toxic patients there exists a higher Hgb and a larger number of RBC The relative leukopenia that existed in the severe toxic group was interesting Whether this indicates the severity of the condition or the result of the transfusions and intravenous glucose therapy, it is impossible to state This group of patients had received more blood and fluid, owing to their more precarious state

In a majority of the cases, the chief concern of the obstetrician is to control the hemorrhage, both before and after delivery The amount of hemorrhage occurring before delivery, either that remaining within the uterus—the concealed type—or that making its way to the outside—the revealed type—is dependent upon the degree of separation The actual mode of separation is probably the same in both groups There occurs, for some reason, an effusion of blood either in the decidua basalis or uterine wall As this accumulates, there occurs a separation of the placenta at this point No doubt small separations occur frequently and produce only slight signs and symptoms These patients go on to a normal termination of pregnancy However, no one knows how large or how small the area of the separation of the placenta may be In the more toxic types, the pathological changes do not remain localized in this area, but involve the uterine muscle itself This type of uterus, known as the apoplectic or Couvelaire type, is the most dangerous, the muscle being broken up and severely damaged Postpartum hemorrhage is frequent in this type, and one never knows when hysterectomy is

TABLE II

	Toxic			Nontoxic	
Hgb.	Mild	Moderate	Severe	Mild	Severe
	67% or	68% or	64% or	69% or	64% or
RBC	10 05 gm	10 20 gm	9 60 gm	10 35 gm	9 60 gm
WBC	3,500,000	3 608,000	3,330,000	3,500,000	3,000 000
Polys.	12,200	13,900	8,400	17 400	14 100
Monos	79%	80%	73%	83%	85%
Others	20%	18%	24%	16%	11.5%
	1%	2%	3%	1%	5%

necessary When this type is present, one should always keep in mind the possibility of other general changes in the body (Fig 1-5)

When the blood accumulates under the placenta, it produces considerable irritation. The uterus immediately contracts tightly in an attempt to stop the bleeding The contraction becomes tetanic and gives the patient a continuous pain with intermittent cramps This was experienced by seventy per cent of the patients in the entire series If the uterus is of the Couvelaire type, as it frequently is when associated with a severe toxemia, the constant state of contraction is not so marked In fact, the walls of the uterus become soft and boggy, owing to the edema and changes present The tenderness remains, however, and becomes generalized over the surface of the uterus This type of uterus occurred fourteen times in the severe toxic type, and once in the severe nontoxic type Diagnosis of the apoplectic uterus was made by direct observation in six cases, and by the amount of hemorrhage and character of the uterus after delivery in the other cases

Associated with the changes of the uterus, a general systemic change developed in a few patients These individuals developed definite blood changes, and also had alterations in the function of the various organs, especially the kidneys Several authors have written about these things They have reported bleeding in other parts of the body—from mucous membranes, incisions, and even under the nails of the fingers and toes Williams [4] felt that in these individuals some material, resembling the toxins of vipers, was thrown out into the blood DeLee [5,7] has recorded a patient in whom the blood failed to clot Dieckman [8] and Dittman [9] have brought forth some interesting data on the blood chemistry and renal function findings in these cases They feel that there is a lowering of the blood fibrin, due to blood loss or immobilizing at the bleeding or placental site Other men have written of the anuria that occurred in cases of this character, and have reported deaths due to this condition [10-15] Reports have been made of the cortical necrosis of the kidneys in these cases We wish to add to the literature four more cases of this type They will be discussed briefly at this time

Case Reports

Case 1 A patient, thirty years of age, had had two pregnancies, both ending prematurely, seven months and eight months Her chart listed her as a chronic nephritic. During the eight prenatal months of the present pregnancy, nothing unusual happened. Near the end of the eighth month, she developed some edema, albumen in the urine, and toxic psychosis Labor started spontaneously After several hours there appeared some bright, red, vaginal discharge The fetal heart disappeared abruptly The uterus became tense and hard, and the pain was continuous The dilation of the cervix was then two fingers The membranes were ruptured manually The vaginal bleeding became profuse, and there developed a marked degree of shock However, just prior to delivery, her condition seemed to improve, and one hour later she delivered a stillborn child. After delivery, the hemorrhage from the uterus was severe, and the patient again passed into a deep shock. There also appeared a large ecchymotic spot on the left labia majora, and one over the lower abdominal wall This spot was about six or seven inches in diameter Although there had been some manipulation of the fundus, there did not seem to be enough to cause this ecchymosis There was a positive Cullen sign There were also ecchymotic spots on the thighs and legs At the same time, the patient started to vomit dark red fluid which contained old blood, and continued throughout the next twenty-four hours During labor and for twenty-four hours later, no urine was



Fig 1 Uterine muscle on left with decidua basalis on right. Separation takes place in either tissue.

passed When she was finally catheritized, fifteen to twenty c c of pinkish, cloudy urine was obtained The total intake during this time was approximately 5000 c c. of fluid, including 1300 c c citrated blood. This blood was given after delivery Laboratory reports of the urine showed many RBC, WBC, and casts The NPN was fifty-three mg per 100 c c of blood

The next twenty-four hours the output of urine was 575 c c and the intake 6660 c c The output gradually increased to normal in the next two days In spite of the fact that she had 1300 c c of citrated blood, a secondary anemia developed Hgb dropped from fifty-nine per cent (9 gm) to forty-nine per cent (7 5 gm) RBC dropped from three-four to eighteen WBC remained about the same, 19,500 with a differential of eighty-six per cent polys and fourteen monos

Recovery was slow, as the convalescence was complicated with fever This patient still possesses an hemianopsia

CASE 2 Gravida I, age thirty-three Prenatium had apparently been normal except for a mild toxemia at the end Patient was admitted to hospital in labor Membranes previously ruptured seven hours and pains had begun five hours before admission When the cervix became 4½ fingers dilated, there developed a large amount of bloody flow The fetal heart ceased, and the blood pressure dropped The uterus became very tense, and was in a state of tetanic contraction Several hours later, the patient's condition became worse, pulse weak, and the patient passed into severe shock but seemed to rally before delivery Baby was delivered by craniotomy Following delivery there was a massive hemorrhage from the vagina, estimated at 1½ quarts The uterus and vagina were packed tightly The next twenty-four hours, the patient

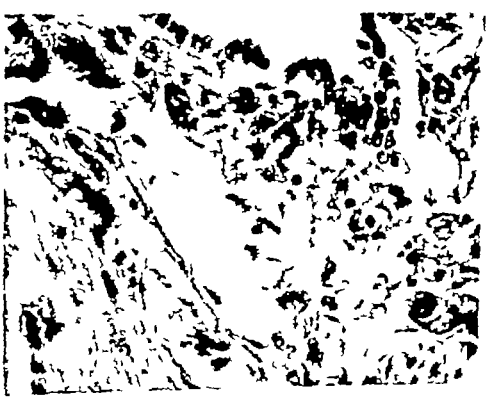


Fig 2. High power of uterine muscle in right lower corner with cells of decidua on right.



Fig 3 Section of placenta accreta. No decidua basalis found in this type of placenta. Separation cannot take place at this point

remained in severe shock most of the time Shortly after delivery, she started to have a more or less continuous regurgitation from the stomach of dark red bloody fluid which continued until death There also appeared an ecchymotic area about twelve inches in diameter on the abdominal wall deep red in color, and although there had been considerable manipulation, the amount of bleeding seemed more than could be expected Some small ecchymotic areas were noted on the arms and legs The intake of fluid the first twenty four hours after delivery consisted of 1400 c c. of citrated blood, 2200 c c of saline and intravenous glucose The total output during this time was only 120 c c of dark colored urine The next twenty-four hours, the intake was approximately 3000 c.c with an output of 108 c c The third twenty-four hours, the intake consisted of 1000 c.c. of citrated blood and 2500 c c of saline and intravenous glucose The total output was forty-five c c of dark colored urine Laboratory examination of the specimen showed RBC, WBC, and casts The third day the urine contained only RBC The patient died in severe shock before the third day postpartum ended Unfortunately, only one Hgb and RBC count was done, and is of little consequence Blood Na during shock averaged 145 mg , forty-eight hours later, 300 mg

CASE 3 A primapara, age nineteen, had been healthy and strong during pregnancy Labor started two weeks after the estimated date No signs of toxemia had been found at the clinic As labor started, she began to have headache and disturbance of vision with high blood pressure and albumen in the urine These became worse after she entered the hospital During the first stage of labor, the abruptio occurred Vaginal

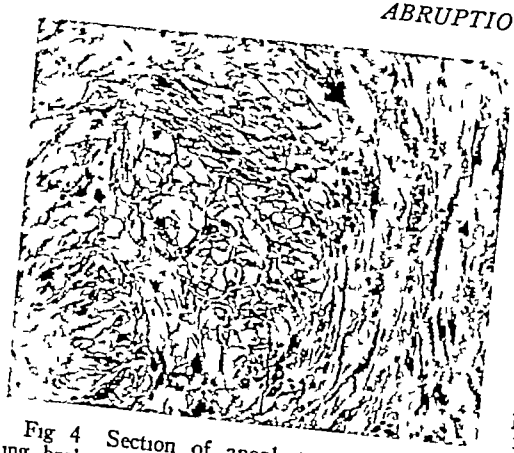


Fig 4 Section of apoplectic uterus, showing broken-up muscle cells, marked edema of muscle on right side, and some small areas of hemorrhage.

bleeding became profuse The uterus assumed the usual ligneous consistency The patient passed into severe shock, and the fetal heart disappeared The membranes were ruptured manually when the cervix was two fingers dilated Delivery was accomplished spontaneously two hours later During the latter part of labor, small ecchymotic areas appeared on the face, arms, and legs, with some larger hemorrhages about the vulva There was some bleeding from the gums She was transfused before and after delivery, and intravenous glucose was given almost continuously During the next twenty-four hours, 5400 c.c. of fluid was given by vein and clysis, and 700 c c of citrated blood was given The output was practically nothing during this time Examination of the urine showed many RBC, WBC, and casts During the next twenty-four hours, the output increased to 575 c c with an intake of approximately 4000 c c of fluid. Recovery was slow but complete The blood work is as follows

	1st day	2nd	3rd	4th	7th	8th
RBC	2,65			2 995	2,87	
Hgb	7 75 gm			7 6	8.5	
WBC	30 000			21,550	22 000	
Polys.	89%			88%	84	
L.Mononc.	4%			8%	8%	
Lymphs	7%			4%	4%	
Red	1.1%			2%	3 1%	
Platelets	140,000			160,000	310,000	
Sedimentation	7			23	10.3	
Icterus Index.	4			5.8	4.5	
VP\				45	36.9	
BS	54			118	95	
Serum protein	69	69	65	6.2	5.6	6.2
	6.3	118				

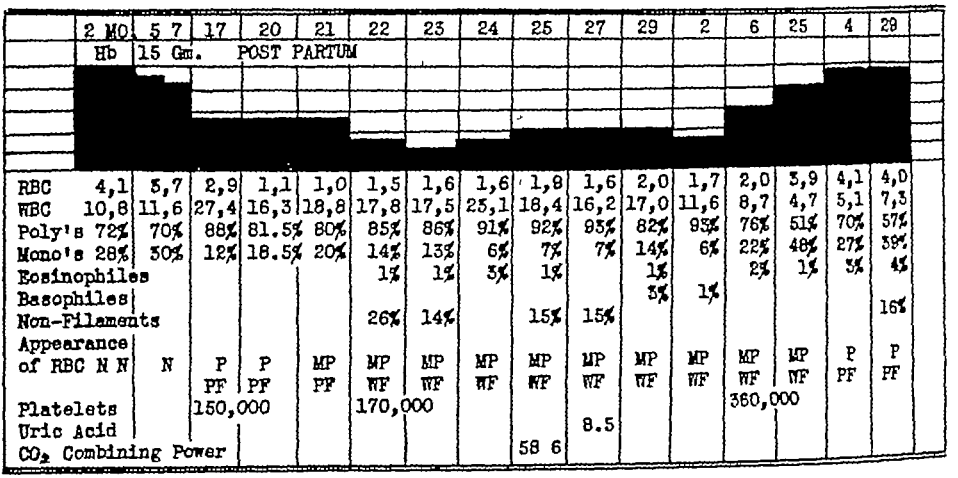
Case 4 Primapara, age thirty-seven Past history revealed that the patient had scarlet fever in childhood, with some kidney trouble She also had arthritis after the scarlet fever After extraction of a tooth, patient had a profuse hemorrhage Her prenatium progressed normally, except for some nausea and vomiting early, and development of a mild toxemia several days before labor Labor started with a sudden, severe pain in the abdomen At the same time the membranes ruptured, followed by a large amount of vaginal hemorrhage She entered the hospital twenty minutes later in rather severe shock The uterus was hard, tense, and in a state of continuous tetanic contraction The fetal heart ranged from 60 to 200 The maternal pulse was from 120 to 130, and the blood pressure was 80/60 There was a large amount of vaginal bleeding Diagnosis of abruptio placenta was made It was elected to perform a classical cesarean section for the following reasons (1) The patient's condition seemed too serious to tolerate a delivery below, (2) The head could not be engaged Ball technic had shown a plus 192 mm at the inlet, (3) It seemed the only way to save the life of the fetus

The section was done under general anesthesia As the uterus was opened, it was found to be filled with old clots A living child was delivered. Bleeding from the uterus was profuse and continuous The uterus also appeared grossly cyanotic and edematous The incision was closed with double layers of interrupted chromic No 2 and a continual layer of continual plain for peritonealization During the operation, the patient was given 600 c c. of citrated blood She was transferred to her bed in fair condition, although having more than the usual amount of vaginal bleeding Three hours later, the nurse noticed that the dressing had become saturated with blood The vaginal bleeding had become profuse and blood appeared from the transfusion puncture, the blood count puncture, and the gums There were ecchymotic



Fig 5 Gross placenta shows accumulation of blood in center, extending to one edge.

CHART I



RBC	4,1	5,7	2,9	1,1	1,0	1,5	1,6	1,6	1,8	1,6	2,0	1,7	2,0	3,9	4,1	4,0
WBC	10,8	11,6	27,4	16,3	18,8	17,8	17,5	25,1	18,4	16,2	17,0	11,6	8,7	4,7	5,1	7,3
Poly's	72%	70%	88%	81.5%	80%	85%	86%	91%	92%	93%	82%	93%	76%	51%	70%	57%
Mono's	28%	30%	12%	18.5%	20%	14%	13%	6%	7%	7%	14%	6%	22%	48%	27%	39%
Eosinophiles						1%	1%	3%	1%		1%		2%	1%	3%	4%
Basophiles											3%	1%				
Non-Filaments						26%	14%		15%	15%						16%
Appearance of RBC	N N	N	P PF	P PF	MP PF	MP WF	MP WF	MP WF	MP WF	MP WF	MP WF	MP WF	MP WF	MP WF	P PF	P PF
Platelets			150,000			170,000							360,000			
Uric Acid										8.5						
CO_2 Combining Power									58 6							

spots on the arms and legs She rapidly went into a deep secondary shock, in spite of ample intravenous glucose and more whole and citrated blood She remained in this deep shock for twelve hours During this time, the abdominal wound, although resutured, bled profusely The bleeding from the wound seemed to be a diffuse capillary one, and could be controlled only by manual pressure Twelve hours after the operation she was catheterized, and 100 c c. of dark red urine was obtained Examination showed it contained many RBC and WBC No casts or Hgb were found.

The next few days, she gradually improved from the shock, temperature varying from 99 to 101° F During this time her condition was not good, blood pressure and pulse hardly obtainable The ecchymosis gradually disappeared, and the bleeding from the wounds and other places was controlled

In summarizing the convalescence from this point, several conditions became problems

1 The problem of the kidney function, which had practically ceased
2 The problem of secondary anemia which was developing
3 The development of tetany with mineral changes became troublesome
4 Later development of polyneuritis of the nerves of the right arm and associated bony changes
5 The occurrence of arthritis three months and seven months after delivery

Chart I shows the function of the kidney During these ten days the patient remained conscious and presented no symptoms of uremia She developed some generalized edema, and the blood pressure elevated to 180/100 The abdomen which was distended was relieved with Wagenstein and Harris drip The abdominal wound healed by primary union After ten days, the urinary output started to increase and soon became a tremendous daily amount. On the ninth day, she began to have marked muscular twitchings followed by convulsions Her condition seemed precarious at this time, but after increasing the fluids, she seemed to improve considerably However, as the improvement occurred, the muscular twitchings became worse and a troublesome tetany developed These twitchings of the arms and legs were painful and annoying to the patient It lasted five or six days, gradually disappearing after treatment of calcium and parathormone Other signs of tetany were a blood calcium of six-eight mg, and a positive Chovetek and Trousseau sign The blood sodium, which during the last few months of pregnancy had ranged from 250 to 260 mg per 100 c c. of whole blood, dropped during the labor and for several days later to 150 and 160 mg A large amount of saline and glucose was given, and there was a gradual increase to 270-300 mg This was considerably over the estimated normal, probably the result of retention of urine.

The next factor which caused considerable worry was the progressive secondary anemia that was developing Chart II shows the change that took place in the blood picture During these days she developed some jaundice, and uric acid was found to be 8 5 mg

As soon as the kidney function was assured, two more transfusions of citrated blood were given The patient was also given liver extract and iron The improvement was slow but gratifying, and thirty-six days after delivery, she was discharged from the hospital Two weeks later, she noticed loss of motion of the right forearm and hand This was followed by pain in

the shoulder joint, and along the course of the nerves of the arm and forearm She then developed an arthritis of the shoulder joint and other small joints of the arm and hand No foci of infection could be found, and gradually she improved and resumed a normal life

Seven months after delivery, she had a tooth extracted, and the arthritis started again At present, she is being treated for that condition Her blood count is characterized as follows Hgb eighty-one per cent (13 5 gm), RBC 4,070,000, WBC 7,000, polys thirty-seven, lymphs fifty-two, large monos seven, reds well-filled.

Discussion

An analysis of sixty cases of definite abruptio placentae has been made It is felt that when there exists premature separation of the placenta together with a toxemic state, most anything can happen When such situations occur, there is a general systemic effect and one must be prepared not only to treat the local disorder, but must also anticipate blood changes and kidney disturbances

It may be possible that in individuals of this type, a toxic abruptio of the placenta may be the cause or result of an atypical purpura The fact that the bleeding time and platelet count were altered is suggestive. This purpura could be explained in several ways

1 It may be due to liver damage in connection with the toxemias of pregnancy

2 It may be due entirely to blood loss

3 It may be due to an increase in the stabilizing material in the plasma after excessive bleeding This may also be the result of liver damage

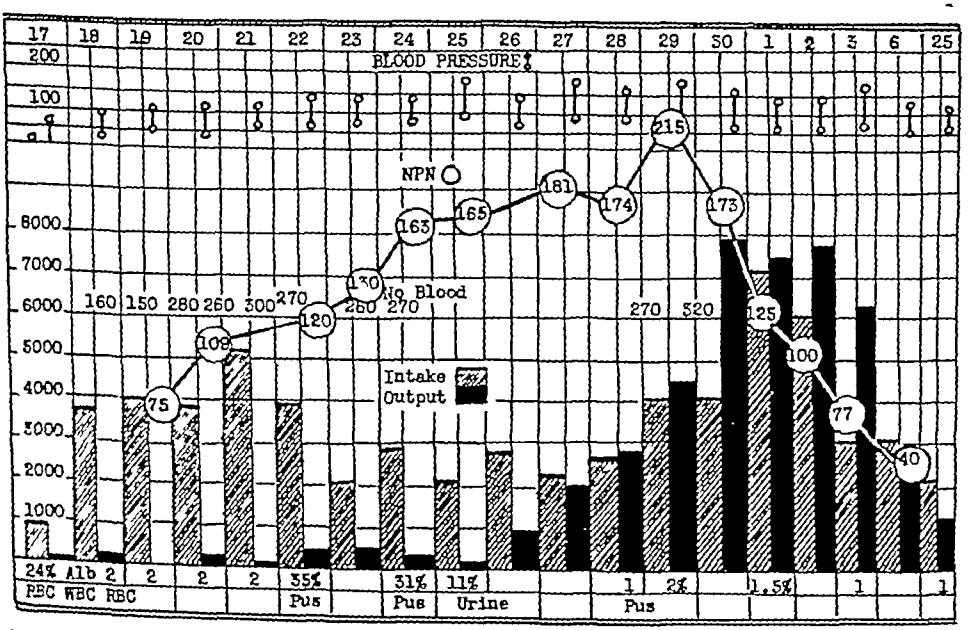
4 As Dieckman suggests, it may be due to a lack of fibrinogen

5 It is possible for patients to assume purpuric tendencies after large quantities of blood have been given. However, no reactions were obtained after any of the transfusions No blood was used unless it matched both ways and no such reaction has been noted when large quantities of blood have been given for other conditions

It is interesting to note the amount of secondary anemia that developed in these four cases, the blood decreasing considerably in spite of the rather large transfusions that were given In the three cases that survived, the return to normal was extremely slow No doubt, the toxemia present played an important part in this retardation

The function of the kidney played a definite role in the prognosis of these cases In two of the cases, the function was soon returned to normal The lack of urine in these may have been based upon the toxemia alone. However, both showed that the urine was definitely bloody The lack of kidney function

CHART II



contributed definitely in the one death Whether this oliguria and anuria is part of the prolonged shock, loss of water, cortical necrosis, tubular plugging or part of the general toxic state, it is impossible to say It must be remembered that this does exist, and that as an important part in the treatment of abruptio placentae, it is necessary to increase the fluid intake markedly, particularly by the venous route

It is also possible that the electrolyte balance is affected in this situation This was shown by the changes in the blood sodium in two patients, and the lowering of the calcium and appearance of tetany in another Blood sodium estimations were done by the spectrographic method on whole blood

Conclusions

1 The toxic type of abruptio placentae is the most dangerous

2 There are changes in the blood, kidneys, and other structures in the toxic type

3 These patients may show an atypical purpuric tendency

4 Blood transfusions, although an absolute necessity, must be given with care.

5 Large quantities of fluid are necessary to the patient

6 The electrolyte balance probably is affected and this should be considered in planning treatment.

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Discussion

Dr James K Quigley, *Rochester*—Dr Hughes experience in unusual complications of abruptio is, I think unusual, but might not these symptoms have resulted either from the transfusions or from vitamin deficiency? Sir James Young in a paper in a recent issue of the *British Medical Journal* proves the correlation of habitual abortion, some toxemias and abruptio, and ascribes the etiology to a lack of the corpus luteum hormone and lack of vitamin E Shute also suggests vitamin E deficiency as a cause, not only for habitual abortion but the similar condition, abruptio

The textbook picture of abruptio is so obvious as not to escape recognition, however by this time both mother and baby may be in jeopardy De Normandie and Shute both emphasize the importance of recognition of the milder forms of separation, the only symptoms of which may be sacral backache with a circumscribed tender spot in the uterus usually without external bleeding

The extent of placental separation does not always indicate the amount of hemorrhage Only two days ago I sectioned a case in the ninth month because of two rather sharp hemorrhages with a three weeks interval and a tender area in the fundus, and found a relatively small marginal separation

Abruptio may not be due to toxemia, but as both may have a common etiological factor, it would seem as though the cause of abruptio may be near solution

Dr Raymond J Pieri, *Syracuse*—In reviewing Dr Hughes' excellent paper, three important points appear to warrant additional emphasis or repetition

First, that in severe abruptio placentae there may result profound changes in the blood, the exact nature of which is not understood Indications point to some disturbance of the electrolytic balance. Whether this is a phenomenon associated with the profound acute blood loss, or is a result of the measures instituted to combat this (intravenous blood, saline, glucose, etc.) is not yet clear

Second, that oliguria and anuria are not uncommon, that kidney disease *per se* does not alone explain the acute onset of these manifestations, and that persistent anuria may be a contributory cause of death in a certain number of cases

Third, I wish to express a word of commendation for the rather unusually complete laboratory data presented by Dr Hughes in connection with certain of his cases More study by all of us in this direction may provide us with valuable information concerning the unusual clinical pictures which abruptio placentae sometimes creates

TUBERCULIN-TEST OF SCHOOL CHILDREN

Comparative Values

G W Weber, M D, *Albany*, F W Holcomb, M D, *Kingston*, and K. M Murphy

In view of the diverging opinions lately expressed as to the value of the tuberculin-test of school children and the importance of the role it should play in tuberculosis control, we wish to review a three-year test program which was carried out in the public schools by the staff of a County Tuberculosis Hospital and to compare its results with the results obtained by the routine examination of contact and suspect cases made in the same hospital during the same period

We will limit ourselves to an analysis of the method solely as a means of detecting the adult type of tuberculous pulmonary lesions This preliminary distinction is necessary A program which would extend to the discovery and also care of childhood type of lesions, would be wider in scope and would require a more complete organization, including a preventorium and continuous supervision of the children affected, the expenses of which few communities are ready to meet at the present time

The survey under consideration was carried out in Ulster County (New York State), which has a population of 80,000 —half urban and half rural Its anti-tuberculosis organization is centered in the Ulster County Tuberculosis Hospital which is only equipped to take care of the adult type of pulmonary lesions and which is also in charge of all extramural activities

In previous papers the essential features of this program have been outlined [1,2] The usual routine of educational preparation of the field through lectures and press propaganda was adhered to The Mantoux test was used throughout

As a result of the many surveys made in several parts of the country during these past years, especially in Massachusetts which have shown that the amount of clinical tuberculosis found among the grade school positive reactors is very small, the general consensus of opinion today seems to be that the test will produce its best results if applied (1) to the high school students, whose positive reactors would then be x-rayed or (2) to the entering pupils of the primary schools In this case, the adult household contacts of the positive reactors should be examined in an attempt to trace the source of infection This program, however, is not practical in all cases In most rural schools, for instance, several grades are grouped together Also, the several grades do not enroll the same age groups, and while in a rural school we may find pupils sixteen years old, we find in the high schools, children as young as twelve

Because our survey, besides case finding, had also propaganda purposes and because we wanted to offer our services to the rural as well as to the urban communities, we decided to apply the test to children of all ages When our program was actually well-organized and started, we found that it took little more effort to survey a whole school than a class or two From the very beginning we made it our firmest rule not to examine any grade school positive reactor unaccompanied by at least one responsible member of the family, in fact, we endeavored, whenever possible, to examine all the adult household contacts Consequently, we believe that ours is one of the few surveys of such extent in which a large proportion of household contacts has been examined

An important feature in our technic was the use of the fluoroscope as a first screen instead of the x-ray film Numerous records of those experienced with both types of examinations satisfactorily prove that the fluoroscope will reveal to the trained eye any significant parenchymal lesion It enabled us to reduce the number of films to be taken from between eighty-five to ninety per cent When one

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 25, 1937

considers that the cost of a finished film is around seventy-five cents while the cost of the fluoroscopic examination has been estimated at about fifteen cents per capita, it is easy to foresee the economy that can be effected This item is very important in communities which have long since gone off the prosperity standard

During the three years under consideration, we tested 8,953 grade school pupils, 2,113 high school students, and 380 normal school freshmen, a total of 11,446 Respectively the positive reactors were 1,242 (13 8%), 575 (27%), and 147 (36%), a total of 1,964

The individuals examined were 828 grade school pupils, 667 high and normal school students, and 984 adults, a total of 2,479 For practical reasons we have classified the normal school freshmen with the high school seniors, with the exception of a few over twenty years of age who have been classified as adults

The findings of these examinations, limited as we have said to the pulmonary lesions of adult type, are reported in Table I

In Table II we have classified the children examined and those found with lesions according to age groups We have also tried to tabulate in the same table the adults examined and those found with lesions according to the age groups of their children As some of these adults had more than one child, we have classified them according to the age group of their youngest child

The study of the figures relating to the adults is of some interest We can see that the number of cases found among them does not vary greatly according to the age groups of their children Therefore, the assumption, theoretically sound, that we would find proportionally more cases among the household contacts of the positive reactors of the first grades is not confirmed in our survey by actual results We are unable to explain this discrepancy In fact, we failed to find a single case of tuberculosis among the adults whose children were younger than nine years, and furthermore, if we had classified the adults who had more than one child positive reactor in the age group of the oldest child, we would have found only four cases belonging to the household contacts of children ten years or younger

The number of cases found among adults was 3 4 per cent of the examinations and three times larger than the number found among the pupils The stages of disease for the two groups were eight minimal, one moderately advanced, and one advanced, for the pupils, for the adults, twenty-one minimal, nine moderately advanced, and one advanced This gives an average proportion of seventy per cent minimal lesions

How do these figures compare with those produced by the routine examination of contact and suspect cases? During the three years considered in the above survey, the hospital conducted regular biweekly clinics to which household contacts of known cases and individuals with suspicious symptoms were admitted From November 1, 1933 to September 1, 1936, a total of 1,843 new patients of these two categories were examined and x-rayed with the resultant discovery of 227 new cases of tuberculosis, or a little more than eleven per cent, in the following stages seventy-nine minimal, seventy-six moderately advanced, and seventy-two advanced—an average of thirty-five per cent minimal lesions

It is evident from the above figures that the numerical advantage rests with the contact-suspect-case examination method, which yields by far a larger number of new cases of tuberculosis On the other hand, the tuberculin-test method appears to lead to the discovery of twice

TABLE I

	Minimal	*Moderately Advanced*	*Advanced*
Grade Schools	3		1
High and Normal Schools	5	1	
Adults	21	9	1
Total	29	10	2

TABLE II

	Up to 10 years	*11–15 years*	*16–20 years*
Number of children examined	349	654	492
Children found with tuberculosis	1	2	7
Number of adults examined for each age group	426	431	44
Number of adults found with tuberculosis	14	13	4

as many cases with minimal lesions, and it is upon this fact that much emphasis has been placed by several writers who advocate it Dr William Paul Brown, for instance, in a comparative study of economy in tuberculosis case-finding through the schools, reviews also the results obtained by the traveling clinics of the New York State Health Department in the examination of suspect-contact cases Noting that only forty per cent of the cases found through these clinics were in the early stages, he asks "Should not this conspicuous failure . . move us to try other methods of case-finding even though such methods are less productive and more expensive?" [3] In our opinion the New York State Clinics cannot be taken as an indicative basis for comparison They are not permanent and they do not reach "typical groups" unless we consider the individuals examined by them as typical of communities where no active and efficient anti-tuberculosis organization exists and where, as a result, we would expect to find a large percentage of advanced lesions Early discovery of the disease depends on several factors beside the method used The education of the public, the cooperation of the medical profession, the establishment of good field nursing service, etc., all contribute to the fulfillment of this purpose. A more detailed analysis of our figures, for instance, will lend support to this point Our hospital was opened at the end of 1931 and did not start an active routine Clinic service until the beginning of 1933 Due to the hearty cooperation of the local physicians, to an intensive educational program, and to efficient field work, the percentage of minimal lesions among the contact-suspect group in the past three years has steadily and gradually increased as follows

Sept. 1933 Sept. 1934	Minimal 23%	Advanced 45%
Sept. 1934-Sept. 1935	Minimal 27%	Advanced 31%
Sept. 1935-Sept. 1936	Minimal 50%	Advanced 21%

Moreover, there is another important consideration to be made In evaluating either method we must not be content to draw conclusions from statistics alone The importance which the newly discovered cases have as public health problems, and how many of them as such are to be considered potential sources of infection and therefore in need of supervision and treatment, must also be taken into account Dr Korns, in a recent paper, has pointed out that "the solution of the problem of tuberculosis eventually will lie not so much in early diagnosis as in prompt diagnosis and isolation of open cases to minimize contacts after these cases become communicable" [4]

Undoubtedly, most of the cases detected through the regular clinics had active lesions They came to us either because symptoms or physical signs had led their physician to suspect the disease, or in the case of contacts, because they were the possible infecting source or infected victim of the original known case. Therefore, their lesions, when discovered, were all clinically significant to us, even if minimal

Altogether different seems to be the condition of the group of patients found through the tuberculin-test survey While, of the ten school pupils, eight had active or suspiciously active lesions, this was so only for sixteen of the thirty-one adults, and among them only six of the twenty-one we had classified as minimal Therefore, if it is true that the tuberculin-test method results in the detection of a higher percentage of minimal lesions, it is also true that the routine clinic examination produces a higher percentage of active lesions, which is what interests us from the public health and tuberculosis control point of view

Parenthetically, we may note that the distribution of the sixteen adults with apparently active lesions had no particular relation to the age of their children Nine of them were parents of children in the age group six to ten, and seven, of children in the age group eleven to fifteen

The comparative per capita cost is also an ever present subject of discussion Unquestionably, the tuberculin-test method has proved to be the more expensive. In those communities where its application has required the organization and upkeep of an entirely new and independent unit, and especially where the positive reactors alone, without their parents, have been x-rayed, the expense has been entirely out of proportion to the meager results obtained, with consequent disparagement of the method However, we cannot base a cost analysis on these instances If we consider a tuberculin-test

survey developed collaterally as an extra duty activity by the full time staff of a tuberculosis hospital, which is already conducting a well-organized clinic, then the extra expense would be limited to the cost of the x-ray films, and of a few incidentals which would keep the per capita cost low enough to make such a survey, if not highly productive, at least sufficiently attractive from the financial point of view This will be more so if the fluoroscope is used as a first screen

We have so far considered the immediate practical results of the two methods and their economics The conclusion as to their comparative merits is obvious

But there is another value in a tuberculin-test survey—a value which we believe transcends even that of the clinical aspect, namely, the education of the public The general information which is disseminated preparatory to the actual testing constitutes a form of propaganda which cannot be equalled in any other way We gave many informal talks to various groups and meetings throughout the county, thus gaining ample opportunity for explaining and discussing the problem of tuberculosis Through this medium we reached a large proportion of the population which it would have been difficult to reach otherwise Still more important, the examination of the parents has brought them in direct touch with us as we have always made it part of our policy to have a personal interview with each family before the examination, explaining to them the meaning of the test, of the positive reaction, and the advisability of the examination The fluoroscopic examination which was carried on in family groups greatly impressed them and helped in their understanding of our purpose In this way we directly contacted about 550 families in all walks of life who will in the future, we hope, contribute their measure to health propaganda in their respective communities

Dr Korns in the paper cited above writes "The x-raying of high school students, while it may reveal little significant tuberculosis, has educational value, as it makes it more likely that students examined in this way will in the future submit to or even seek an x-ray examination should it seem desirable" And we have direct proof to support that. A year ago, curious to ascertain what educational results, if any, our campaign was having among our people, we decided to submit a set of questions to the senior students of our largest high school Many of them had been tuberculin-tested and fluoroscoped, but had never been given lectures relating to the subject and, therefore, we felt that their answers would reflect, more or less, any discussions which might have taken place in the family group By way of comparison we put those same questions to the senior students of two high schools of two contiguous counties where practically no tuberculin-testing had ever been done The answers of our 425 students had a decided advantage over the answers of the 519 students of the other two schools The best illustration is the question, "If you were fearful that you had pulmonary tuberculosis or 'lung troubles' what would be the best method of determining this?" Our students answered correctly (x-ray or fluoroscopic examination) in the proportion of sixty-seven per cent to seventeen per cent of the students of the other schools

Viewed under this light, there is no question that the tuberculin-test has its own place, and a very valuable one in the anti-tuberculosis set-up However, as a case-finding method it has its limitations and, therefore, it cannot and should not be considered as a substitute for the more effective, more productive, and coeteris paribus, more economical method of contact-suspect case examination

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CARCINOMA OF THE SKIN

Practical Phases

JOSEPH JORDAN ELLER, M D, *New York City*

Skin carcinoma, because of its accessibility, offers opportunity for early diagnosis and adequate therapy In no other field is it possible to obtain such good results Despite this, the United States Public Health Service reported in 1934 that there were approximately 3,300 deaths from skin cancer or about three per cent of the aggregate mortality from cancer of all types and locations Today the responsibility is on the general practitioner as well as the specialist, for lowering the mortality rate of cancerous skin tumors

Malignant skin tumors are best classified according to their histopathology They may be placed in two main groups according to whether they arise from epithelial or connective tissue elements Malignant growths arising from epithelial cells are called epitheliomas or carcinomas, those originating from connective tissue are called sarcomas In this paper, only the malignant neoplasms of epithelial origin will be discussed These constitute the vast majority of malignant new growths found in the skin The melanoma group, carcinoma of the mouth, and also the subject of sarcomas will appear in subsequent articles

The epidermis consists of several layers, all representing the normal changes which the epithelial cells undergo as they grow from the lowest layer toward the surface. The lowest layer (stratum basale or str Malpighi) consists of large columnar cells which divide by mitosis, thus forming other cells which, during their advance toward the surface, are subjected to a gradual process of keratinization

The classification of skin carcinoma depends on the type of epidermal cells which is found in the epithelial new growth *first*, the basal-cell tumor consisting of basal cells, *second*, the squamous-cell tumor in which the prickle cells predominate Mixed tumors containing both epidermal elements are not uncommon and are called basal-squamous-cell epitheliomas

As a third supplement to the two main groups may be considered the intraepidermal epithelioses (Bowen's disease, Queyrat's erythroplasia, and other conditions) whose cells possess characteristics of malignant degeneration, but still remain localized within the epidermis, at times they may break through

The above classification is, of course, rather broad, and cannot be regarded as completely applicable to all conditions, but the terminology of the mentioned new growths has proved practical for the establishment of a therapeutic regime and for the determination of the prognosis, since the pathologic findings as well as the location must in all cases indicate the methods to be employed in the treatment

Cutaneous epithelioma frequently originates in apparently normal skin, the larger percentage, however, may be observed in previously altered skin These changes may be caused by intrinsic or extrinsic factors which originate either from normal physiologic processes or from abnormal influences Senile atrophy of the skin, at times prematurely produced by prolonged frequent exposure to sun, wind, etc, is a predisposing factor in the formation of skin epitheliomas Carcinomas of the skin may arise in areas of chronic inflammation The prototype of this class is the "lupus cancer" Other skin conditions which may assume malignant degeneration are nevi, condylomas, roentgen ray or radium dermatitis, persistent tar irritations, leukoplakia, and others

Squamous Cell Carcinoma

Although the squamous cell carcinoma is not seen as frequently as the basal cell type, it is much more important because of its highly malignant character It grows more rapidly and may metastasize early, therapeutic measures may be less effective, and when unrecognized or inadequately treated its course may frequently be fatal The prickle (squamous) cell carcinoma usually occurs singly This neoplasm most frequently is seen in the fifth or sixth decade of life, but it may



Fig 1 Basal cell epithelioma showing destruction of eyeball

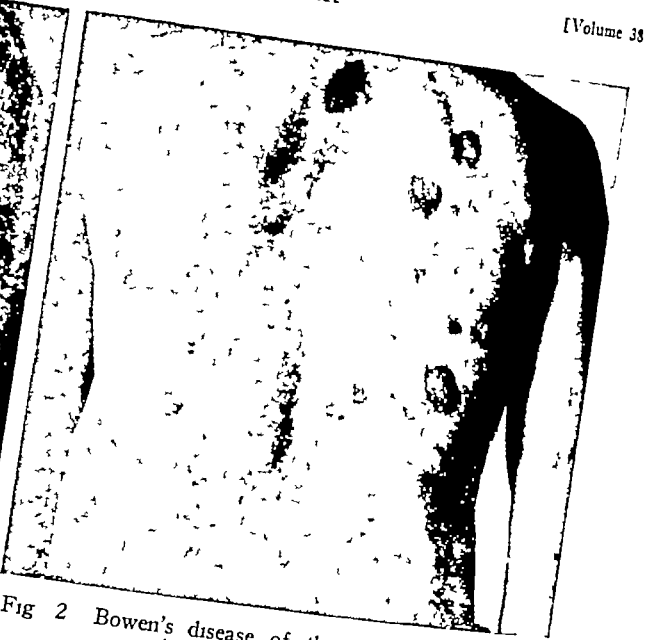


Fig 2 Bowen's disease of the skin. (Corroborated by microscopic study)

occur at any age It is extremely rare in the colored race While no area of the skin is immune, the most frequent sites are the mucocutaneous junctions of the mouth or the genitalia, or on the skin of the extremities

The tumor sometimes arises from apparently normal skin or it may have its origin in skin which has previously undergone other pathologic changes Its initial appearance is difficult to recognize as a malignant growth A small papule or a slightly infiltrated wart would scarcely excite suspicion of a beginning cancer Later the tumor may ulcerate or bleed easily on trauma, thus for the first time



Fig 3 Basal and squamous cell epitheliomas developing on xeroderma pigmentosum.





Fig 4 (*left*) Basal cell epithelioma of eight years duration, undertreated by x-ray and radium with recurrences Removed by surgical excision and plastic repair Fig 5 (*right*) Same case showing cosmetic result.

suggesting the presence of a malignant lesion

The squamous cell epithelioma in the skin usually grows very slowly but may metastasize early, evidence of local destruction in the surrounding tissue sooner or later makes its appearance The lesions vary from a ¼ cm to several inches in diameter and may assume various clinical characteristics In the beginning the tumor may be verrucous, papillomatous, nodular or crateriform with the edges rolled, ridged or irregular The necrotic base of the ulcerated lesions is frequently covered with a firm adherent crust

In its further development the growth may locally involve the subcutaneous structures, such as fascia, muscle, and bone In the early stage of infiltration the regional lymph nodes may be affected individually and may be freely movable. Later, however, the lymphnode capsules may break down with subsequent infiltration of the tumor cells into the surrounding area. Then generalized carcinomatosis and possible secondary infection may lead to a fatal termination Despite the many clinical forms which the squamous cell epitheliomas may assume, there are certain definite symptoms which aid in diagnosing the disease Usually slight trauma to these lesions may cause bleeding The classic symptom of the so-called







Fig 6 (*left*) Epithelioma of left temporal region of eight years duration undertreated by irradiation with recurrences Fig 7 (*center*) Same case showing extent of excision by scalpel Fig 8 (*right*) Same case showing successful skin graft with full thickness of skin taken from pubic region for retention of hair



Fig 9 Epithelioma with radium ulcer of nine years duration Treated by means of surgical excision with full thickness skin graft taken from behind ear

"cancer pearls" is almost pathognomonic for the squamous-cell cancer These horny pearls are small globules resulting from the keratinization of the carcinoma cells and on slight pressure can be squeezed from the tumor mass They may be observed with an ordinary lens Another characteristic which is sometimes seen is the peculiar hardness of the base or the edges of the lesion This symptom may be so marked that at times the cancer is mistaken for a chancre The presence of regional lymphadenopathy would render this error more likely but negative findings from repeated darkfield examination would soon clarify the situation

Squamous cell cancer can simulate other dermatoses and for this reason the true nature of any such lesion should always be determined by microscopic study of a section of tissue The biopsy should be performed as early as possible, for if malignancy exists delay in therapy may lessen the patient's chances The biopsy, however, is not without an element of danger, since slight trauma in some instances may stimulate the cancerous tissue Therefore, it should not be performed unless proper therapeutic procedure can be followed shortly In certain cases, all necessary preliminary arrangements for such procedure should be made, if possible, before the tissue specimen is taken The microscopic study will determine the therapy depending on the type of growth and degree of malignancy

In considering the prognosis of squamous cell carcinoma, one must not be misled by any misconceptions regarding the relative malignancy of these tumors as compared with neoplasms of other organs Because the physician is often able to observe the evolution and growth of the cutaneous cancer, he should not be led to procrastinate, but should regard it as a disease which greatly endangers life The earliest possible destruction of a squamous cell cancer is necessary to avoid metastases

The prognosis depends upon the extent to which the cancer cells have spread around the primary focus and whether or not the lymphatic system has been invaded The problem of dealing with metastases must be envisaged from both the surgical and radiologic viewpoints

Basal Cell Carcinoma

The basal cell carcinoma is the type of epithelioma most frequently seen on the skin As already explained this disease produces characteristic histologic and clinical features which are essentially different from those displayed by the squamous cell cancer

Several observers have demonstrated that the individual lesion may have multiple points of origin Their site of predilection is on the face but they may be found on almost any area of the skin Like other epitheliomas, they usually



Fig 10 Same case as Fig 9 showing cosmetic result

occur in persons between forty and sixty years of age, although they have occasionally been seen in children They may involve areas of skin ranging in size from a pinhead to several inches in diameter and may differ greatly in their clinical appearance They may be superficial or deep, nodular or ulcerative

At times they may be papillomatous or fungating from the beginning The typical basal-cell epithelioma, however, usually begins as a small, slightly elevated nodule, having a rolled or pearly border and a surrounding zone of erythema with or without telangiectases On palpation it is hard and slight trauma may produce bleeding In its further evolution, ulceration and superficial extension may occur The designation "rodent ulcer" has been applied to this clinical type A bloody crust sometimes covers the crater, which upon removal may expose a small amount of pus, indicating the presence of secondary infection Attachment to adjacent or underlying structures may be observed, depending upon the site, the depth, and the evolutionary stage of the lesion



Fig 11 Squamous cell epithelioma involving mucous membrane of entire right cheek, duration about one year Treated by means of gold radon implants and roentgen rays given through external part of cheek. Radiation also to glands of neck.



Fig 12 Same case as Fig 11 showing result with no recurrence in four years

The basal cell epithelioma practically never metastasizes Those rare instances in which basal cell carcinomas have been reported as having metastasized are open to question It is the author's belief that if serial sections of such cases are studied microscopically, they will invariably prove to be mixed types of basal cell and squamous cell epithelioma In order to avoid such possible error, the specimen of tissue taken for biopsy should be sufficiently large, and if indicated, several sections from different levels could be examined

From the clinical viewpoint the basal cell carcinoma is regarded as relatively benign It grows very slowly, and on rare occasions has been reported as healing spontaneously Notwithstanding, it should never be regarded as harmless, for if left untreated, or if insufficiently treated, it may undergo rapid growth penetrating and destroying the underlying tissue even to the periosteum and bone Basal cell epithelioma has been known to have caused the destruction of so important an organ as the eye It may cause seri-

ous cosmetic damage. Finally, as has already been mentioned, the previously normal squamous cells, neighboring upon the basal cell epithelioma, may assume malignant qualities under the stimulus of the chronic irritation resulting from the products of abnormal cancer cell metabolism. This process would change the characteristics of a basal cell carcinoma which would then assume those of the more malignant squamous cell carcinoma.

In the literature certain forms of basal cell epithelioma have been described as containing excessive pigment. The recognition of these so-called "pigmented basal cell epithelioma" is important because without histologic examination this form may easily be confused with a melanoma. In view of the mistaken preoperative diagnosis of melanoma made in one of the writer's cases, as well as in several other instances reported in the literature, it is not unlikely that a considerable number of similar lesions have been mistakenly reported as treated, cured melanoma. In view of their pathology, their clinical course, their prognosis and treatment, these lesions really belong to the group of basal cell epithelioma with pigment.

Aside from these instances, basal cell cancers are not always easy to diagnose clinically. Since it is almost impossible to determine the real character of the epithelioma by clinical observations only, the same directions should be observed as were mentioned with respect to the squamous cell epithelioma, namely (1) take a biopsy for microscopic study at once when a lesion is suspected of being a cancer, (2) follow the biopsy with adequate treatment as early as possible.



Fig. 13. Squamous cell epithelioma of left side of tongue in patient with lues. Excision by high frequency knife and therapy with permanent gold radon implants through left side and base of tongue.



Fig. 14. Same case as Fig. 13. Gland appeared in side of neck three months after excision and radium therapy to tongue and roentgen rays to neck. Block dissection done. No recurrence in seven years.

Intraepidermal Epitheliomatoses

In addition to the described cutaneous cancers, there are other comparatively rare conditions having a certain relationship to carcinomatous changes in the skin. They each have specific clinical as well as histologic characteristic features. Their activity may be confined within the epidermis for many years. However, any of them may spontaneously assume more malignant characteristics. It cannot be definitely stated whether these diseases are slowly growing superficial carcinomas or dermatoses

sui generis (precanceroses) which may undergo carcinomatous changes sooner or later At any rate, their relationship to the cutaneous cancer is obvious and important

Multiple superficial flat epithelioma is the first of these conditions in which the cells are quite similar to real cancer cells While most lesions show cells of the basal cell type, some contain squamous cells or, more rarely, mixed basal and prickle cell elements The eruption is usually found in persons between thirty and sixty years of age. It originates in apparently normal skin without any manifestations preceding it There are practically no subjective symptoms The mature eruption presents multiple reddish-brown discoid lesions which are almost level with, or slightly below the surrounding skin While they are usually found on the chest, back or abdomen, they may occur in almost any region Patches vary in size from $\frac{1}{4}$ inch, to areas seven to eight inches in diameter There may be five, ten, or even hundreds of discrete individual lesions While some of the mature lesions may resemble an ordinary basal cell epithelioma, others may simulate a chronic dry eczema or even patches of psoriasis, Bowen's disease, arsenical keratosis, or the discoid forms of lupus erythematosus

Among the significant features in diagnosis is the presence of a very slightly elevated, thin, waxy, palpable border In most instances the waxy line is seen only when the skin is stretched Another significant sign is that infiltration is absent in most of the patches, their surface being smooth Other longstanding lesions, however, impart a sense of resistance to the palpating finger Occasionally, telangiectasia and central atrophy in the scars may be present The lesions usually do not undergo central erosion or ulceration

Another condition belonging to the intraepidermal epithelioses is Bowen's disease This lesion is characterized by



Fig 15 Kraurosis vulvae with development of prickle cell epithelioma. Note atrophic and glistening mucous membrane (This illustration appeared in the *British Journal Derm & Syph*, 42.263, 1930)

lenticular or discoid papules of rose, fawn, or brown color, some of which present a central depression, while others are villous or papillomatous They have a tendency to become confluent and form large plaques which may be covered with firm, greyish, adherent scales or crusts, which when removed reveal usually a moist and oozing base but which may be smooth or papillomatous The papules may be nonelevated, rounded or irregular patches which are sharply defined Sometimes the surface presents an atrophic appearance Bowen's disease may occur at any age and both sexes are equaly affected The lesions are usually multiple and distributed on the trunk, the limbs, and occasionally on the face There is no tendency to symmetry Some patients complain of a mild pruritus, while others are troubled with slight discomfort from pressure of

the clothing The disorder is extremely chronic, very slowly progressive within the epidermis and the lesions may be present and unchanged for many years

Erythroderma of Queyrat is a third group of the so-called "precanceroses" The cases described in the literature give the impression that the lesion always becomes a malignant neoplasm This condition appears on the penis, more frequently the glans and the inner part of the prepuce, the glans clitoris and other parts of the vulva, the lips and buccal mucosa, but rarely the skin itself The erythroplasia is formed by one or several circinate, slightly elevated, red lesions of different sizes, mostly smooth, shiny and



Fig 16 Squamous cell epithelioma developing in lupus vulgaris lesion

dry, very rarely oozing and eroded There are no scales and crusts Before the lesions assume malignancy, they may exist unchanged for many years

Perhaps the most frequent and important of all endoepidermal epitheliomatoses is "Paget's disease of the nipple," which is seen usually in women over forty years of age It generally begins as a keratotic erythema of the nipple, associated with some pruritus, and soon develops into an eczematoid condition of the area, spreading over parts of the breast and producing a moist, slightly indurated erythema The surface may become partly eroded and covered with crusts or fine scales The condition may further spread to the axilla and even cover a large portion of the chest The nipple may be retracted in more advanced cases Occasionally, before any dermic lesions are seen, a serous exudate may be present on the nipple

Paget's disease of the nipple has also been observed in several cases in extramammillary regions of the body, such as the abdomen, arms, neck, and face, where it presented the histologic characteristics

The disease assumes a special place among the canceroses of the skin, for in a great percentage of the described cases, real cancer of adjacent tissue could be found especially in the milk ducts This fact gave the impression that all the cases of Paget's disease might be intraepidermal metastases of an existing carcinoma, corresponding to the nodular skin metastases In other cases, however, even very thorough examinations failed to reveal the primary cancer Therefore, we have to consider at least a part of the cases as real "canceroses" or primary intraepidermal epitheliomatosis with intraduct invasion The presence of this condition should make one suspicious of concealed cancer in every case

Treatment

As the various cancerous skin lesions may change their character and malignancy, the one common principle to be followed is early eradication of the lesion It may be emphasized once more that the interval between biopsy and radical treatment has to be restricted to a minimum, since partial excision may be a provocation of the malignant growth which is left *in situ* Small suspicious tumors are better excised *in toto*, and examined histologically for determining the type of malignancy, and the indication for further treatment.

The only reliable methods which have stood the test of time are surgery, roentgen rays or radium (Included as surgery are the excisions by scalpel or the high-frequency knife, and destruction by electrocoagulation or thermocautery) Only practical experience guides one to judge which therapeutic procedure is indicated in the individual case It may be said that surgery and irradiation are measures which work differently, both of which



Fig 17 Squamous cell carcinoma of lower lip removed by high frequency knife. Filtered x-rays to neck.

should be applied in order to utilize every possible agent placed at our disposal Each case, however, must be considered as an individual problem The anatomical location, size of the lesion, infiltration, the age and the general condition of the patient, all determine the therapeutic regime to be selected

Surgical excision is definitely indicated where the skin cancer has infiltrated neighboring organs or involved the lymphatic system While the cosmetic results in the treatment are to be considered, they should not influence the adequacy of the treatment Parts of the bordering healthy tissues should be removed with the local lesion The removal or destruction may be done by the scalpel, or by the so-called high frequency knife, electrocoagulation or the actual cautery

Irradiation includes the application of roentgen rays and radium which have almost identical effects on the cells, but radium can often be more conveniently employed because of the flexibility of its application Radioactive substances may be used in the form of plaques for surface irradiation or in form of needles and so-called "seeds" for interstitial therapy The quality and quantity of roentgen rays must be adapted to the individual case While small and flat epitheliomas may be treated by a single massive dose of relatively soft, unfiltered roentgen rays (2000-4000 r), larger infiltrating tumors, especially those of the prickle cell type, require large doses of hard roentgen rays given in divided amounts at proper intervals

Irradiation with roentgen rays may have some advantage over surgery in certain cases The inconveniences of an operation are spared older patients Conditions such as diabetes and cardiac diseases do not preclude this type of treatment

Finally, irradiation in certain cases, may give better cosmetic results than can be obtained with surgical measures However, there are some disadvantages with the irradiation technic. With large tumors, the period of retrogression may take weeks or months Moreover, if irradiation fails, the condition of the tissues such as fibroses, etc, may make it more difficult for surgical removal and repair by plastic surgery Due to the long period of therapeutic irradiation, the patient under such treatment may be forced to withdraw prematurely, and thus interfere with the desired results

There are certain areas in which some form of surgery is more desirable than therapy with irradiation For instance, epitheliomas of the earlobe and adjacent skin, are treated much more effectively by means of surgery Then again, epitheliomas of the lower eyelid involving the conjunctiva, in my opinion, should never be treated by irradiation, but always by excision with plastic repair

Radium can be given interstitially, and this is where it has its greatest advantage for large tumors as it can be employed with either needles or seeds in the form of radium emanation ("radon") Gold



Fig 18. Same case as Fig 17 showing no recurrence in ten years

seeds are usually allowed to remain permanently *in situ*, and the platinum seeds are removable in about ten days

Further advantages of interstitial radium therapy are (1) continuous and homogenous irradiation of the tumor over a long period, irradiating the cells in all successive mitotic stages, (2) avoiding the possible development of radioresistance by interrupted irradiation, (3) avoiding the damages of irradiation to normal tissue

Some authors prefer to give interstitial treatment by means of radium needles because they are removable, but practically they have no distinct advantage over radon seeds The latter, when left in place are apt to cause a foreign body fibrosis which is harmless or may even be advantageous Needles have a tendency to be displaced, but the seeds do not Finally, the application of seeds is made very easy by means of a special instrument, and hospitalization is frequently unnecessary The patients have practically no discomfort or pain from the permanent implants

During and after the roentgen or radium treatment as well as after the surgical intervention, the skin should be treated with mild ointments Any irritating application should be avoided

The local treatment of cutaneous cancer by chemical caustics, applications of carbon dioxide snow or reducing ointments can no longer be seriously considered, since there is not sufficient destruction or control A great number of cases still remain mistreated by such manipulations today, and they represent an essential part of the cutaneous cancers which end fatally

Conclusions

1 Although there are many forms of cutaneous cancers and precanceroses with different clinical courses, each of these conditions must be considered as malignant on account of their possible change in character

2 Adequate treatment of cutaneous epitheliomatoses consists of surgical destruction or excision and irradiation with roentgen rays or radium or both combined Generally the combination of surgery and irradiation is to be recommended

3 Thorough histologic examination of the specimen is absolutely necessary in every case to determine the degree of malignancy, therapeutic procedure, and prognosis

4 Biopsy should be followed by adequate treatment as early as possible. Loss of time may lessen the patient's chances for a favorable result

5 Each case is an individual problem in itself and the therapeutic procedure must be determined accordingly

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GERMS IN HIS WHISKERS, BUT—

"One thought makes me look back with gratitude and love to the old family doctor," remarks Dr William Henry Welch in an interview published in the *New York Times* "The old fashioned family doctor treated people. The doctor of today treats disease The old family doctor, though he had a long beard where germs abounded and even a spotty vest, knew his patient and in many cases the patient's family and his physical peculiarities If medicine were an exact science I should say, 'Yes, the family doctor has outlived his generation' But it is not, and he has not" Which moves the editor of the *Illinois Medical Journal* to observe that those white-coated machines who look upon each patient with the cut-and-dried aloofness with which an entomologist regards a new bug or a botanist a fresh sprout are lacking in the vital spark that makes a physician a great man

The germs in the beard of the old fashioned doctor are well consigned to the limbo of forgotten things, but what needs to be raised again from the dead is the kindly, encouraging, absolutely human look on the face of the old fashioned physician that made the suffering human feel that in him lay a friend who was both willing and able to pull him through the rough places and whose presence was almost as excellent a panacea as his pills This may be a machine age, but the people who live in it, fortunately, continue to be human beings, and a certain amount of humanity is necessary in dealing with them

The old fashioned family doctor treated people The doctor of today treats disease.

THE COMPLEMENT FIXATION TEST

A Diagnostic Aid in the Control of Gonorrhea

EMILY DUNNING BARRINGER, M.D., F.A.C.S., *New York City*

No biological test is one hundred per cent infallible The Wassermann test may have its false positives, and the Widal test may not run true to form, but where would the diagnosis and treatment of syphilis be without the Wassermann or Kahn tests, and how crippled we would be if typhoid fever detection had no Widal to rely on

Gonorrhea is considered to be one of the major public health problems in the community It involves each member of the human family — man, woman, and child

The finding of the gonococcus of Neisser in the discharges has been considered the criterion of diagnosis of gonorrhea

There is a very great difference in the ease with which this diagnosis can be established in the component members of the human family

1 *In the adult male* it is relatively easy, owing to the anatomical facts that the genital organs are mainly external, and that the urethra is large. There is little trouble in obtaining positive spreads and cultures from the urethral and prostatic discharges, in fact the male posterior urethra has been described by some as an ideal culture chamber

2 *In children,* in the male the same statement holds good In little girls before puberty with an infantile uterus and immature sex organs, one is dealing practically with one large cavity—vagina plus cervix. As a rule positive spreads and cultures are not difficult to obtain in these cases

3 *In the adult female,* however the problem is totally different. Here we are dealing with a set of organs, that are essentially internal, difficult to reach, in close proximity to the peritoneum, and organs which are subject to profound physiological functions Namely, menstruation, coitus, pregnancy, and the puerperum

In the adult female there are three fairly definite clinical stages in a gonorrheal invasion of the genital tract

1 *The acute stage* Positive spreads and cultures are generally obtainable.

2 *The subacute stage* Spreads and cultures may still be positive, but are rapidly becoming doubtful If the infection improves and cleans up in this stage as many cases do, and all the clinical symptoms and spreads and cultures become negative, then you will have the ideal outcome—an early cured case

If this were all there was to adult female gonorrhea the problem would be as easy as that of the adult male and we would have few worries as to diagnosis and treatment.

3 But unfortunately we have the *chronic stage* of adult female gonorrhea to consider Here the gonococcus travelling by direct extension may have involved the depths of Bartholin or Skene's glands, the deeper layer of the cervix, the Fallopian tubes and ovaries, and finally formed perimetritic exudates

The external genital clinical picture may have become negative, the spreads and cultures may and generally do become negative, the whole picture suggests the woman is cured, and free from gonorrhea, and she is discharged as such from medical care. Yet each month she may throw off active gonococci from the deeper layers of the uterine mucosa during menstruation, and with each act of coitus she may release virulent gonococci from the depths of her Bartholin glands

As the adult female fills the role of prostitute in our society, she is the usual purveyor of gonorrhea from victim to victim The real problem of gonorrhea then, centers around the chronic stage in the adult female, with suspicious or negative clinical, and suspicious or negative bacteriological findings A convenient blanket diagnosis of "clinical gonorrhea" has been used to cover this difficult group of cases

It is only one who has had to face this problem, and been obliged to decide the destiny of these unfortunate women, who can appreciate the gravity of this problem of so-called "clinical gonorrhea" It is natural that other laboratory tests should be sought to help in solving this problem of diagnosis

In 1907 Teague and Torrey [1] separated

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 26 1937

ten different strains of gonococci from different sources into three serological groups by means of the complement fixation test and concluded that a polyvalent antigen should be used if the best results were to be obtained

Schwarz and McNeil [2] in 1911, reporting on their work on a complement fixation test in the blood for gonorrhea, stated that the test was absolutely specific

Dr William H Park, Director, and Dr Anna W Williams, Assistant Director of the Research Laboratory of the Department of Health, New York City, in association with Dr R J Wilson, Director of the Bureau of Hospitals, had various studies on the gonococcus carried on In this way from about 1919, certain short research studies have been made on the female Gonorrheal Service (which later was to become the Kingston Avenue Hospital Service)—Dr Anna Williams taking the bacteriological aspect, Miss M A Wilson the serological, and Dr E D Barringer and Staff the clinical Several of these short surveys were financed by Dr Park on private grants

In 1922 before the Gynecological Section of this Society at its annual meeting, I gave a preliminary report [3] on "The Value of the Complement Fixation Test in Gonorrhea in Women," quoting a series of 256 cases which had been subjected to a simultaneous study of spreads, complement fixations, and clinical findings The conclusions of this series had been carefully checked by Park and Williams They are as follows

1 We are willing to make a definite diagnosis of gonorrhea on a ± C F G, which we consider a weakly positive reaction, as we are satisfied that a non-gonorrheic does not give a positive reaction

2 The complement fixation test in women has a distinct value, which is greatest in the chronic and subacute cases from the standpoint of diagnosis and prognosis

3 It is of less value in acute cases, from the standpoint of diagnosis, but probably equally valuable from the standpoint of prognosis

4 The subsidence of the complement fixation with the clinical symptoms is proven in this series

5 The reappearance of a high complement fixation reaction during convalescence suggests an active focus

6 A persistent negative complement fixation with positive bacteriological findings is rare, and at this date we are unable to explain it satisfactorily

7 A persistent negative complement fixation with negative clinical and bacteriological findings we believe can be interpreted as an index of the probability of a cure of gonorrhea in women

8 We suggest as a tentative and entirely arbitrary standard that, in order to pronounce a cure of gonorrhea in women, it is necessary to have these three persistent negative findings over a period of six months. We fix this arbitrary time, as we believe the cure in women is probably somewhat slower than in men

To those of us who participated in the special research, the results of this series were most hopeful and worth-while The test gave a far higher percentage of positive diagnoses in "clinical gonorrhea" than any other But there seemed a strange reluctance on the part of physicians and laboratory workers to perfect the laboratory end of the test There was a certain complacency about letting "clinical gonorrhea" cover these undiagnosed cases and the complement fixation test was considered unreliable and useless

While condemning the test it was interesting to note that clinicians and laboratory workers failed to bring forward any other test that compared in efficiency with the complement fixation as done by an expert

We determined therefore to find out why the complement fixation was considered so unreliable, and the matter was discussed with as many representative authorities as could be found The criticism of instability was very widespread, but by hunting for the reasons for this, there was a consensus of opinion as to two general faults

1 The great difficulty of getting a stable standardized antigen

2 The need of a highly trained technician who thoroughly understands the test. This test cannot be successfully carried out by a half-trained indifferent technician, such as are often found in the big laboratories where there is a mass of routine work to be turned out.

As neither of these objections seemed insurmountable we determined to repeat our former series and go over the whole ground again under ideal conditions and with the same people conducting the entire research, thereby eliminating the personal

equation This time however we wanted to do it on a big enough scale to include cultural work so that in proving the cases *not* gonorrhea, we might find out what other organisms were giving the symptoms

These were the reasons which prompted a second study of the problem of so-called "clinical gonorrhea"

We, therefore undertook a simultaneous study,[7,9] including (1) the bacteriologic findings by Dr Anna W Williams and staff, (2) the serologic findings by Dr Archibald McNeil and staff, and (3) the clinical findings by Dr E D Barringer, Director, and staff *

Two hundred cases were taken, which had been admitted to the service as gonorrhea for further diagnosis and treatment

Result of the Survey

Several general observations were made from this simultaneous clinical, bacteriologic, and serologic study of these 200 cases

1 The results of this second series of cases show that the conclusions as to the value of the complement fixation test, are practically identical with those presented on the first series quoted above

2 We believe that we have an antigen that can be standardized and made entirely practical and that this test should be used by specially trained technicians who thoroughly understand it

3 Bacteriologic examinations, especially cultures have proved that organisms other than the gonococcus may be responsible for many cases of "clinical gonorrhea"

Over a period of years there has been a large group who have contributed directly and indirectly to the working out of this test in the Research Laboratory of the Department of Health and Kingston Avenue Hospital, Department of Hospitals, New York City—William H Park, M D, Anna W Williams M D, J C Torrey, M D, Archibald McNeil, M D, M A Wilson, Annis Thomson, M D, Agnes Hamann, Mary V Forbes, Norma C Styron, Pauline Bristol, Lucy Mischelow, Edda VonBose, M D, D. F Crowley, M D, Hyman Strauss, M D, E D Barringer, M D

The results of the work of this research group in gonorrhea in the female have four times been presented to the physicians of the United States in the Scientific

TABLE I—CORRELATION OF POSITIVE, DOUBTFUL AND NEGATIVE BACTERIOLOGICAL, SEROLOGICAL, CLINICAL FINDINGS IN GONOCOCCUS ISOLATION (Research Group, Kingston Avenue Hospital)

Spread (Smear)	*Culture*	*Comp. Fix.*	*Clinical*
			POSITIVE
+	+	+ + + + + + + + + +	A. Acute cases with active inflammatory symptoms. B Subacute cases, inflammatory symptoms. C Certain chronic cases, "latent foci."
			DOUBTFUL
D A D B	D A. D B.	(Weakly positive) ± —Trace (Wilson)	Generally Subacute cases, subacute inflammatory symptoms.
			NEGATIVE
—	—	—	A. Negative clinical findings B Evidence of old pathology

TABLE II—COMPARISON OF READINGS OF THREE INDEPENDENT GROUPS WORKING ON THE COMPLEMENT FIXATION TEST

Research group New York City (Many hundreds of cases)	*Orpwood Price London (Many thousands of cases)*	*Hirschland, H & H C Pennsylvania State Department of Health (Hundreds of cases)*
	POSITIVE	
+ + + + + + + + + +	+ + + ±	+ + + + + + + + + +
	DOUBTFUL (Weakly Positive)	
± —Trace (Wilson)	±	±
	NEGATIVE	
—	—	—

Exhibit of the American Medical Association, and once before the Interstate Postgraduate Association and International Assembly

Today fifteen years after my preliminary report during which time I have continuously worked on this problem I come before you again, and wish to state that I stand more firmly than ever by the conclusions of our first series I feel I should definitely speak in the first person as I do not consider it fair to involve any

*This survey and others that followed were made possible by generous funds donated by Honorable Lucius N Littauer, New York City, Mrs. Charles Day, Philadelphia, and other public spirited citizens

colleague in a statement in regard to a controversial subject which may not exactly represent the opinion of that colleague Therefore, I personally state that, from observation of many hundred additional cases on my Service in the hospital and in private work with Park, Williams, McNeil, Thomson, Hamann, and Forbes, I have come to feel that the complement fixation test, as we know it, is of surpassing value in the diagnosis, prognosis, and treatment of female gonorrhea

I am entirely aware of the fact there are other groups of research workers who feel otherwise One of the most usual remarks in regard to the accuracy of the test is "Oh yes, it is a good test if McNeil or Thomson do it," and I have heard the same of Price of London This I believe is a very important criticism No test that cannot be standardized and reproduced exactly can have a universal value We must have a test that is as accurate in San Francisco and New Orleans as it is in Boston or New York It is of very great moment then, that I can report the following corroborative findings to you Price of London working on the complement fixation test in the early years of our work, and at no time (that I know of) comparing his findings with us, published [4] in 1931 his series of 7,000 cases with substantially the same results that we had arrived at This paralleling of our work was quite coincidental

In his monograph of 1935 reporting on an improved antigen which he considers more sensitive, he further substantiates his previous claims [5] He states that he has used the test 40,000 times during the past five years

Another most heartening confirmation of our technic comes from an institution under the State Department of Health of Pennsylvania Harold Hirshland, M D and Helen C Hirshland, A B, in 1932 were so impressed with our results that they undertook a similar survey in a state institution similar to Kingston Avenue Hospital In 1936 they reported [6] a series of 227 cases (giving a total of 545 gonococcus complement fixation tests) with findings that entirely paralleled ours This was no coincidence, only faithful repetition I quote from their report

The complement fixation test employed, is the standard technic of Drs William H Park and Anna W Williams with the checked standardization of complement. The antigen employed in the gonococcus complement fixation test is the purified protein antigen of 5 Torrey strains prepared by Dr Archibald McNeil In the effort to obtain the best possible results, Dr McNeil's technic was closely followed This report contributes no modification or variation of a technic already proven satisfactory, and we are content if these results parallel the excellent results obtained by Drs Barringer, Strauss, Crowley and McNeil

Debatable Points

In order to appraise these problems, one must have an intimate understanding of the correlation of the clinical picture with the laboratory findings This intimate understanding can only come from painstaking bedside observations of large enough groups of cases over sufficiently long periods of time Thus during these many years of observation in the Kingston Avenue Hospital, we have come to consider that there is a serological curve which follows the clinical and bacteriological curves of a gonococcus invasion in the female

Thus, in the *acute stage* of gonorrhea one may expect the clinical curve at its height, fever, pain, leukocytosis, local inflammatory symptoms, probable positive spreads and cultures, with the complement fixation reaction usually negative until the third to fifth week, when it usually gradually rises

During the *subacute stage* the clinical curve is gradually coming down (in uncomplicated cases), spreads and cultures are becoming suspicious or negative, but the complement fixation is still going up or remaining high

In the *chronic state* (if progress is satisfactory) the bacteriologic findings become negative and the clinical curve and complement fixation curve subside together

In the male the serological curve is apparently somewhat different McNeil and Price both warn against an erroneous interpretation of a minus reading in the chronic stage Here with a positive spread or culture one may obtain a negative complement fixation reading This occurs occasionally in cases where massage of the prostate has been routinely used and the focus of infection changes from a closed to an open one with consequent

lack of antibody formation Price found this occurs in three per cent of the cases in a series of 200 cases

Readings of the Complement Fixation Test

There must be an understanding or agreement about these Our Research group, Price, and the Hirshlands all run lower readings than certain other workers I believe that our ± group probably covers many cases that might be rated + by others

This in turn may account for many of the "False Positives" readings complained of In my opinion these readings of "plus minus" ± and "minus trace" fit many of those borderland cases, with doubtful bacteriological and clinical findings

Another reason for "false positives" is faulty technic McNeil draws attention to the fact that "false positives" may be obtained by not adhering rigidly to the various steps in the laboratory procedure

The danger of cross fixation with the meningococcus or catarrhalis is often stressed as being a detriment to the value of the gonorrheal complement fixation test

Both McNeil and Price state there is little to fear in regard to this being a practical dilemma in the use of the test.

The effect of the vaccines on the gonorrheal complement fixation curve is generally transient, unless the case is uncured, in which case there may be a flare-up of latent symptoms

The effect of the vaccine generally disappears about six weeks after the last injections

The effect of the filtrate Corbus-Ferry on the complement fixation curve seems to be rather more tenacious McNeil is studying this group of cases with much interest.

It is important, therefore, to know whether an individual has been under vaccine or filtrate therapy in using the complement fixation curve in tests of proof of cure.

With these debatable points accentuated, and the accomplished facts of the test ignored, gonorrhea is mentioned in the medical literature of the world in a discouraging and hopeless way—always compared with syphilis which has a standardized test for diagnosis and a specific treatment It is magnificent that the medical authorities of the world have syphilis on the run, which they surely have But why allow another, even more prevalent, arch enemy to ravage us, while we are waiting to get syphilis under control?

We have a great deal more help at hand with which to fight gonorrhea than we seem willing to realize, and make practical use of If we could reduce the problem by one-quarter or one-third we could soon begin to close in on the remaining difficulties The diagnosis of gonorrhea in the female adult cannot go forward without some other tests for diagnosis than the spread and culture, and the tests for proof of cure in the female must also be based on something more comprehensive than the spread and culture

There seems to be no other test that holds out the hope of this serologic test, namely the complement fixation Why not take this test and use the parts we are sure of, and constantly and unremittingly work on the debatable details?

Let me suggest some of the practical uses of this test

It would have a great usefulness in detecting cases of gonorrhea, if required in conjunction with a bacteriological and physical examination before granting licenses to marry

Let us take a hypothetical situation We have one hundred young women between twenty-one and thirty, applying for nurse girl jobs in a hospital or orphanage, to care for children of diaper age Suppose we insist on a complement fixation test for gonorrhea Perhaps fifty per cent will show some reaction ranging from ± to 4+, suppose ten of this group give readings 2+, 3+, or 4+ These ten cases would be promptly eliminated as being probably infectious The remaining forty cases showing ± or + could be medically passed on, and kept under observation and assigned to jobs other than immediate bedside care of the helpless babies That would leave fifty young women who might be assigned to the wards Of course in this fifty there might be one or two cases of acute gonorrhea that had not developed or might never develop a complement fixation reaction, but the chances would be that they would have clinical symptoms such as discharge which could be discov-

ered in the general medical examination By such a cleavage we would have reduced the chances of a gonorrheic infecting babies from fifty to sixty per cent down to one or two per cent There is a hard business value in regard to this procedure Not long since I was called, as a medical expert, on a case where a parent was suing a hospital for damages to a little daughter, who had contracted gonorrhea while in the hospital It was proven that the night attendant, who cared for this child, was in active gonorrhea The hospital lost heavily in the verdict Consider how different the jury would have felt if it had been shown that the hospital had picked its attendants only after using every possible test to detect venereal infection

These instances cited are only two of the many practical ways in which the complement fixation test will help in the fight against gonorrhea

In closing I quote Price who has aptly put into words three thousand miles from here, the worthwhileness of this test.

The principal object of this monograph is to stimulate interest in this test and to demonstrate its reliability I hope that the results of the researches published in this paper will hasten the time when the test will be used as frequently in the diagnosis and treatment of gonorrhea as the Wassermann reaction is used in the management of syphilis When this is achieved, the diagnosis, treatment, and cure of the disease will be on a surer foundation, and the clinician will not be forced to rely, especially in the later stages of the disease on nebulous reports or on the chance discovery of the gonococcus in smears and cultures To those pathologists who still maintain that the test has no place in the diagnosis of gonorrhea, I would suggest that if they give this technique a trial their labour will not be in vain

114 E. 54 St

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As a class, physicians are dyed-in-the-wool sport fans They like their football, basketball, baseball, etc, and many physicians will be found in the rooting section at most any athletic event worthy of attendance, remarks the *Ohio State Medical Journal.*

Because most physicians know sports and also because they know something about the effects of physical exercise, they are in a position to speak advisedly on the health aspects of competitive athletics

Sometimes we wonder if enough physicians are taking a sincere, active interest in checking up on this situation, especially with respect to competitive athletics among grade and high school youngsters

In a recent issue of the *Illinois Medical Journal,* a Kewanee, Illinois, physician filed a written protest against the new emphasis being placed on speeding up various games, especially basketball, which is played by more youngsters in all probability than any other game. He pointed out that the speed-up which has been given to basketball will endanger the health of many adolescents, unless substitutions are made at regular intervals and more rest periods allowed

An important point has been raised. It might be advisable for county medical societies to discuss this matter with school officials and for individual physicians to advise parents of youngsters engaging in competitive athletics that some restraint should be applied, if possible.

Never let it be said that the medical profession wants the younger generation to become a society of pansies and wall-flowers, but, by the same token, it doesn't want youngsters to become chronic invalids as a result of preventable stress and strain during the important years of adolescence

PROBLEM OF PERIPHERAL VASCULAR DISEASE

ARTHUR N CURTISS, M D, *Syracuse*

The increased interest in the study of peripheral vascular disease in the past few years has resulted in the addition of much valuable information and significant advance in the treatment of this condition Many cases which were formerly discarded immediately into the hopeless group for which little could be done are now being relieved of symptoms and having their span of comfortable existence increased by the intelligent treatment of those practitioners willing to carefully study such cases The field is still in its infancy and, it is only by the exchange of data and experiences of many observers, that the most rational advances will be made This contribution is presented with the hope of focusing the attention of more physicians on the problem, and to emphasize the point that much useful information can be gained and worthwhile results obtained by very simple means

When a local condition of faulty circulation of the extremities is thought to be present, several pertinent questions immediately present themselves

Is the condition due to a disturbance of flow into the extremity (arterial) or, is it due to interference of return flow (venous or lymphatic)?

If the condition is arterial in origin, is it due to obliterative disease, or is it due to spasm?

If venous, is it due to organic change in the walls of veins, or is it due to pressure from without, obstructing flow?

If these questions can be accurately answered, considerable progress has been made. The treatment of these various conditions is fundamentally entirely different and is the basis for the statement that accurate diagnosis is the most important part of the problem of peripheral vascular disease

The differentiation of arterial and venous disorders can often be made by symptomatology and the appearance of the extremity A limb which is receiving an insufficient supply of blood due to arterial disorders usually gives the story of numbness, coldness, pain after exercise which is relieved by rest (claudication), rest pain, discoloration of dependent parts, pallor when elevated, or trophic changes of skin or nails Any combination of these may be present On inspection, the skin is thin, scaling, and wasted, the nails ridged and thickened, ulcers may be present, and there is reddish discoloration in the dependent position Arterial pulsations such as popliteal, posterior tibial, and dorsalis pedis are deficient or absent and the foot may be cold Wasting of muscles is sometimes marked

Venous disorders on the other hand usually result in a pallid swelling If a main channel is involved, such as in the pelvis, the whole extremity is involved If due to varicosities, these can be seen and swelling is confined to the parts distal to the affected veins Arterial pulsations are present unless so much swelling has occurred as to compress the arteries As the result of long-continued venous stasis, so-called stasis dermatitis may be present which may be so severe to cause death of tissue, with consequent ulceration, and there is often brownish pigmentation of the skin above the ankle The extremity is usually warm

When the decision that there is disturbance of arterial flow is made, several further questions immediately present themselves Is the disturbance due to vasospasm or to obliterative disease, and if the latter, is the condition predominantly of large or of small vessels? These questions are extremely important because choice of treatment depends on their accurate answer They can be answered by careful physical examination together with oscillometric and skin temperature determinations The oscillometric readings are a measure of blood flow in major vessels which can be graphically recorded The height of the curve depends on several factors, most important of which are elasticity of the arterial wall and amount

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CHART I—NORMAL FLOW

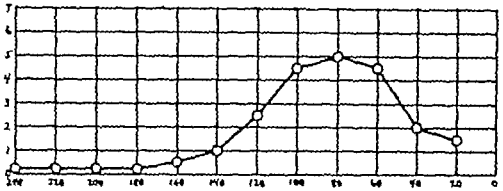


CHART II

Diminished flow in major vessels of thigh and almost total occlusion in leg Arm for comparison.

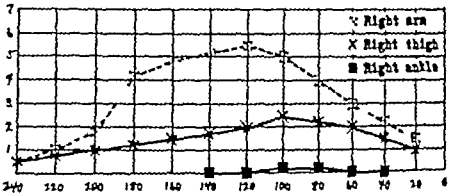


CHART III

Good flow in thigh. Diminished flow in leg

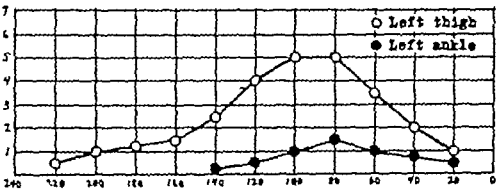


CHART IV

Good flow in thigh Total occlusion in leg due to embolism at popliteal bifurcation.

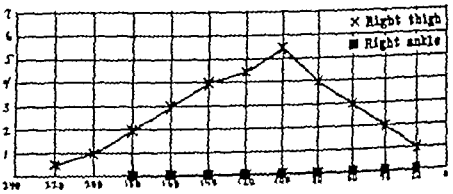
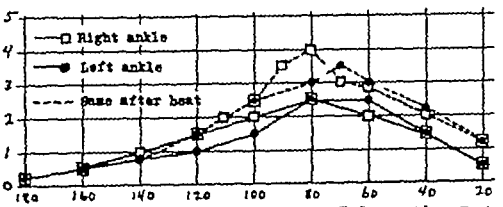


CHART V

Diminished flow due to spasm with some dilatation after heat.



Temperature Readings		Before	After Heat
	Right 1st toe	26 1°	32.0°
	Sole	26 1°	32 1°
	Left 1st toe	25 0°	32 8
	Sole	26 8°	32.5°

of blood flow through it It has definite limitations in that the ordinary apparatus can only be applied successfully as far distal as the ankle and it does not give an index of amount of collateral flow which usually does not pulsate (Charts I-V)

The skin temperature readings are an index of flow in small vessels if done under suitable conditions They should be done under constant conditions of temperature and humidity, but still are of considerable value, when a constant temperature room is not available, if done at a fairly low room temperature (20-24°C) If apparatus for measurement of skin temperature is not available, much worth-while information may be obtained by the simple observation of feeling of the foot, and noting whether it is cold or warm A cold foot means that less than the usual supply of blood is reaching the foot, and in the presence of a warm foot under the above mentioned conditions, blood flow must be fairly adequate

By combining and interpreting the oscillometric and skin temperature readings, before and after vasodilatation by heat, the question of whether the condition is spastic or obliterative and whether involvement is predominantly of large or small vessels can usually be determined Vasodilatation can be produced by immersing the opposite extremities (arms when legs are being studied) in warm water or by simply wrapping the patient in blankets for an hour When the latter is done a hot water bottle is placed at the back below the shoulders A good "sweat" is desirable When previously cold extremities become warm under these conditions, and skin temperature is increased without the application of external heat to the extremities, the increase of temperature can only come from increase of blood supply—constricted blood vessels have dilated to carry more blood to the part When a skin temperature of twenty-four or twenty-five increases to 31 5° or higher, this is indicative of release of a definite angiospasm Conversely if marked obliterative disease is present, the skin temperature fails to rise to the normal level of 31 5° (Table I)

As stated before, the oscillometric readings are a measure of blood flow in major vessels For ordinary purposes, readings are taken of the thigh and lower leg or

upper and lower arm A decrease in height of the curves is indicative of decrease in blood flow An increase in the height of the curve after heat is indicative of increase of flow in major vessels By combining the information obtained by these determinations the type of pathological physiology present can be determined and located in either small or large vessels This can best be shown by Table II

Of course, as in most fields of medicine, not every case will fall clearly into one of these arbitrary divisions and combinations of lesser and greater degrees of these various conditions are encountered However, it is usually possible by careful study to decide whether a case is predominantly spasm or obliterative disease, and whether the involvement is predominantly in large or small vessels For purposes of intelligent treatment, the above diagnosis of the pathological physiology present is more important than classification into the older stereotyped diagnoses such as Raynaud's and Buerger's disease Many of the cases of angiospasm formerly loosely called Raynaud's disease are found to be secondary to some other condition, such as nervous exhaustion, foci of infection, toxic states, etc. One case of marked angiospasm was seen in a woman who had severe thallium poisoning from a depilatory ointment, and I believe it is only fair to assume that there was a definite connection Diseased arteries are also particularly prone to spasm and many cases in which there is mild organic arterial disease show a large element of spasm In fact, the organic change may be so slight as not to produce symptoms were it not for the added factor of spasm Most of the cases of true obliterative disease fall into the three groups of senile arteriosclerosis, diabetic arteriosclerosis or thromboangiitis obliterans, but some cases of thromboangiitis seem clearly to be infectious in origin and different from the classical Buerger's disease

When the type and location of pathology has been determined as accurately as possible, successful treatment is often possible Some of the newer forms of treatment have produced spectacular results in some cases Because of this, and the attendant publicity which they have received, the tendency is on the part of some men to expect and urge that every case of vascular disease receive passive vascular exercise This can only result in discredit to this form of treatment for, if carefully studied, it would be evident that many cases are not suitable for this procedure, or should receive more benefit if treated by other means

TABLE I—SKIN TEMPERATURE READINGS

		RIGHT		LEFT	
		Exposed to room temp	*After 1 Hr in blankets*	*Exposed to room temp*	*After 1 Hr in blankets*
Case 48	Toes 1	26 3	27 0	26 4	27 1
	2	26 5	26 9	26 7	27 2
	3	26 8	27 5	26 5	27 5
	4	27 2	27 9	26 8	27 9
	5	28 2	29 1	26 9	28 1
Avg Temp Toes		27 0	27 68	26 66	27 56
Case 23	Toes 1	25 2	32 2	25 4	32 4
	2	25 1	31 9	25 4	32 7
	3	24 8	31 9	24 7	32 4
	4	24 6	31 0	24 6	32 0
	5	24 6	31 4	24 8	32 4
Avg Temp Toes		24 86	31 68	24 98	32 38

TABLE II

Oscillometric readings		*Skin temperature readings*		*Type of lesion*
Room temp	*After heat*	*Room temp*	*After heat*	
Good		Good		None — normal findings
Poor	No inc.	Poor	No inc.	Obl. Dis. Large Vessels
Good		Poor	No inc.	Obl. Dis. Small Vessels-
Poor	Good	Poor	Good	Spasm — Large Vessels
Good		Poor	Good	Spasm — Small Vessels
Fair	Mod. inc.	Fair	Mod. inc.	Obl. Dis. and Spasm — Large Vessels

In our series of cases less than thirty seven per cent of those studied were thought suitable for suction and pressure therapy

It should be strongly emphasized that spectacular as some of the results have been, none of the newer methods can result in miracles and that dead tissue cannot be restored In no other field in medicine is the need for early diagnosis and treatment more imperative if satisfactory results are to be attained

STATE TOWER BLDG

Discussion

DR J HERBERT CONWAY, *New York City* —In the past fifteen years the subject of therapy in peripheral vascular disease has been given much discussion A wave of conservatism has entered into the treatment advocated by internists and surgeons alike No longer is an individual who suffers from the symptoms of peripheral arterial insufficiency considered a certain candidate for radical surgical treatment Today he is subjected to the methods of improved diagnosis which have been so thoroughly outlined by Dr Curtiss These improved diagnostic measures allow for a more accurate interpretation of the impaired vascular dynamics of the extremity under consideration and allow for a more intelligent use of the many new methods of conservative therapy

It was in 1924 that Brooks[1] called attention to the use of the tourniquet test as a diagnostic measure Giving, as it does, much information on the probable rapidity of increase in the vascular efficiency of an extremity it led to a more thorough consideration of the pathologic physiology of an arterial system which had been impaired by acute or chronic disease In the execution of this test a tourniquet is applied to the thigh Temperature observations are then made over the distal portion of the extremity In the normal subject, after release of the tourniquet, there is a gradual return of the peripheral temperature to normal (Chart VI) In patients with vascular disturbances the return of the temperature to normal is less rapid In these observations subcutaneous tissue temperatures were taken with a needle style thermocouple Following the stimulating ideas of Brooks, other diagnostic and therapeutic measures made their appearance on the field of peripheral vascular therapy (Chart VII)

Conservative measures advocated in the care of patients suffering from circulatory insufficiency of the extremity include the following

I Bed Rest

II Heat

1 Vasculator
2 Diathermy
3 Warm blankets
4 Electric light
5 Infrared rays

III Reduction of vasospasm and increase in vasodilatation

1 Elimination of tobacco
2 Elimination of exposure to cold
3 Elimination of ergot-containing foods
4 High calcium diet
5 Administration of parathormone
6 Administration of acetylcholine
7 Administration of pancreatic extract
8. Administration of extract of skeletal muscle
9 Administration of thyroid extract
10 Administration of theobromine
11 Iontophoresis with acetylmethylcholine
12 Administration of hot drinks
13 Administration of alcoholic beverages
14 Administration of papaverine
15 Reflex vasodilatation produced by immersion of upper extremity in hot water bath
16 Administration of typhoid vaccine

IV Methods directed at Decreasing the viscosity of the blood

1 Intravenous administration of hypertonic salt solution
2. Intravenous administration of sodium citrate solution

V Exercises

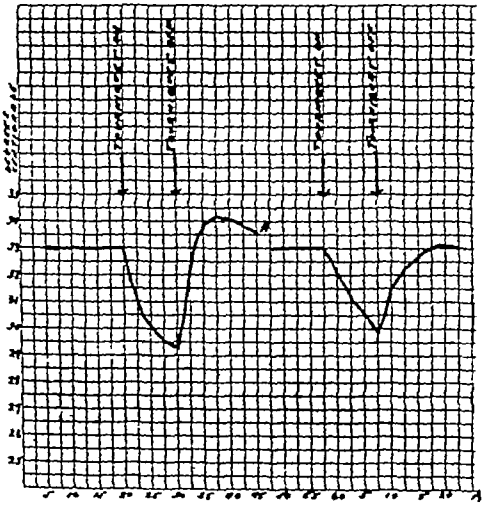
1 Active
  a Buerger-Allen exercises
2 Passive
  a. Alternate suction and pressure
  b Intermittent venous occlusion
  c. Sanders Oscillating Bed (Fig 1)

VI Surgical measures

1 Relief of Pain
  a. Peripheral nerve block
  b Peripheral nerve section
2 Alteration of circulatory balance
  a. Ligation of major vein
  b Femoral arteriectomy
3 Increase in vasodilatation
  a. Periarterial sympathectomy
  b Sympathetic ganglionectomy

The value of the simpler conservative measures such as bed rest and the application of external heat has long been known Care of the skin and nails, prevention of local trauma, and other details in the conservative management of peripheral vascular disease have been masterfully emphasized by Reid[2] The methods of application of external heat have been exploited by the manufacturers of mechanical appliances for increasing the environmental temperature in the region of the involved extremity

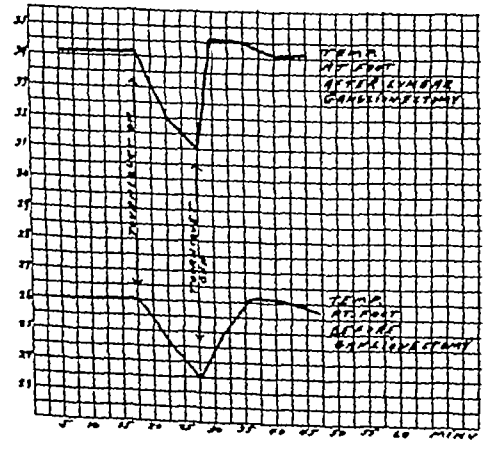
CHART VI—VARIATIONS IN NORMAL RESPONSE TO TOURNIQUET TEST



(A) Tourniquet applied with subject prone and after elevation of leg for two minutes
(B) Without elevation of leg Veins engorged while tourniquet was in place.

The general measures advocated to reduce vasospasm and increase vasodilatation have included the elimination of certain toxic substances which have been shown to produce constriction of the arteriolar bed. Silbert,[2] Lampson,[4] and others have called attention to the importance of tobacco in producing vasospasm Kaunitz[5] (1923) described chronic endemic ergotism and recommended that such ergot-containing foods as rye bread and pumpernickle be eliminated from the diet of patients with arterial disease Bernheim[6] advocated calcium therapy and the administration of parathormone for the relief of vasospasm

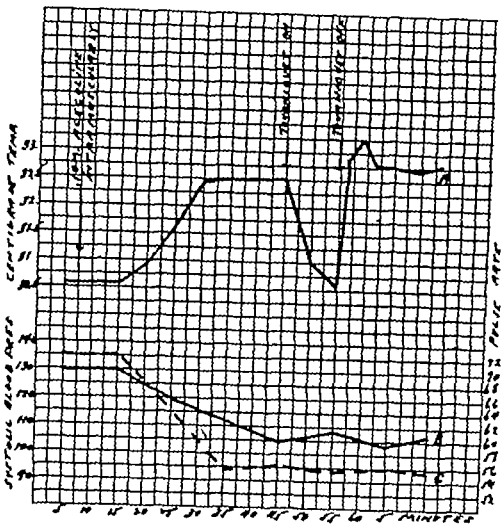
CHART VII—RESPONSE TO TOURNIQUET TEST BEFORE AND AFTER LUMBAR GANGLIONECTOMY



Acetylcholine was advanced as a powerful vasodilator by the French investigators, Villaret and Justin-Besancon,[7] Barker, Brown, and Roth[8] reported improvement in a group of patients with thromboangiitis obliterans and arteriosclerosis following intramuscular injections of three c.c of a nontoxic pancreatic tissue extract. Similar results were obtained in cases of thromboangiitis obliterans after the intramuscular administration of myoston, an extract of skeletal muscle Thyroid extract has been given for the purpose of increasing blood pressure and flow of blood by Silbert and Friedlander[9] Medical measures directed at increasing vasodilatation include the administration of theobromin-sodioacetate as advocated by Scupham[10] In thromboangiitis obliterans definite success has been reported Kovacs, Saylor, and Wright[11] have reported a series of cases treated with acetylbeta-methylcholin chloride administered by iontophoresis This method, according to these investigators, is particularly valuable in accelerating the healing of chronic leg ulcers due to impairment of venous circulation The value of the administration of hot drinks and alcoholic beverages has long been known Papaverin has been heralded as a strong peripheral vasodilator and also as an algesic. Landis[12] has practiced the immersion of one extremity in a hot water bath in order to promote vasodilatation of another extremity while mechanical treatment is in process Typhoid vaccine and other forms of protein[13] have been given intravenously to produce febrile reaction with its accompanying vasodilatation Of these medical measures, I have had convincing experience with acetylcholine and with papaverin That acetylcholine hydrochloride (acecoline)* produces vasodilatation is evidenced by the fact that the tourniquet test shows a temperature response after administration of the drug which is similar to that obtained after interruption of the vasoconstrictor nerve fibers by lumbar ganglionectomy The return to normal of the surface temperature after release of the tourniquet is equally rapid after administration of acetylcholine and after lumbar ganglionectomy The toxic effect of this drug, however, even when administered intramuscularly in doses of only 1 Gm is shown in its effect on the blood pressure and pulse rate Jackson[14] came to the conclusion, after animal experimentation, that acetylcholine when given in doses sufficient to cause peripheral vasodilatation is too toxic for ordinary use I have used the drug perparin, a synthetic, non-habit forming compound which is said to be chemically

*Product of Anglo-French Drug Co (U S A), Inc.

CHART VIII—NORMAL CIRCULATION EFFECT OF ACETYLCHOLINE



Effect of acetylcholine on (A) temperature right foot, (B) systolic blood pressure, (C) pulse rate.

identical with papaverin and have found it valuable as an analgesic in cases of advanced peripheral arteriosclerosis, but have observed no definite evidence of its vasodilating power (Chart VIII)

Methods of therapy directed toward decreasing the viscosity of the blood include the venoclysis of hypertonic saline (three or five per cent solution) based upon the original investigations of Mayesiama[15] and of Koga[16] Recently Silbert[17] and also Samuels[18,19] have reported excellent results in the treatment of thromboangiitis by this method Bernheim and London[20] have tabulated case records giving their results in thromboangiitis obliterans and in arteriosclerosis following the daily administration of 250 c c of two per cent sodium citrate solution Of ninety-nine cases of arteriosclerosis 83 8 per cent showed improvement. Of fifty-four cases of thromboangiitis obliterans 79 6 per cent showed improvement. These authors have emphasized the similarity of the two disease groups in their therapeutic response.

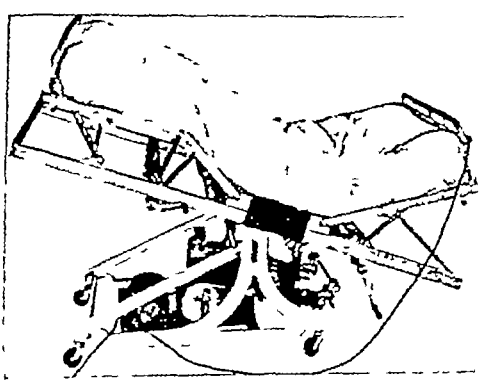


Fig 1 Sanders Motorized Oscillating bed Adjustable back rest and knee rest make for comfort as bed alternately lowers and elevates the head end and the foot.

Exercises, the technic of which was worked out by Buerger[21] and by Allen[22] were considered a most valuable aid to a feeble local circulation Recent objections to this type of exercise have been based on the fact that the voluntary effort on the part of the individual, at the time that the feet were put through the proposed exercises, created an increased peripheral demand for volume flow of blood It was in 1933 that passive vascular exercise[23,24] also referred to as alternate suction and pressure therapy, was made available through the use of machines which, by producing rhythmic changes in the environmental pressure of the extremity could effect a rhythmic increase in the flow of blood through it Such exercises, in contrast to the active exercises introduced by Buerger and Allen have been referred to as passive vascular exercises My experience to date has supported my opinion advanced in a publication in 1936[25] Over a period of two and one-half years, seventy-two cases have been followed closely and have been given a total of 7,854 hours of treatment using the Pavaex machine designed by Herrmann[26] The cases of arteriosclerosis under treatment have been those in which clinical and x-ray examination showed that the impairment was chiefly of the major arterial tree These cases have been classified after careful diagnostic study including x-rays of the feet, determination of the occlusion index by peripheral nerve block with novocain, and oscillometric examination (Table III)

In these cases 67 3 per cent showed marked improvement while 9 1 per cent came to radical amputation This treatment has its chief value, in my opinion in the cases of sudden vascular occlusion Of seventeen cases only two came to major amputation In no case was major amputation indicated if alternate suction and pressure therapy was instituted within six hours after the occurrence of the occlusion (Table IV)

It was in 1936 that Collens and Wilensky[27] described an apparatus which gave intermittent venous compression Based on the evidence presented by the studies of Lewis and Grant[28] to show that alternating venous occlusion and release results in an increase in circulation to an extremity the apparatus was designed to produce rhythmic restriction of the venous blood returning from the extremity The originators report that its use in the treatment of organic peripheral

vascular obstruction is followed by relief from pain, increase in surface temperature, increased walking efficiency, increased vascularity permitting amputation at lower levels, and healing of chronic ulcers I have had no experience in the use of this new form of treatment

In the same year (1936) Sanders[29] described a motorized oscillating bed, used at first in the treatment of cardiac disorders (Fig 1) Its application to the treatment of peripheral vascular disease was immediately recognized This unit consists of a motorized hospital bed with two speeds which alternately elevate and lower the head and the foot. The amplitude and rate of oscillation are adustable in a simple manner Three and one-half minutes is required for one complete cycle from low to high point and return The motor is quiet and not disturbing to the patients or to hospital routine My experience with this unit is very limited but sufficient to allow the statement that it is of particular value in affording relief from rest pain As a therapeutic adjunct, its use seems theoretically sound since gravity is the strongest agent used to stimulate the circulation It is a form of passive vascular exercise which does not carry with it the possibility of trauma to the vascular bed of the extremity It is my opinion that to adequately aid the development of collateral circulation in an extremity the patient should be kept on the oscillating bed for at least twelve hours a day

The many minor surgical measures advocated for the relief of pain are, of course, indicated in some cases With their judicious use, it is no longer necessary to amputate because of excruciating pain. It is not within the scope of this discussion to take up the indications for the various operative procedures

In summary it is emphasized that the conservative management of peripheral vascular disease in conjunction with minor surgical measures for the relief of pain is attended with gratifying results whether the therapy be directed at decreasing the viscosity of the blood or increasing vasodilatation by mechanical means

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TABLE III—ARTERIOSLEROSIS OBLITERANS PREDOMINANT INVOLVEMENT OF MAJOR ARTERIAL PATHWAYS RESULT OF TREATMENT WITH ALTERNATE SUCTION AND PRESSURE

Result	*No Cases*	*%*
Improved (No amputation)	37	67 3
Improved (Toe amputation)	5	9 1
Unimproved	8	14 5
Unimproved (Major amputation)	5	9 1
Total	55	100 0

DR. HERMAN E PEARSE, JR., *Rochester*—It is gratifying to have had Dr Curtiss stress the necessity of evaluating peripheral circulatory deficiency in terms of pathological physiology for only by such diagnostic efforts may we treat the condition intelligently The greatest advance in this field has been the clear recognition and differentiation of the parts played by occlusion and spasm in the production of peripheral ischemia The occlusion may be gradual as with endarteritis or abrupt as in ligation thrombosis or embolism, but however it occurs, an organic obstruction exists that is apt to require mechanical means for its

TABLE IV—SUDDEN VASCULAR OCCLUSIONS RESULT OF TREATMENT WITH ALTERNATE SUCTION AND PRESSURE

Diagnosis	*No Cases*	*Amp Averted*	*Result Minor Amp*	*Major Amp*
Thrombosis Anterior Tibial Artery	7	4	3	0
Embolus Femoral Artery	4	3	0	1
Thrombosis Femoral Artery	3	2	0	1
Thrombosis Popliteal Artery	3	1	2	0
Total	17	10	5	2

correction Fortunately surgical and instrumental means have been devised for this which, though far from perfect, have given us a method of attack

Even greater progress has been made in the recognition, evaluation, and treatment of the spastic element in peripheral arterial disturbances Raynaud's disease has long been known as a clear-cut example of this but now we recognize that in psychic states, neurological disorders, post-traumatic lesions, glandular deficiencies, embolism or even Buerger's disease and arteriosclerosis, vasospasm may play a part in the picture. How much it influences the process may be judged by well-defined tests Dr Curtiss has mentioned two of these, the use of the oscillometer and heating the body to produce vasodilatation The same result is obtained by blocking with novocain the sympathetic vasoconstrictor fibers in the peripheral nerves by the method of Morton and Scott or White. By any of these means, the capacity of the vessels for vasodilatation may be accurately determined and so the amount of the spasm defined It may ordinarily be combatted by the use of heat, vasodilating drugs or operation on the sympathetic nerves

The progress that has been made to date is in all probability only a beginning Many problems still exist both in the pathological physiology of vascular derangement and its treatment

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RAPID CHEMICAL BREATH TEST FOR INTOXICATION

R N Harger, E B Lamb and H R. Hulpieu, Indianapolis (*Journal A M A* March 12, 1938), state that none of the existing tests for alcoholic intoxication can be performed at the scene of the accident or in most local police stations, which means that the subject may be detained for hours or even days until the analyst's report is available They have developed a procedure with the objects of eliminating or minimizing these difficulties

As a result of rather extensive experiments, they have developed a reagent for alcohol This reagent consists of a weak solution of potassium permanganate in the presence of aproximately fifty-five per cent sulfuric acid by weight. When air or breath is passed through this solution any alcohol present will be absorbed and the absorbed alcohol will react rapidly and quantitatively with the permanganate

This reaction will take place at ordinary temperatures and does not require the application of heat The change in color is a decisive one, which is marked by the disappearance of the initial purple and the formation of a very faint yellowish brown. The reagent is not affected by acetone. Other alcohols and ether will also reduce permanganate under the condition employed, but these substances would hardly be present in the body of an automobile driver, or if they were present, they would be included in the substances which are banned by the driving laws of most states The decisive change in color of the reagent may have a marked psychic effect on the subject being tested and has frequently enabled the authors to secure truthful statements from alcoholic subjects who at first denied drinking

The behavior of the reagent is easily demonstrated in court The breath odors resulting from the consumption of onions, garlic, sen-sen and cloves do not affect the reagent, and tests conducted on more than 1,000 normal and hospitalized subjects failed to reveal the presence of any substance in the breath of these nonalcoholic people that was capable of reducing the permanganate reagent The ratio of alcohol to carbon dioxide in the breath may be used to measure the concentration of alcohol in the blood The weight of the alcohol accompanying 190 mg of carbon dioxide in the breath is very nearly equal to the weight of the alcohol in one c c. of the subject's blood.

Employment of the ratio of alcohol to carbon dioxide in the breath permits the test to be done without the subject being touched A tube is held in the breath stream and a pump draws the sample through the apparatus Tests made on 121 subjects showed a good correlation between the concentration of alcohol in the blood and the amount of alcohol accompanying 190 mg of carbon dioxide in the breath The method will probably not predict the concentration of alcohol in the brain quite as closely as analysis of blood, but the authors believe that the results are amply accurate for practical purposes In addition to being used in medicolegal cases, it may aid, when the pump is used, in differentiating alcoholic coma due to other causes

It is emphasized that chemical tests for intoxication should not exclude evidence such as observations of eyewitnesses and physical tests but that chemical tests will give additional information, which is often sorely needed Such tests will exonerate the nondrinker and even the mild drinker, and they will show the concentration of alcohol in the drinker's brain

INHALATION AND PNEUMATIC TREATMENTS

Moses Weiss, M D, *New York City*

The State of New York established an inhalatorium at the new reservation in Saratoga Springs Since then another was recently established in Lakewood, N J These institutions are conducted along the same lines as those in European spas and health resorts

The purpose of this article is to acquaint one with this form of therapy, its indications and applications Inhalation is the administration of vaporized and nebulized salts, mineral waters, oils and medications via the air passages [1] This form of therapy has long been in use It has had its enthusiasts and skeptics just as any other form of treatment Galen recommended a stay near the seashore for tuberculous diseases where the naturally vaporized sea salts could be inhaled In the last two or three decades a great deal of research work has been done in this field and today its therapeutic value is recognized for treating respiratory disorders

In 1849 Auphan established the first inhalatorium in Auzet-Les-Bains, France The indications and technic were fundamentally described by Sales-Giron He pulverized different mineral waters which the patients inhaled He observed that the evaporized substances retained their original pharmacodynamic reaction Automatically the question arose as to whether these pulverized substances penetrated— 1 If so, how far? 2 To what degree must these substances be pulverized in order to penetrate? 3 How much of the pulverized medication is absorbed?

Diverse experiments in the latter part of the last century were carried out by inhaling pulverized dye The results were negative and they were unable to prove that the particles penetrated the bronchi and alveoli The failure of these experiments were discouraging because the dye was deposited on the mucosa of the nose being unable to reach the deeper respiratory tracts Further observations, nevertheless, proved that the reason the dye settled in the nasal region was that the animals could breathe only through the nose and because the dye was insufficiently pulverized But the mere fact that miners who inhaled dust and various small particles had developed pneumoconiosis, encouraged further investigations [2]

Experiments on rabbits by permitting them to breathe a medication called glycerinan (a mixture of glycerine and suprarenin) revealed under microscopic examination that drops of glycerine were deposited in the alveoli and in the interstitial tissue It was soon recognized that the degree of inhalation depended upon the size of the particle, i e, to what size must these particles be reduced in order to reach the deeper lung recesses

Heubner and his scholars[3] (1925, Klin Woch) developed the theoretical and practical basis of inhalation They found that, in judging the value of a modern inhalation apparatus, one had to consider the volume and bulk of the spray and also the degree of spraying pressure The volume plus the spray's diameter was called the "spray dose" In other words, the "spray dose" was the amount of medication used As to how much was absorbed, Huckel and Kipper (Zetisch & F D, Phys Ther 1925), employing iodide solution and other medications, compared the amount inhaled and exhaled, and discovered that fifty per cent of the aerified and brined medications was absorbed Schaffer, by means of an electrical filter, checked the amount of medicated vapor inhaled and exhaled to determine the exact amount absorbed in the respiratory tract and obtained similar results

Technic

Levine constructed (1882) an inhalation apparatus which was later used as a prototype for improved models The medications mixed with vaporized water were conducted through a glass tube thus enabling the patient to inhale the vaporized remedy This very simple form of inhalation was gradually improved upon until the present-day apparatus was evolved

In all modernly equipped inhalatoriums, there are two types of apparatus in use— (1) the Brine Disperser (Sol-Zersteuber

or Wet Inhalation used for various mineral water and salts) and (2) the Dry Nebulizer or Aerifier, used for various medications

1 The construction of the Brine Disperser is based on the Bergson principle, using two pencil-shaped pipes which narrow to an opening even as small as one sixty-fourth of an inch in diameter They are placed in a horizontal and vertical position so that the tip of one pipe is very close to that of the other, The vertical pipe is connected to the mineral waters, oil or medications Fifteen or thirty pounds of compressed air is forced through the horizontal pipe, which pressure sucks the mineral or medication from the vertical pipe and transforms it into a brine

2 Dry inhalation is based on the principle of the Spiess tube which is inserted into a small bottle The tube has two to four small holes through which the compressed air throws the medication against the wall of the bottle thus dispersing and aerifying it

Reactions, Indications, and Medications

The reaction is chemical and physical, the latter substantially supports the former Not only is the effect of the medication used important, but also the degree of humidity, temperature, and compressed air It is indicated in all forms of respiratory disorders such as rhinitis, hay-fever, sinusitis, laryngitis, pharyngitis, tonsillitis, all forms of bronchitis, bronchiectasis, emphysema, asthma, etc [4,5] The medications used as inhalants are classified according to their action [6]

1 Soothing reaction In this category belong the oils, glycerines, and other aromatic substances which, when mixed with water and inhaled, reduce the irritation of the mucosa, especially in the upper respiratory passages, so that the pain sensation will disappear They are indicated in acute or chronic catarrh of the upper respiratory passages, i e. rhinitis, laryngitis, tonsillitis, pharyngitis, tracheitis The reaction increases when different herbs (Flor Malv Herba Pulmonary, etc or Ol Amydal or olive-oil) are added to the vapor

2 Mucus-dissolving medications (resolvents) In this group belong the 0 2-0 5 per cent solution of table salt, different mineral waters as used in Reichenhall, Baden, Bad Ems, Saratoga Geyser, i e., any alkaline water containing principally the double carbonic acids of sodium or carbonic acid of potassium The use of chloride of ammonium has been recommended by Waldenburg for catarrh of the upper respiratory passages with expectoration difficulties A certain amount of care is necessary when applying chloride of ammonium because of the ammonium content which may have an irritating reaction Trendelenburg recommends the inhalation of chloride of ammonium even in bronchial asthma, emphasizing the fact that ammonium has a relaxing effect upon the bronchial muscles. As a special resolvent, calcium is used in different combinations such as aqua calcus, hydrochloric acid of calcium or milk acid of calcium The vapor of calcium water dissolves the fibrous mucous

3 Astringents They are particularly indicated in catarrahs producing a high hyperemic and strong secretive reaction as in fetid or chronic bronchitis, bronchiectasis, etc Muszkat recommends a tannic solution (.2–3%) in a mixture of glycerine (tannic acid 1 0, glycerine 40 0, aqua dest 0 60 or alum solution from 1–4%) In this group also belong the etheric oils (turpentine oil and pine oil), inasmuch as they reduce the secretion and act as a disinfectant [7]

4 Medications with disinfecting reactions Kopf recommends the inhalation of air conducted through hydrochloric acid. A Hartmann, when inquiring about the health of workers in various factories, where different acids are inhaled, found that tuberculosis, influenza, and other respiratory infections were very rare [8] Acids can be inhaled in different combinations It is mainly applied in the room inhalatorium Formic acid, hydrochloric acid and chloric gas is used for this purpose In the antiseptic group belongs menthol in two per cent form or menthol in alcoholic solution Muszkat recommends the use of 500 c.c. mineral water, four-five drops of ten per cent menthol alcohol solution by 30 C, and also menthol turiopin

5 Anesthetics—Cocaine, novocain, alypin, etc They are generally applied by the Spiess-Drager Atomizer and Hirth Inhalator 2 per cent cocaine is applied as anesthetic to reduce the coughing spells It produces an anemic condition of the mucosa and relaxes the spasms of the bronchial muscles

The effect of the medication may be local and absorbing Wherever the medication reaches, it mixes with the pathological secretions and has a dissolving, disinfecting, soothing, etc. effect [9] It has a tonic effect upon the mucous membrane, congestiments of the mucous

membrane diminish, the mucous becomes more liquid, and can be expectorated Thus the medication has a more penetrating effect.

Aside from the local effect, it has a great absorbing value, especially after the mucus is expectorated from the bronchi and alveoli The inhaled amount of spray and penetration degree, depends completely upon the nature of the sprayed gas or vapor The nebulized substance of the medication will be able to penetrate as far as the bronchi and alveoli It has been proven that physiologically when coming in contact with the capillary of the lung, the medication will be absorbed in the same manner as it would be if administered by injection

The physical or hydriatic reaction is divided into thermal and mechanical

Thermal reacts according to temperature Cold inhalation has a tonic effect plus relief from pain Warm inhalation creates an active hyperemia and weakens the effect of infectious germs and toxic substances Alternating hot and cold applications are recommended as stimulants

Mechanical The inhalation spray through the force of the compressed air, hits the wall of the air passage and is great enough to act as a vibration massage and simply to wash away sticky pathological products The different mineral waters and salts are principally used as physical intermediaries both mechanical and physical effects are more pronounced by treatment of upper respiratory organs—rhinitis, tonsillitis, pharyngitis, laryngitis, and bronchitis

Differential Pressure Respiration

Pneumatic treatment is divided as follows

1 Underpressure respiration This consists of inhalation and exhalation of air below atmospheric pressure This process of respiration obviously results in a difference between the atmospheric pressure (760 mm Hg) of the body surface, and the vessel's pressure below atmospheric pressure which is generated by inhaling rarified air (under 760 mm Hg) in the thorax, i e, mainly in the lungs This difference in pressure is the actual principle of the therapy The following physiological reaction upon the heart will occur when rarified air is inhaled According to tests by Dr O Bruns, the venous blood is drawn from the periphery and abdomen towards the lungs In other words, the blood flows naturally from the local of high pressure towards the local of low pressure.[10] The results declare themselves in expansion of the ducts in the pulmonary circulation on the right side The diastolic output is increased. The minute volume is augmented Therefore, respiratory diseases producing secondary heart ailments by impeded pulmonary circulation and also primary heart disease such as shown in certain forms of myocarditis, produces an exercising therapy for the heart muscles during the period of balanced compensation [11] Changes of the myocardium produced by arteriosclerosis are favorably influenced by this form of therapy because the increased pulmonic circulation tends to improve the nutritional state of the heart muscles through the quickening of the venous circulation in general

As far as the physiological reaction upon the lungs is concerned, the inspiration is rendered more laborious and the expiration easier, thus evincing a sort of respiratory gymnastic which in certain diseases of the respiratory organs are accompanied by most beneficial results, i e., in bronchial and cardial asthma [12] The patient is forced to inhale more slowly and more calmly, he does not take in more air than is required for meeting the deficit of oxygen and so prevents inflation of the lungs (emphysema) The amount of inflated air retained in the alveoli after an attack of asthma, is drawn off again by the force of the suction From a therapeutic standpoint therefore, the suction effect will be beneficial in emphysematous conditions [13]

The underpressure also has a very interesting reaction upon the bone-marrow, it reacts as a stimulant on the same principle as altitude, i e, increase of the regeneration of red blood corpuscles [14] In other words, it indirectly improves anemic conditions

Mode of Application The best procedure is the so-called "creeping method" Starting with a vacuum underpressure of five cm water column for two minutes only After an interval of five minutes, another two minute period of underpressure breathing, which is repeated once more, in other words, three two-minute period lung exercises with five minute intervals between each period This is the dosage for the first session In the course of the treatment, the water column is increased on the third day from two to three cm , from then on, every third day up to the maximum of twenty cm with gradual extension of the inhalation to ten, twenty, and thirty minutes With each session the underpressure must be increased to maximum very slowly and decreased just as slowly to minimum

2 Overpressure respiration This consists of inhalation and exhalation of air above

atmospheric pressure (760 mm Hg) The frequency of respiration is diminished as the vital capacity is raised [15] The expiration is rendered more difficult and the inspiration on the contrary is eased Overpressure is used in asthmatic cases, chronic bronchitis, where dyspnea is present and also where abundant expectoration of mucus is desired.

3 Combination of over- and underpressure respiration The efficiency of overpressure is more beneficial when employed in combination with underpressure. As a thoracic exercise, we have the patient exhale with underpressure and inhale with overpressure

Value of pneumotherapy in respiratory disorders

Ortel and Knanthe summarized the reaction of under- and overpressure upon the mechanism in the following manner

UNDERPRESSURE

a The expiration is more pronounced with the help of vacuum as compared with normal atmospheric pressure

b Increase of the ventilation of the lungs through promoted air exchange.

c Augmented retraction of the lungs

d Support of the expiration muscles in their function, therefore indirectly aiding exhalation

e Elevation of the vital capacity

f Increase of the pneumatometric value

The therapeutic effect expresses itself in (1) antidyspneic reaction and (2) increased expectoration

OVERPRESSURE

a Inspiration is promoted

b Extension of the lungs and thorax

c Augmented retraction of the lungs

d Elevation of the vital capacity According to Waldenburg, Grummach, and Biedert By inhaling 1/100 atmosphere above normal (760 mm Hg), lung capacity increases by twelve per cent By inhaling 1/70 atmosphere above normal lung capacity increases twenty-three per cent. By inhaling 1/50 atmosphere above normal lung capacity increases thirty-five per cent.

e Increase of the pneumotometric value.

The therapy is based upon these physiological reactions The effect will pronounce itself in (1) Antidyspneic reaction through better ventilation and promoted air exchange (2) Inasmuch as the forced air penetrates in the deeper parts of the lungs, its effect will be greater

The prophylactic application of differential pressure respiration merits particular attention as a hygienic measure in all industrial enterprises where workmen are exposed to the danger of acquiring chronic infections of the respiratory organs, i e, chronic bronchitis, asthma, emphysema, and particularly pneumoconiosis (dust in the lungs) This category comprises miners, tunnel workers, glass-blowers, and factory workers, where dust from coal, stone, wool, metal, and glass are being continually inhaled [16]

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Preventive Medicine

The Basic Health Record

C Ward Crampton, M D, *New York City*

The principle of the Basic Health Record is becoming increasingly recognized in medicine and public and private and in the many fields of welfare or social health activities

To the practicing physician the matter is of vital interest. It may be a factor in keeping the patient attached to his personal medical advisor, in keeping the family doctor the center of medical care and service, making personal preventive medicine a more practical program and developing a life long continuity of health care of greater value to the patient and of increasing advance in medical science

Definition

This is a health record to be kept by the person himself It is his own personal property, and has a variety of uses and functions which will be considered in brief

Historical

The Basic Health Record was perhaps first proposed by the writer in a report as chairman of the Committee on Preventive Medicine of the Medical Society of the County of New York It is not new Health records, health books, examination records have been made and given to the examinee for many years A twelve page Health Book and Diary was given regularly to each "client" of the Health Service Clinic of the Post-Graduate Medical School, beginning in 1926 The writer has such a pamphlet record of his own "physical" examination given in the Harlem Y M C.A. forty-five years ago It consisted, however, largely of physical measurements rather than health record and guidance.

The emphasis of medicine, private and social, has turned toward the observation and recording of data, directly useful in health and illness to the examinee client and to his advisors

It is our purpose to discuss the Basic Health Record and some of its values so that it may perhaps commend itself in principle and practice to those who seek new ways to the healing of the nations and alike to those who would preserve the ancient landmarks

Method of Attack of the Problem

The best field to open the campaign is where there is greatest prospective service This is in childhood and adolescence A child is likely to be examined by several social agencies and city departments with imperfect coordination of method and result, to say the least In our 1934 report we state

> We recommend that instead of health examinations being in schools, gymnasiums, for the Boy Scouts, the Girl Scouts and for camps, etc., there be one especially careful health examination given in the physician's office to serve the basic purposes of all health and social agencies Let these essentials be attended to with utmost thoroughness and completeness and let all special needs for special examinations on the part of social and health agencies be added by them at their own discretion. This basic examination should be given in the family physician's own office. This method will increase efficiency, centralize responsibility, extend service, reduce waste and will encourage the physician who makes the examination to special thoroughness, for his findings will be under constant review by his colleagues and of service to them.

Several conferences on the Basic Record have been held. The matter was thoroughly stated in the agenda for a meeting held on April 21, 1938, in New York City, of representatives of the Medical Society of the State of New York, the Medical Society of the County of New York, health, education and welfare departments of the City of New York and various social agencies

Definition

It is (1) a personal health record (2) primarily of health matters, made with discretion (3) to be the personal property of the person, himself

Other names include "Health Passport," "Passport of Health," "Health Record," "Progress and Achievement Record" (P A R.), "Personal Health Record" and

"Health Guide." The term Health Passport was brought forward by Dwight Anderson of the Medical Society of the State of New York It gives a special point and value to the record.

Prototypes (1) Progress and Achievement Record of the National Boy Scouts (2) Health Survey, Post-Graduate Hospital of Columbia University (3) Y M C.A (4) School and college records

Content of Record

There are two classes of elements in this record—(1) fundamental and (2) accessory

1 Fundamental This record has a central basic element of simple standard observations agreed upon generally as fundamental, something like the present New York City Board of Health Record, admittedly and advisably incomplete for three reasons

(a) Any agreement on "complete" records must be a compromise.

(b) No record can be "complete" anyhow

(c) A record of this kind should omit certain data, and should be generally understood to do so

This record provides for *immediate use* and for *successive* examinations

Immediate use It will be of immediate use to others than the initial examining physician, i e, (1) other physicians making examinations for illness or health or treatment or certification, (2) other organizations or persons interested in the health status or welfare of the individual and to whom the individual wishes to present his record, (3) the individual, himself, for his own guidance.

Succeeding examinations of the fundamental basic health are notations in the nature of a vise by other examiners following closely the original examination and giving any addition or correction, follow-up, treatment and result.

Successive, or periodic, records follow the initial examination, keeping on from year to year, making the Basic Record progress toward being a simple kind of life record.

It must be remembered that this basic record will serve in many useful ways This record differs from all other medical records made and kept by physicians, boards of health, settlements, etc., because it goes to the person—it is his *personal property*, his health record and health guide through life. This record will not supplant any other record now kept by physicians or human service organizations It is designed to help, not to substitute

All of this has to do with concentration upon a few exceedingly important essentials In addition, there are other considerations, accessory records as follows

2 Accessory records in addition to the basic series (1) Data in special fields related to health and welfare, such as examination for athletic ability, anthropological records, psychometric records for various purposes, intelligence quotients, etc., nutrition status, posture, etc, etc.

(2) Records of illnesses and operations and clinical data of sorts

(3) Records of own conclusions reached by own experience in health care

(4) Achievement records, such as athletics, etc.

(5) Records of prescriptions, such as diets, eye glasses, possibly medical prescriptions, possibly not

Method of Employment

The child comes to the physician's office for a general examination The doctor makes his examination, makes his own record and fills out the Basic Record. It is given to the child or parent

The child now comes to the school examination He shows this record. The physician takes note of the data. He sees what the former doctor has seen, what he thinks and what he recommended. He goes ahead, however, making his own examination and making his own record, recommendations and conclusions, for he has complete responsibility for his own examination and can not shift that responsibility to any previous examiner He profits, however, by the previous examination, little or much He should make a record of his own examination brief, definite and appropriate on a second sheet provided for this purpose in the Health Passport. Perhaps some examiners will accept the previous examination in part or *in toto* thus a saving of a whole examination will be made. Perhaps some examiners will add data, others will not.

The child now applies for admission to a summer camp and is examined by the physician. This physician takes note of the first examination and the second examination and proceeds to make as thorough an examination as he wishes in his own way, preserving his own professional methods, as-

suming his own responsibility and in no way shifting his responsibility to previous examiners He keeps his own record, makes his own recommendations and similarly records the fact of his examinations and any findings he wishes to record under the Board of Health Record on the second page.

Similarly the boy may wish to go to a swimming pool or a Boy Scout troop, places where there may be no examination instituted, though still a need, or places where there is an excellent examination but still an appreciation of the efforts of the three preceding physicians' work

During all this time the Health Record and Guide remains in the custody of the examinee. Should the child get sick and call in his family doctor, who made the original examination he can read the observations made by three or more other physicians on the handling of his patient or health client.

He will see something of the circumstances to which the child has been exposed and gain as much as conditions, the interest, good will, etc., of the other physicians have provided for him. Maybe he will profit in his care of the case, maybe not. Little or much may be gained, nothing is lost.

Should the child however, get sick when away on a visit and a new doctor is called in he unquestionably can read the Health Passport Record with profit and rejoicing This, he might feel, is the beginning of a real cooperation and helpfulness in medicine. This may open wide fields of better understanding of the conditions which result in an illness, conditions half record, half guessed or hitherto wholly unknown

The child now returns home after the illness in the country and he is re-examined by his own friendly family physician He has the notation made by the out of town doctor He understands what happened and can go ahead more intelligently in the care of his case. Perhaps it might have been that the country doctor, confronted with a dangerous situation, considering operation and noting the name of the family physician on the Personal Health Passport, could immediately confer by telephone or otherwise with the family doctor and avail himself to the fullest of the interest and understanding of the family physician and proceed accordingly to the fullest benefit of his patient, supported and safeguarded and directed by the time ripened wisdom by the family doctor Perhaps the child becomes the subject of some special examination in relation to truancy, delinquency, work papers

The picture develops as time goes on The family doctor makes a second complete basic examination, recording anew the basic factors on a sheet identical with the first and plainly marked in the upper right hand corner Number II, Date and Age This second examination makes a high land mark or mile stone along the path of life It indicates the success or relative failure in the battle between vitality and strain, it records the unfolding of development, increase in weight, height, strength, the impact of new elements of importance, it gives a sense of direction in the life pathway It gives opportunity to follow up advice given in health habits or correction of defects, to reappoint and re-enforce health instruction It will also help the physicians in his thinking along the lines of life care, life management of whole lives

For many, this will be the first time they have been able to feel a sense of responsibility for whole lives beyond the emergency of a single illness For many, it will be a welcome opportunity to develop their interests and faculties along the line of whole life considerations For the medical profession it will be the beginning of an opportunity for acquiring a body of knowledge of the influence of one year upon the next, of one decade upon the succeeding ten year, twenty year, thirty year periods, an interesting opportunity for mankind to know more about the whole lives and their whole management, support and enrichment. In short, the Basic Record is an opportunity to begin in a very simple way the highly desirable life record

There are, of course, other forms of life record which the scientific physician, anthropologist, public health specialist, psychiatrist and social minded persons would desire and if fate is kind, they may get these excellent things But the Basic Record is not all these things at once. If it tries to be any one of them it will fail It must be preserved against the possibilities of its own higher usefulness Every scientific specialist will be a friend of the Basic Record and every scientific specialist will be its enemy insofar as he wishes to swerve its method from simplicity or to change its purpose from the simple life management function

which it can swerve in the hands of the examinee. Any specialist may, of course, add what he pleases We hope all human service scientists will accept this method

The Basic Record will be kept by the individual as a part of his program of self management of life It will be imperfect. It will, in many cases, be started and allowed to drop It will seldom be kept up in its perfect form and function 100% It will, however, even when neglected, be resorted to in the emergency of illness It will be useful and refreshed when pain and trouble comes and all aid and resources are sought for Then it will be rummaged out of an old desk or bureau drawer and sometimes it will help

In short, the principle is sound Its application timely It is a step in the forward direction of the application of good intent, good sense and scientific wisdom and should be put on foot.

This document has been prepared as a preliminary aid to a conference on the actual preparation of the form of the Basic Record in New York City Whoever is interested in health and whoever makes examinations of a health or medical character should have an opportunity to interest himself and take part in the putting of this project forward Many men and many institutions have contributed to the making of this step possible. It is true that there is much to be considered, many safeguards to be thrown around the procedure, objections to be raised and overcome, further functions to be studied and adjustments toward the future usefulness in relation to the practice of medicine and the sciences relating to human welfare in which the Basic Record should serve an important, though simple purpose

The first step is to see the project clearly together, then to draft an acceptable form, devise ways of getting these records into the hands of the people and motivating their use, and to work together

The idea is basic to a well-managed civilization It preserves individual initiative and gives common sense and intelligence their self earned rewards

It is thus an expression of the democratic ideal and method, which we in America value highly It may do something to help various health agencies to know each other better and to help them aid each other This is always good sense and always the way of progress

BETWEEN MENTAL HEALTH AND MENTAL DISEASE

B LIBER, M D, DR P H, *New York City*

Editorial Note Under this title will appear short summaries of "transition cases" from the service of this author in the New York Polyclinic Medical School and Hospital The descriptions are not complete clinical studies, but will accentuate situations from the point of view of individual mental hygiene such as crop up in the every day practice of medicine

Four Night Calls

Any physician in private and general practice may be called in an emergency to diagnose some form of true or false psychosis and should know how to distinguish it from intoxication or from more or less normal emotional states

One doctor was taken by the alarmed policeman on the beat to see a young girl who, arriving at two o'clock in the morning with her boy friend in an automobile, had climbed into her parents' stoop apartment through the window The officer, in face of the young woman's violent opposition to be removed to the police station, had diagnosed insanity and, to prove it to her parents, wanted the nearby doctor's corroboration The physician, however, hurriedly reaching the scene in his night-robe, found the offender just drunk —and that settled the question

* * *

A mother of eight children was pregnant again and not far from childbirth The oldest daughter called a physician late at night because she had seen a convulsive attack and "signs of insanity" He promptly made the diagnosis of eclampsia and began to prepare for the prescribed treatment, when he felt a strong smell of whiskey He looked again at the semi-unconscious woman's face and re-examined her entirely There was no doubt that she suffered from an acute alcoholic intoxication The daughter, however, protested saying "It is true that mother drinks once in a while, but this is impossible now I have been here the whole day for the last two months and I never leave her alone." But the doctor put his hand under the patient's pillow and out came a large flat

bottle half filled with liquor At which the girl exclaimed "Oh, again. She is terrible"

* * *

The doctor knew a married couple, she a Swiss Catholic and he a Polish Jew One night the doctor was called by the husband for the purpose of "taking her away to Bellevue," as he said She was, indeed, in a very wild and excited condition, had broken her crockery over his head and was literally tearing her hair out. Nearby in a crib their small child was breathing heavily and his cheeks were very pale. As the doctor started to uncover it, the father came closer and turning his bruised face to the light, said "Yes, we know the child cannot live Our family physician was here an hour ago and told us so In fact this is the cause of her anger She claims it is my fault because I discouraged her from baptizing the boy She still believes in such things"

The doctor wanted to attend to the little patient, but the mother did not allow him to do anything, remarking "There is no use, he is dying" She explained at great length her side of the story and did not let her husband interject one word. Meanwhile the child's respiration ceased It was dead. Then the mother became perfectly quiet and composed and kissed her husband asking him to pardon her She was normal again

* * *

A doctor was called in a hurry at midnight to a house two blocks away An Irish woman of fifty whom he had never seen before lay prostrate on a couch She was motionless and her face was deeply cyanotic Her arms, when lifted by the doctor, fell back limp, without the slightest tonus or resistance The heart seemed to have ceased to work completely, but the pupils reacted sluggishly to light and a very faint and shallow breathing was visible There were several female neighbors chattering in the room, mainly about how the event had affected *them*—the usual thing, at such occasions No one could give any information as to the past history of this patient Quick action was necessary The women were silenced and organized to help efficiently by bringing from the kitchen what was needed Besides some hypodermic injections given to the patient, massage of the heart and other therapeutic measures were instituted An hour passed The heart showed no life.

Except for a vague cat's cry or a feeble and distant violin sound, the night was still The doctor almost began to be discouraged when he heard, upon application of his ear to the patient's chest, a gurgling and bubbling noise coming from the heart region

At that moment one of the neighbors asked him whether he had no objection to a priest being sent for Impatiently he replied that that was none of his business and that she could do as she liked Within a few minutes the minister slipped in noiselessly and sat down at a respectful distance watching the struggle with death

The heart improved more and more and, as it came back to life, it was easy to recognize the long and loud systolic and diastolic murmurs that must have been the patient's usual cardiac symptoms, not to speak of the great arhythmia She opened her eyes, closed them again and then opened them definitely and looked around, while her color partly returned She understood and smiled and began to talk Yes, she had always had a heart disease and her present attack came because her son had not arrived home that evening She was a widow and had only this boy She was witty and joked

"Doctor," she said, "how will I pay you? *He* has the cash Maybe everybody else tells you the same thing It is like the people who wanted money for fixing the village church They organized a dinner and dance and they needed liquor A barrel was placed at the entrance and all the worshippers had to bring some whisky and pour it in But they were all shrewd and each one said to himself, I can give a bottle of water, nobody will know it, all the others will come with the real stuff and there will be plenty of it At the end the barrel contained water only"

Then the son entered and, as she looked into the direction of the door she noticed the clergyman She almost fainted again

"You here? Get away! I hate priests I don't want you I've never gone to Church Nor did my husband Go! If I have to die, I can die without you"

The doctor was dumbfounded He took his satchel and disappeared All the neighbors left in a hurry at the same time

An hour later the doctor's bell rang A young ambulance physician came in to his office and said that one of the Irish woman's neighbors had called up saying there was a "crazy person" to be taken to the Asylum

"I looked her over and I want to know what you think about her"

To which the older doctor replied

"She has her opinions and they may be extreme, but we as physicians do not have to mix in There is certainly no mental disturbance"

611 W 158 St

Highlights of the 1938 Annual Meeting

For Complete Program, see April 1 issue

(All activities will be held on Daylight Saving Time)

TIME AND PLACE—Opens Monday, May 9, 9·00 A M, at the Waldorf-Astoria Hotel, between Park and Lexington Avenues and 49th and 50th Streets, New York City Closes Thursday, May 12, 10 30 P M This will be the largest State Medical Meeting in size and scope ever held, and probably the largest attended Medical Meeting in the United States this year

REGISTRATION—Registration will be held in the Hotel on Monday after 9 00 A M for Delegates, and on Monday, Tuesday, Wednesday, and Thursday for members and guests Every physician must register and obtain an official badge to attend sessions

BUSINESS—The House of Delegates of the Medical Society of the State of New York will convene at 10 00 A M on Monday in the Ballroom.

GENERAL SESSIONS—Two General Sessions will be held, one on Tuesday, 2·00 P M, and one on Thursday, 2·00 P M, in the Ballroom

SECTION MEETINGS—Fifteen Scientific Sections will hold twenty-eight sessions on Tuesday morning, Wednesday morning and afternoon, and Thursday morning in the hotel *(See complete program for locations)*

GUEST SPEAKERS—Twenty-eight prominent guest speakers in all fields of medicine will address General and Section Meetings

SCIENTIFIC EXHIBITS—Fifty-six scientific exhibits, to be located in the First and Second balconies of the Ballroom and the Second floor foyer, are a part of the program

SCIENTIFIC MOTION PICTURE EXHIBIT—Forty-four scientific motion pictures by twenty-five exhibitors will be shown in the Empire Room from 9 00 A M Monday until 10 15 P M Thursday evening

TECHNICAL EXHIBITS—One hundred and ninety-two exhibits of leading pharmaceutical, surgical, and allied products and services will be open during convenient hours throughout the convention This will be the largest number of exhibitors ever to take part in a State Medical Meeting For the benefit of physicians with office hours which do not permit spending much time at the meeting during mornings and afternoons, the exhibit rooms will be open until 10 30 P M on Tuesday

BANQUET AND DINNERS—The Annual Banquet and Reception will be held in the Ballroom of the Hotel on Tuesday, at 7·00 P M (Tickets are limited—application should be made to Augustus Harris, M D, Chairman of Banquet Comm, 2 E 103 St, New York City) Dinner for the Delegates will be served in the Hotel on Monday following the adjournment of the afternoon session of the House of Delegates (Tickets can be procured from the Secretary of the State Society, 2 E 103 St, New York City)

WOMAN'S AUXILIARY—Headquarters are in the Carpenter Suite of the Hotel, and the ladies are asked to register at the Registration Desk in the Suite after 9 00 A M, Monday Meetings and the Dinner will be held on Monday A hobby show will be open during the four days of the Annual Meeting, May 9, 10, 11 and 12

New York State
JOURNAL of MEDICINE

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EDITORIALS

Proof by Trial

In the past ten years American medicine has waged a bitter fight against compulsory health insurance It has warned that bureaucratic control of healing is expensive and inefficient, that it lowers the quality of medical care, and fails to succor those most in need of help

Abraham Epstein, Executive Secretary of the American Association for Social Security, has long been a foremost exponent of compulsory sickness insurance On April 7, however, he denounced the Social Security Act as "unwieldy, inadequate and unsocial" and charged that the old-age pension systems in many states are "sinks of corruption"

In other words, experience with Old Age and Unemployment Insurance supports the profession's indictment of compulsory sickness insurance The enormous reserves which are piling up are an invitation to governmental extravagance The vast bureaucracy which is developing is a spur to nepotism and political favoritism

The extension of bureaucratic rule in this country is a source of alarm to thoughful students of government It is a parasitic growth upon the nation's economy Nonproductive itself, it saps the earnings of productive workers in agriculture, industry, and the profession

In view of the disappointing performance of the Social Security Act in its present form, it is surprising that some socially-minded politicians still look to its extension to solve the nation's health problems There is nothing in the history of compulsory sickness insurance or recent experience with old age and unemployment insurance to nurture the belief that better health lies in that direction

At the forthcoming Annual Meeting of the Medical Society of the State of New York the House of Delegates will consider a public health program embracing government aid to the medically indigent Needless to say, to be acceptable to organized medicine any such program must provide for medical control over medical matters, without the interposition of a third party between doctor and patient.

Transfer to the profession of responsibility for the medical aspects of Workmen's Compensation has resulted in vastly improved treatment of industrial injuries Continued medical progress and the maintenance of high professional standards demand the retention of medical control over practice in general

Driving Out Syphilis

With Governor Lehman's signature of the Desmond-Breitbart Act, New York State takes the lead in the nation-wide

fight against syphilis The new law, which will go into effect on July 1, requires all applicants for marriage licenses to submit to a serological test for lues No license will be issued if the disease is found in a communicable stage This reinforces the Twomey-Newell Law, which requires serological examination of pregnant women immediately upon the determination of pregnancy

Properly enforced, these statutes should effect a perceptible decline in congenital syphilis It is difficult to pick out the infected adults in a community and persuade them to remain under treatment With the new laws passed this year, it should be comparatively easy to prevent infection at the outset of marriage and hereditary transmission of the disease to the newborn

These laws place a definite responsibility upon the physician If the required examinations are carelessly made or certificates are issued on faith, the whole profession will share the stigma of a careless or dishonest few There is no place in medicine for a counterpart of the "marrying parson"

Naturally enough, the success of these new statutory weapons against syphilis will depend to a considerable extent upon public cooperation The prescribed prenatal tests cannot easily be avoided Anyone desiring to evade prenuptial examination can do so by having the marriage ceremony performed in another state Young people must be taught that this requirement is not an intrusion on their privacy but a necessary protection for themselves and their unborn children

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Evaluation of Pregnancy Tests

Ever since the introduction of biological tests for pregnancy by Ascheim-Zondek and Friedman, investigators have been searching for other methods which would be simpler, less expensive, quicker, and 100% accurate These two tests have, in the hands of many, yielded results which have been ninety-nine per cent accurate, but it is the desire of clinicians to have a reliable means of determining early pregnancy by a simple office test which will yield a positive or negative result within a few minutes

In a critical review of the recent experimental work along these lines, Weisman[1] gives a comprehensive analysis of the various tests proposed Of the biological tests, neither the Zaharesco, the Stichling Melanophore Reaction, nor the Mazer-Hoffman tests can compare in accuracy with the two above mentioned The Kelley test may be employed to corroborate the Ascheim-Zondek, but not as a substitute for it. The others are either impractical or not sufficiently tried Among the allergic skin tests, only the Gruskin intradermal test affords some promise for practical use by the practitioner In this test a special placental extract is injected to form a wheal and the erythematous reaction is studied for the determination of pregnancy

Chemical tests have been proposed but of these, the urinary histidine and the Schmulowitz-Wylie are not accurate enough in the early period of gravidity The Visscher-Bowman test, however, while in its present form not reliable enough to supplant biological tests, gives promise of becoming a valuable diagnostic means once the technic has been altered and all sources of error eliminated It is inexpensive and quick, and when positive, is easily recognized by the reddish-brown flocculent precipitate in the specimen of urine

There are other means of laboratory diagnosis of early pregnancy reported in the literature, but none at present can be recommended For the time being, the Ascheim-Zondek and Friedman tests remain the only accurate tests available and should not be abandoned for more rapid or simpler ones until such time as one or more are discovered which will at least match these two in exactness

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1 Weisman, A L. *Am J Obs and Gyn*, 35 354 1938.

Vitamin K

The tendency to hemorrhagic diathesis in patients suffering from obstructive jaundice is well-known Hitherto, the control of this feature has been a different one, since neither the administration of bile, calcium or even whole blood exerts any appreciable influence on the prolonged prothrombin time Only when biliary obstruction can be relieved surgically are hemorrhages less apt to occur

In recent clinical studies conducted by Butt, Snell, and Osterberg,[1] it was found that when Vitamin K was given to jaundiced patients, there was an appreciable reduction in the elevated prothrombin time, approaching, in some instances, the normal limit This finding was noted only when bile was either present in the intestinal tract or was administered together with the vitamin When given alone, the latter had no effect on the prothrombin time These observers found that clinically there was an inhibitory influence on free bleeding and a preventive action on the tendency to hemorrhages

The vitamin itself is present in cabbage, spinach, tomatoes, and alfalfa, the latter affording the most abundant source[2] From the human body itself, it can be recovered in large amounts from the feces From observations to date, it seems that Vitamin K is absorbed, with the aid of bile action, in the sterols and that it then plays a distinct role in the clotting of blood Whether it accomplishes this by an alteration of the prothrombin content of the blood or by exerting an effect on the activity of prothrombin is as yet undetermined

Its use in combination with bile or bile salts in the pre- and postoperative care of patients suffering from jaundice has not attained standardization No routine method of treatment has as yet been formulated but these early reports are encouraging At present the use of Vitamin K and bile should be put to extensive clinical trial since it is the only therapeutic means advanced to date which gives some hope of arresting the appearance of hemorrhagic diathesis in obstructive jaundice

[1] Butt, H. R. Snell A. M., and Osterberg A. E. *Proc Mayo Clinic*, 13 74 1938
[2] Osterberg A. E. *Ibid*, 13 72 1938

CURRENT COMMENT

"YOU REMEMBER PAVLOV'S EXPERIMENT How he rang a bell every time he fed a dog After a while, the dog's gastric juices flowed whenever he heard the bell Even if there wasn't any food

"A similar experiment is now taking place in the United States The administration is playing the role of Pavlov Its propogandists are the bell-ringers. The public, of course, is the dog It is being fed exaggerated promises of what socialized medicine would accomplish

"Repeated ringing, it is assumed, will deafen the lay ear to the advantages of private practice Echoing state medicine's 'benefits,' it is hoped, will make them seem real Once socialized medicine is 'in', the food can be taken away The promises can be forgotten But the political structure created will remain

"As yet, the public has shown no particular appetite for this dish So it has been ordered that the bells ring louder

"Thus is the public being conditioned to accept something it doesn't need and will suffer by having"—From an editorial by H Sheridan Baketel in April's *Medical Economics*

"HOW OFTEN WE HEAR MEN, in discussing depression and world unrest, say—'There are too many people on earth What we need is another war to kill off the surplus!' And each time we think what a sad commentary this is in our present day civilization Just twenty years ago we fought a war involving almost all of the nations which resulted in the killing of millions of combatants, not to mention the millions of women and children who died of starvation Yet the same old problems are again with us So war cannot be the answer The next time someone advocates slaughter of the excess population, we shall say 'You first, brother There is always a small war somewhere to accommodate you!'"—Timely comment by *The Milwaukee Times* of recent date.

"No GROUP DESIRES ADEQUATE care for the sick more than the medical profession But we see very clearly the tremendous difficulties confronting those who would solve it And we feel that we are entitled to a hearing on the strength of our past record Organized Medicine is really an organism, it is a living, breathing thing" —Statement of fact by the *Weekly Roster*

IF COMPULSORY SICKNESS INSURANCE legislation is enacted in the state of California, the *Los Angeles Medical Bulletin* feels that the consequences would be somewhat along the following lines "The Medical Profession suffering the evils of regimentation, experiences the loss of altruism, and we will see a group of highly minded individuals reduced to a commercially minded labor union organization, where walk-outs, strikes and other unthinkable tactics will become necessary to fight for our place in the sun, rather than the cheerful idealistic service which it is now our privilege to render Social legislation is in direct opposition to the sound principle that the entire force mankind exerts is the accumulative aggregate, egocentric influence of the individual which reaches its maximum when initiative is stimulated, sustained and rewarded, and when the reward is denied that force quickly dies out so that the attempt to regiment us all into unthinkable automatons, numbered, yes, even lettered with the alphabet, is a destructive movement, not one of social progress"

"THE FURY OF THE DEMAGOGUES remains unabated in attacking Medicine Politics and Medicine do not mix Conceivably they might with a proper protective colloid, but who is to furnish this colloid? The politicos do not know how, the public is misinformed and does not know how, all attempts at reasonable suggestions by scientists themselves are shouted down with howls and sneers of derision

"'Human rights are greater than property rights' Granted! Also granted that two is equal to two! A piece of bread is property If you do not have it you starve The right to eat the bread is a human right. Therefore human rights are greater than human rights Quod erat demonstrandum Why free medical service? Why not free food, free rent, free movies? 'Bread and circuses for the people!' 'We planned it that way, my frans'

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"It will all pass A mighty Caesar in his purple reviewing his legions would have given the impression of eternal Rome in deed. An ancient sage remarked as he gazed in awe at the mighty palaces of Imperial Rome, 'This too will pass' It did"—The incompatibility of "Oil and Water" discussed in an editorial in *The Medical News of Rock Island County*

Correspondence

To Mr K, Pharmacist, New York City

Thanks for your praise and that of your medical friends concerning the series of articles "Between Mental Health and Mental Disease" While you disagree with my contention expressed in one of them that preventive medicine is not exactly the same as health conservation, it is regrettable that in your very brief and unsigned note you failed to give us the reason for your disagreement.

I regard health conservation as all embracing and preventive medicine as one of its components Whatever is done socially and individually to conserve and improve and perfect both collective and personal health is health conservation Preventive medicine may be stretched to have the same meaning—and I would have no objection to that—but it is ordinarily used in the limited sense of treating a patient who is already ill so that worse illness may be prevented, or of treating large groups or single persons exposed to infection or contagion. Vaccination against smallpox or prophylactic injection of antitoxin into diphtheria contacts are examples of preventive medicine The introduction of exhaust apparatus in factories dealing with dusty industries or gymnastic exercise for sedentary workers belong to health conservation Health conservation means the creating or encouraging of the circumstances which will keep the entire population or any person in good health

Preventive medicine is in short, an effort to cure a condition which, if neglected, may develop into further disease. While preventive medicine still belongs to therapy —of a higher sort, but therapy nevertheless —health conservation is greater than that and involves more than medical help It is the sum or the result of the work of all agencies for social betterment, even of those which are originally intended to achieve other improvements

March 15, 1938 B LIBER, M D

Annual Reports

Supplementary Report of the Special Committee on Matters Pertaining to Medical Care

To the House of Delegates, Gentlemen

Your Committee submits the following study of suggestions for a State Health Policy in the field of Mental Hygiene as an appendix to its formal report which appeared in the April 1, 1938 issue of the NEW YORK STATE JOURNAL OF MEDICINE (page 552)

In matters pertaining to medical care and to a State Health Policy, it now seems necessary to give more consideration to mental illness and mental health than has, in the past been accorded them either by the general medical profession or the public. Great advances have been made in the conception of the nature of mental illness, of its prevalence, of its relation to physical symptoms and disabilities, and of the measures required for its adequate treatment and prevention.

The prevailing conception of mental illness was formerly confined almost entirely to the gross, incapacitating, socially disturbing manifestations embraced under the terms insanity and mental deficiency Provision for its treatment was left almost entirely to the public authorities Private philanthropy contributed comparatively little, and it has been singularly neglected in medical education and in general medical practice It seems necessary, therefore, in this report to review briefly the present policy and provision for dealing with the problem in the State.

Starting in colonial times with crude forms of lockups and poorhouses in which insane persons were confined, the present excellent State Hospital system for the mentally ill has been gradually evolved. In the establishment of this system the State Medical Society had an important part. Beginning in 1836, the Society memorialized the Legislature and engaged actively in securing public support and legislation for the Utica State Hospital, opened in 1843 In 1864, the Society recommended the appointment of a commission to visit poorhouses in which insane persons were still confined and to report to a committee of the Legislature their condition and treatment. The service of physicians throughout the State was enlisted and a report was made relating to 1345 such persons inadequately cared for in poorhouses A bill was thereupon passed for the establishment of a second State Hospital with a view to making State provision for all such cases This marked the adoption of the principle of "State Care of the Insane" which, however, did not become fully operative until 1890 In recognition of the service rendered by the Society, and especially by its Secretary, Dr S D Willard, the law for the establishment of the new hospital was called the Willard law, and the new hospital, opened in 1869, was named the Willard State Hospital

The extent to which the State has assumed responsibility for the hospital treatment of mental illness is revealed in the fact that ninety-five per cent of the hospital beds provided for mentally ill persons are in the State hospitals The task is so enormous, and is historically so different from that relating to other forms of illness that, for its administration, a separate department known as the State Mental Hygiene Department was created. Like the State Health Department, this is a medical organization, under a medical commissioner and employing in its administration and in its twenty hospitals 402 full-time salaried physicians and dentists and a large number of part-time visiting and consulting physicians who serve without compensation or with a nominal stipend The number of patients under the care of these hospitals is 72 000 The department also conducts five State schools for the mentally deficient and one for the epileptic These are also medically administered, the number of physicians employed being fifty-eight. The number of the mentally defective patients is about 16 000, and of the epileptic patients 2,500 The State provides altogether about 82,000 beds for the treatment of the mentally ill The cost of maintenance and department mental administration exclusive of interest and depreciation for the year ending June 30, 1937, was over $30,000,000 The average annual rate of expenditure for construction during the past five years was over $8 000,000

In addition to the hospitals and institutions conducted by the State, some of the municipal and a few of the voluntary general hospitals in various cities provide special services for diagnosis and for relatively short periods of treatment of the mentally

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Report submitted by Dr Wm. L. Russell, on request of Chairman, on Care and Prevention of Mental Illness

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March 15, 1938 B. LIEBE, M.D

wider diffusion of knowledge relating to personality, mental illness and disability, and psychotherapy, has brought a new group into the field, consisting of psychologists, clergymen, psychoanalysts, social workers, and others who, without a medical education, undertake to give advice and to treat conditions that would tax the best resources of a physician well-qualified in psychiatry The history of the treatment of the mentally ill clearly demonstrates that psychiatry is and must continue to be a branch of medicine. Its practice necessitates ability to investigate the whole nature of man, his mental as well as his physical organization and functions, and to make a diagnosis of his condition, when ill, as a whole person as well as a collection of parts This can only be adequately performed by a physician, and the medical profession must qualify its members and its organizations to deal with the problem as intelligently, honestly, and effectively as it deals with other medical problems

It is evident that the problem is now so outstanding that it must be given a large place in the further development of medical education, of medical care, and of a comprehensive State Health Policy It is large and complex, but some of the lines of progress and desirable objectives seem to be sufficiently clear to enable the Committee to present for consideration the following summary and suggestions

1 The problem of mental illness has assumed such dimensions that a much wider development of resources than those established by the State for the "Care of the Insane" has become necessary

2 The central aim of further developments should be the "Care and Prevention of Mental Illness," and its accomplishment should be included in the aims of a General State Health Policy

3 For its advancement the outpatient, educational, research, and preventive work established by the State Department of Mental Hygiene should be organized, and administered as a clearly recognized extension of its activities beyond hospital service to patients, and provision should be made for its separate supervision in the department, and for its financial support and further development.

4 Better provision should be made for the education of physicians, medical students, nurses, and social workers, in the nature, treatment, and prevention of mental illness and the splendid facilities of the State and other hospitals should be more fully utilized for this purpose.

5 Access to competent professional service and hospital facilities should be as easily available in mental illness as in any other form of illness To facilitate this, the laws relating to mental illness, which reflect the conception of "the Care of the Insane" should be revised

6 Every organized community should have available for private practice, for service in the general hospital, for outpatient service for adults and children, and for school and court services, one or more physicians and nurses well qualified in mental illness

7 Suitable facilities for the admission and treatment of mental illness should be accepted as an essential in all general hospitals Modern sound-proofing and air-conditioning have removed all obstacles that have heretofore made this difficult. The special structural, equipment, and personal requirements are as essential to adequate service as those for surgical, obstetrical, and communicable disease services

8 In furtherance of this policy and development the State Medical Society may have an even more important part than it had, many years ago, in the establishment of the State Hospitals and the State Care System By cooperating with the State Department of Mental Hygiene in advocating needed developments and necessary legislation and appropriations, and in mobilizing medical opinion and support, some very important advances may be facilitated The influence of the Society and its members may be turned to account in advancing medical, nursing, and social work education in mental illness, and in securing better service and hospital facilities for this form of illness in the different communities The meetings of the Society and of its district branches, also those of the County societies may, with advantage, give more attention to mental illness and mental hygiene

More papers on these subjects on the programs and in the JOURNAL and Bulletins would contribute to the information and interest of the members The problem has reached such proportions, and is so important that a special section of the Society, on Psychiatry and Mental Hygiene might, perhaps, accomplish more than might otherwise be possible. This seems especially indicated, because there is no State Psychiatric Society A special committee would also enable the Society to keep informed of conditions and developments, and to cooperate with the State Mental Hygiene Department, with other medical societies, and with mental hygiene organizations in the advancement of measures and developments of which the Society approved

ill Most of these services are not organized and equipped for the prolonged study and treatment of the many conditions presented by mental illness, and they are limited in the scope of their work by legal restrictions We are unable to state the exact number of beds thus provided, but believe a liberal estimate would not be more than 1,500

Thirty-one private institutions, of which only a few are well-organized hospitals, are licensed and supervised by the department The number of patients thus provided for is about 4,000

It appears, therefore, that, in contrast with the provision made for other forms of illness, the tax-supported hospitals provide for fully ninety-five per cent of the cases of mental illness that are known to be receiving hospital treatment in the State It also appears that, notwithstanding the character and magnitude of the provision thus made, it does little more than furnish treatment for the more manifest and advanced forms termed insanity

For many years the main object aimed at in the provision made for mental illness, public and private, has been "The Care of the Insane" The task has been slow and difficult and we have reason to be proud of the extent to which it has been accomplished in this State It is evident, however, that the problem of mental illness will not be solved, any more than the tuberculosis problem could be solved, simply by building more and larger hospitals for the more manifest, advanced, often terminal cases, and at the same time neglecting the early stages and the conditions in which they originate in the communities This has long been realized by those engaged in the work, but prevailing conceptions and standards have been only gradually advancing to permit the practical developments needed For a number of years, however, the State Mental Hygiene Department and its hospitals have, as best they could without adequate recognition and support by the Legislature, been extending their activities beyond the hospitals, in the form of outpatient and social service, and by public education by means of addresses, literature, and cooperation with other organizations in mental hygiene activities The laws have also been gradually liberalized to facilitate access to hospital treatment without unnecessary and obstructive legal formalities Local provision for temporary treatment has been advancing, and the health officer has replaced the poormaster in the duty of seeing that mentally ill persons in the community obtain needed hospital treatment. The State has also led the way in advancing the education of medical students and physicians in mental illness, and for scientific research, in the establishment of the State Psychiatric Institute at Columbia University Medical College.

Great advances have been made in the understanding and attitude of the public concerning mental illness It is more clearly discerned that the patients under treatment in the hospitals for mental illness became ill in the communities and that few of them received skilled attention until their condition became so aggravated that hospital treatment was imperative It is also realized that many less incapacitating conditions than insanity, known as nervousness, neuroses, personality disabilities and peculiarities, behavior disorders, psychopathic states, etc, belong to the same class of illnesses as those termed insanity This has led to many new developments The medical, nursing, and social work schools are giving fuller and better courses of instruction and training in mental illness and in the personality factors in all forms of illness and disability Research is receiving more attention and support. Many outpatient services and child guidance clinics have been established, in addition to those conducted by the State. General hospitals are making provision for more adequate treatment of mental illness, and of the mental problems presented by patients under treatment for physical conditions Psychiatric and mental hygiene service has been introduced into schools, colleges, industrial organizations, courts and correctional institutions, and has been greatly extended in private medical and nursing practice

Mental hygiene organizations have been established for the purpose of advancing the education of the public in regard to mental health and mental illness, and of promoting measures and provision for cure and prevention This has become a widespread movement that is sponsored and, in considerable part, conducted by persons without medical training Most of the organizations, however, look to physicians who are qualified in psychiatry and mental hygiene for guidance and leadership, and are entirely dependent upon them for maintaining soundness in the movement This presents an opportunity and a responsibility that the medical profession should be prepared to accept It has always been recognized that the forms of mental illness that were socially most disturbing were subjects for medical responsibility and treatment The less incapacitating forms and stages have, however, furnished a rich harvest for honest and dishonest healers, and for ignorant and educated charlatans Now, the

CANCER CONTROL

The Doctor and the Cancer Patient

JAMES EWING, M D , *New York City*

When a patient with cancer enters a doctor's office, an emergency is created With correct diagnosis and expert treatment, life is often saved, but the alternative invariably results in the death of the patient. No such situation exists with any other major cause of death

Four types of cancer patients enter a doctor's office

1 The patient may present an obvious cancer, as a hard lump in the breast, or an indurated ulcer of the tongue.

2. The patient may give localized symptoms suggestive of a deep or inaccessible cancer, as *persistent pain in the stomach*, or persistent pain in a long bone, or blood in urine or stools

3 The patient may present an obvious precancerous lesion, as a pigmented mole, or leukplakic spots in the *mouth*.

4 The patient may complain of not a single symptom of cancer which nevertheless exists and may even be advanced. Fortunately this last group is small.

All four classes of patients now frequently fail to receive a diagnosis of cancer by the doctor or doctors consulted Statistics show that twenty-two per cent of cancer cases come to autopsy without diagnosis, and that ten per cent of the diagnoses of cancer are erroneous Therefore, the diagnosis of cancer should be more frequently entertained by the doctor, and when adopted should be more carefully verified

1 Diagnosis of Obvious Cancer

When a patient presents an obvious cancer, the emergency *requires that the doctor* should decide at once what to do He must decide whether he is *himself able to make* an exact diagnosis, to carry through effective treatment, and to deal with recurrences if they develop He should not tell the patient that he has cancer and he should not, as a rule, make a biopsy If he is not able to carry out these measures fully he should immediately make arrangements to send the patient to some place where they can be properly carried out This means the concentration of cancer patients in special cancer hospitals or in general hospitals which are equipped for the most modern cancer diagnosis and treatment.

There may be many situations where the patient cannot for various reasons secure these special services, and the doctor will have to do the best he can unaided, but then it should be recognized that under these conditions the patient seldom gets the best possible treatment.

There are many mistakes made in the initial handling of obvious cancer, and these mistakes usually result in the death of the patient. The cancer may be mistaken for a benign process Much experience is necessary for the diagnosis of many established cancers Delay is generally dangerous Some cancers of the tongue, breast, and uterus reach an incurable stage within a few weeks A biopsy is done by unwise methods, the specimen is sent to some distant laboratory without adequate fixation fluid and with poor clinical data, several days elapse before the report is returned, and the report may be inaccurate There are comparatively few laboratories where accurate diagnosis of biopsy material can be *obtained* In a few circumstances a small portion of tissue may be removed at once in a *doubtful case*, as with ulcerating lesions on tongue, skin, cervix, uterus, or rectum, but as a rule the biopsy should be made by the surgeon who is going to take full charge of the case When the patient reaches a hospital manned by competent cancer specialists, a biopsy is often found unnecessary, or it is replaced by other methods of diagnosis A clean incision by a sharp scalpel is the best method of taking biopsy material

Much harm is frequently done by a hasty resort to biopsy Breast tumors should probably never be incised Enlarged lymph nodes seldom require a biopsy because the diagnosis may usually be made on the clinical characters of the disease and the response to radiation It is generally a grave error to

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This paper is published through the cooperation of the American Society for the Control of Cancer and its New York State Committee, the Cancer Committee of the Medical Society of the State of New York, and the New York State Department of Health

ANNOUNCEMENT

The Annual Banquet of the Medical Society of the State of New York will be held on Tuesday evening, May 10, at 7 P M in the Grand Ballroom of the Waldorf-Astoria, Park Ave and 49th St Subscriptions will be $5 00 per person (including gratuities) Tickets to be collected at tables An excellent menu has already been arranged Outstanding speakers and distinguished guests will attend Fine music will also be provided including a fifteen-piece orchestra for dancing afterward As it is only possible to conveniently accommodate about eleven hundred, it is important for you to send your subscriptions early This will also facilitate the work of the committee in arranging for the seating for such a large number Will you, therefore, kindly plan now for the number of guests, with names, whom you expect to include in your party, or state preference of persons with whom you wish to be seated Cocktails will be served at the assigned tables in the Ballroom upon individual order, at any time after 6 45 P M

Please forward checks *promptly,* at $5 00 per cover payable to Dr Augustus Harris, 2 East 103 Street, New York City, Chairman Dinner Committee

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give headache, choked disc, mental disturbances, vomiting, focal symptoms and sometimes radiological signs Search for a primary tumor in another part of the body is indicated, since many metastatic tumors of the brain are operated upon as primary growths In the nasal passages any chronic discharge, bleeding, pain, or swelling should be investigated for tumors of the sinuses, nasal mucosa, or bones Most tumors of this region are long treated for simple chronic catarrhal inflammation, especially in the antrum Cancer of the nasal mucosa and pharyngeal vault in young subjects is nearly always long overlooked Lymphoepithelioma of the nasopharynx and tongue give very small primary tumors and first appear as tumors of the neck nodes A very thorough examination of the entire nasopharynx by an expert is the only method of excluding cancer in this region.

A single, very much enlarged tonsil calls for the diagnosis of lymphosarcoma and treatment by radiation Or, both tonsils and the entire pharyngeal ring may be considerably enlarged and reddened, before cervical nodes appear This is the only period when lymphosarcoma of the neck can be successfully treated

Cancer of the tonsil, base of the tongue, or pharyngeal wall often gives very difficult diagnosis problems The tumor may be flat and eroded, or definitely ulcerated or diffuse and hard to delimit All indurated ulcers of the tongue and floor of mouth should be regarded as cancer until definitely proved to be of some other nature A biopsy is the only safe method of diagnosis

Enlarged cervical lymph nodes are a difficult and an ever recurring problem. I believe the most important evidence here is a careful clinical history This generally establishes the nature of tuberculous and other simple chronic infectious processes and it may reveal that the disease is systemic. Glandular fever occurs in young subjects who are well nourished and not anemic and the lymphadenopathy is widespread The rather firm, often localized, nodes of Hodgkin's disease appear in subjects who are poorly nourished Lymphosarcoma is a disease of perfectly healthy looking subjects who are often overweight The hard nodes of cancer are generally at first single. Thorough examination of all the areas drained by these nodes should be the first step in diagnosis. The common practice of immediately excising a cervical node for diagnosis is to be discouraged A high proportion of diagnoses rendered on this material are inconclusive or misleading The biopsy does harm in cancer and lymphosarcoma, but the simple aspiration biopsy of lymphnodes nearly always gives a positive result with cancerous nodes The therapeutic test by radiation is a better method Lymphosarcoma recedes rapidly after radiation Hodgkin's disease slowly, tuberculosis very little and with increase inflammatory reaction while most metastatic cancers resist. Radiation is the best treatment of most of these cases as well as a good diagnostic method. Surgery can always be employed later Persistent hoarseness calls for a laryngeal examination Chronic pulmonary symptoms now generally receive early study by the radiograph and pulmonary tumors are thus detected early, and the same method reveals early mediastinal growths

Patients with chronic gastric or intestinal symptoms are often unable to afford a radiographic study and some means should be provided in clinics to supply this service gratis A search for blood in the stools or urine is the least step that can be taken in the face of obscure abdominal symptoms A high proportion of rectal cancers still escape detection because the patient has piles in addition to cancer

The diagnosis of bone tumors is nearly always delayed until the disease has become established and the prognosis bad I would urge that every case of persistent unexplained pain in a bone be regarded provisionally as sarcoma and treated by radiation

This treatment cures giant-cell tumors, non-ossifying periosteal sarcoma and osteitis fibrosa cystica. It is not too much to hope that it may also cure many cases of early true osteogenic sarcoma, endothelioma, and myeloma, but it is quite certain that neither this nor any other method can cure the established stages of these diseases except in very rare instances Doctors will not make the diagnosis of bone sarcoma and patients will not accept it when the penalty is amputation

It is thus apparent that symptoms suggestive of cancer create an emergency for the doctor, drawing heavily upon his resources It is equally clear that in this field the doctor may be of inestimable service to his patient, because since ninety-five per cent of all established cancers are fatal, an early diag-

cut into a suspected bone tumor, especially a giant-cell tumor The radiographic findings and the response to radiation give a correct diagnosis in a very high proportion of cases The local removal of subcutaneous neurofibromas is responsible for a high proportion of recurrences and fatalities from this disease, which often proves to be malignant

The surgical removal of parotid tumors is a difficult task and may be safely entrusted only to surgeons who have a large experience in this field Otherwise the facial nerve may be cut and elongated portions of the tumor may be left The first step should be an aspiration biopsy If the tumor proves to be the ordinary mixed tumor, and the surgeon is skillful, resection is probably the best procedure If the tumor is an adenocarcinoma, radiation is the safest plan In some clinics radiation is always employed first, followed by interstitial radium if necessary, and finally by resection if demanded

The treatment of localized tumors of the breast is a difficult and complex problem Many small malignant tumors of the breast are removed in the doctor's office, a procedure often followed by prompt recurrence and a less favorable situation for radical amputation In dealing with lumps in the breast, the first step should be aspiration biopsy If the tumor proves malignant, then radical amputation is the standard procedure If the lump proves to be a cyst, then aspiration may suffice The aspiration biopsy avoids the complication of a surgical wound and permits radiation treatment, which should generally precede amputation of the breast The surgical biopsy should be employed when the aspiration method is not available, and should be performed only in a surgical operating room where a radical operation may be undertaken at once If indicated by the frozen section or gross examination of the tumor Radiation therapy is to be preferred with inflammatory carcinoma, when there are supraclavicular metastases, and under some other conditions It may completely sterilize small tumors, but is less effective with large growths and axillary extensions

The treatment of suspicious ulcers of the skin and mucous membranes by nitrate of silver is a very common and unwise practice It never cures, but always aggravates a cancer Dermatologists remove scores of quiescent moles in their offices and some assert that they never saw a recurrence, but in a cancer hospital it is very common to find such recurrences and the patient in a hopeless condition If a mole shows any signs of growth or increased pigmentation, it must be regarded as malignant, and the excision should be made with extreme care and with a wide margin of normal skin

The exploratory laparotomy is a very necessary procedure for the diagnosis of obscure abdominal tumors, but it need not be undertaken until other methods fail Not infrequently it is performed in cases of unsuspected carcinoma of the cervix, or carcinoma of the rectum, and more frequently still it is performed when pulmonary metastases are present. It is an excellent rule never to perform an operation for a tumor without taking a radiograph of the lungs This rule is broken in the very best surgical hospitals

In many cases of obscure malignant tumors, superficial and deep, the therapeutic test by radiation gives an excellent indication of the nature of the growth and is often at the same time the best treatment.

These, and many other difficulties in the diagnosis and treatment of obvious malignant tumors lead inevitably to the conclusion that the best interests of the cancer patients require, at least, consultation in a group clinic, or the reference of the case to a special cancer hospital, or special cancer service in a general hospital The experience available at the average general hospital or the equipment provided is usually inadequate to assure the best treatment of the cancer patient. The time is past when the mere ability to perform the standard surgical operation justifies the surgeon in undertaking the treatment of most forms of cancer This fact may be emphasized by the report that the average operative mortality for rectal cancer in nineteen American cities of a population of about 100,000 is forty five per cent while the mortality of many specialists is only five to ten per cent [1]

2 Diagnosis of Obscure Cancer

When the patient complains of symptoms suggestive of cancer another type of emergency arises calling for measures either to establish or to eliminate the diagnosis of cancer These symptoms may be referred to any part of the body

In the skull there are brain tumors which

1 Saltzstein, H C *J A M A*, 91 465, 1928.

that about seventy per cent of all cancers, mostly inaccessible, are beyond the reach of early diagnosis, and that their incidence can be affected only by preventive measures The alert general physician occupies the key position in this entire field, but the exercise of his function to the fullest extent requires an enormous fund of information and experience.

4 Atypical Cancer

Patients may come to the doctor with established and even advanced cancer and yet fail to complain of any symptoms of the cancer or of any other disease It is a remarkable but well established fact that the body can tolerate the growth of malignant tumors without any disturbance so long as the tumor tissue is well nourished and does not interfere mechanically with any function Some of these patients may appear to be in perfect health Usually they suffer from symptoms which are attributed to other diseases

A certain proportion of brain tumors result in sudden and unexpected death Cancer of the stomach, lung, thymus, prostate and ovary often fail to give any localizing and sometimes any general symptoms The first symptom of prostatic or renal cancer may be the appearance of a bone metastasis

Anemia and loss of weight may be the only symptoms of internal cancer, especially gastric cancer, which fails to give any indication of the location of the disease. Such cases are often treated as pernicious anemia Certain bone sarcomas are often treated for months as osteomyelitis Among 100 cases of bone sarcoma analyzed at the Memorial Hospital, only eighteen received a diagnosis of sarcoma by the first physician consulted

An interesting group of cases are those in which a tumor, benign or malignant, has been removed several years previously, but this fact has been overlooked and the symptoms of recurrence misintepreted I have several times had the satisfaction of telling a surgeon that his patient had a glass eye. Overemphasis of the fact that cancer is mainly a disease of middle life inclines physicians to reject the possibility of cancer in the case of young subjects No age is immune Thus cancer in children is nearly always overlooked until the condition is obvious I have seen a small cancer of the testis in a young man overlooked by several groups of physicians until the autopsy occurred

Many of the very rare tumors, which make up a considerable proportion of the grand total, are not suspected because the physician has never heard of such a disease

Thus the field of clinical diagnosis of cancer is extremely broad, full of pitfalls and calling for extreme alertness on the part of the physician

Résumé

The foregoing review leads to the conclusion that the diagnosis and treatment of cancer is a very difficult and exacting medical specialty While the general practitioner occupies the most responsible position in regard to cancer diagnosis, it must be admitted that without wide experience he is not able to meet the demands made upon him and that he requires the help of specialists in many fields This conclusion is no reflection on the ability of the physician Rather should we recall the famous admission of Hippocrates that "Diagnosis is difficult and judgment often fallacious"

The recognition of these difficulties has in recent years led to a world-wide movement to concentration and specialization in the treatment of cancer Hence we find that many countries are building large cancer institutes, organizing special cancer services in large hospitals and establishing group clinics in smaller communities The control of tuberculosis took the same course beginning about twenty-five years ago and there was no definite advance made with this disease until the work became specialized in all departments It seems highly probable that the same course of events will take place with cancer and that when the movement has made substantial progress we shall begin to see a reduction in the death rate from neoplastic diseases

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ANNUAL MEETING

Hotel Waldorf-Astoria, Headquarters

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nosis by the general practitioner becomes the most important weapon in the fight against this disease.

3 Precancerous Lesions

The number of precancerous lesions which present themselves to the alert physician is legion There is also a very large field of preventive medicine in the detection of habits and hazards which are known to lead to cancer

The Jewish ritual of circumcision has rendered that race immue to cancer of the penis Phimosis, chronic balanitis, recurrent eczema and herpes, and many other aspects of chronic irritation exist for months as an invariable antecedent of penile cancer Practically all warty growths on the penis are potentially malignant. Leukoplakia of the vulva is almost the only stage of cancer of that tissue which offers much hope of cure

The mortality of x-ray burns is still very high because the dangerous stages of these lesions are still not recognized When any x-ray burn becomes eroded, moist, infected, and repeatedly bleeding it is high time to destroy the source of danger by radical methods Most of the metastases occur when wholly unexpected, and many follow incomplete destruction by electric needles, diathermy, and fulguration

The discovery of pigmented moles on the general body surface is a simple matter, but the recognition of these lesions in unexpected sites, especially when not pigmented, requires alertness and experience Beneath the toe nail, between the toes, on the sole of foot, about the anus and vulva, in the lower rectum, and about any mucocutaneous junction, indolent ulcers or wounds should always be inspected and suspected of being melanotic

The scars of old burns are apt to develop cancer but only after a long period. Since these cancers appear usually in the scars of burns which have long been infected, the prevention of infection of burns becomes particularly important Any chronic ulcer, simple or tuberculous, may become cancerous but only after a long period Not a few cancers develop in surgical wounds, and when any of these fail to heal after a reasonable period, the suspicion of cancer should be adopted

Benign tumors usually maintain their innocence, but some of them become malignant, especially after incomplete removal. Adenomas of breast, thyroid, salivary glands, mucous membranes and other regions, should be carefully examined after removal by a competent pathologist and if there is any suspicion of malignant tendency, post-operative radiation is advisable. I have to acknowledge at least three errors in the diagnosis of benign adenoma of the breast because the excision was followed by a carcinomatous recurrence. The time to treat certain adenocarcinomatous processes in the prostate is when the tumor is early, localized, and histologically benign

The best statistical studies show that the ulcerating stomach after gastroenterostomy is no more liable to cancer than the normal stomach, and yet the excision of ulcers may remove some early ulcerating cancers which have been mistaken for simple ulcers

Laceration of the cervix uteri is a very frequent precursor of cancer, so that the repair of cervical lacerations and the correction of all forms of leukorrhea is the most efficient preventive of uterine cancer

Since cancer of the mouth is invariably the result of bad teeth, buccal uncleanliness, dental plates, tobacco, and syphilis, the physician may often be of paramount service to his patient by insisting that all these conditions be corrected promptly Leukoplakic spots in the mouth must be watched every few weeks if the outbreak of cancer is to be detected in time

Buccal hygiene in all its details is the most comprehensive of all preventive measures against cancer It affects cancer of the lip, tongue, tonsil, pharynx, larynx, nares, esophagus, and stomach, and it also protects against the danger of many other fatal diseases "La mort entre par la bouche."

Periodical examinations appear to be the only real safeguard against many forms of cancer, but the object of the examination should extend into the detection, not only of early cancer, but of precancerous lesions, and to the elimination of cancer forming habits The general physician can accomplish much by urging periodical examinations among his patients and by pointing out the danger of cancer forming habits

In certain families the hereditary influence may not be dismissed without due attention, especially in mammary cancer and neurofibromatosis Too much may not be expected, even from the most careful efforts to detect early cancers, and cancer forming habits A somewhat careful inquiry indicates

NURSING IN NEW YORK STATE

Albany, April 16—Since Governor Herbert H Lehman signed the Nurse Practice Act a few days ago, the New York State Nurses' Association has been virtually deluged with requests from practical nurses in the State for information on how they may secure licenses to comply with the new law, Mrs Ethel G Prince, president of the association said today The bill was sponsored by the association.

Because others, who have not written for information, may be interested in the requirements of the new law, Mrs Prince today issued a general statement for statewide circulation This statement outlined completely the requirements that must be met in securing a practical nurse's license.

"To obtain a license to practice as a practical nurse, each applicant must submit to the State Department of Education satisfactory evidence that he or she is more than 20 years old, is of good moral character, is a citizen of the United States or has legally declared intention of becoming a citizen, has completed the eighth grade or its equivalent and such other preliminary qualifications as the department may prescribe," Mrs Prince said "Each applicant must have completed the course of study in and hold a certificate of a school for the training of practical nurses giving a course of not less than nine months registered by the department as maintaining at the time a satisfactory standard or has completed a course of study determined by the department to be an equivalent

The applicant will also be required to pass an examination

"Any person holding a certificate as a trained attendant issued by the department may, before July 1, 1940, exchange that certificate for a license as a practical nurse. After that date a trained attendant certificate may be exchanged for a license only upon submission of an explanation for the delay

"Any person who has been lawfully and reputably engaged in the practice of nursing for the year immediately prior to July 1, 1938, who has been a resident of the state for the past year, and who meets the requirements as to age, character and citizenship, may before July 1, 1940, file with the department an application for a practical nurse's license.

"On recommendation of the examining board, the State Department of Education may license as a practical nurse the applicant provided he or she passes a practical examination The department may license a practical nurse without examination providing the applicant meets set requirements and who has practiced nursing not less than five years in the ten years immediately prior to July 1 of this year Proof of this practice must be verified by affidavits of two physicians, members of a county medical society, and it must be shown that the applicant has satisfactorily performed the duties of a nurse.

"Blanks for application for this license will be ready for distribution in the near future and persons wishing to obtain these blanks may secure them by writing to Miss Stella Hawkins, Secretary of the Board of Nurse Examiners, State Department of Education, Albany, N Y"

OBSTETRICAL PLUMBER

The old doctor was possessed of various and sundry curious bills of his plumber It seemed, the plumber's little joke in bookkeeping was being carried too far The doctor cogitated It came to pass that once upon a time his services were needed by the plumber's wife, who had come to term After all was said and done, the doctor rendered his itemized bill in kind

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—Jackson Co (Mo) Med Journal, quoted in Onondaga Med Bulletin

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THE PHYSICIANS' HOME has won the esteem of the Medical Profession of the State of New York This is evident by the increasing support given it by the profession during the past years It is distinctly up to us to continue to protect our own

THE PHYSICIANS' HOME has an urgent and immediate need—the demand to take additional guests We have applications from aged and worn out doctors who can no longer hope to find "the road back" They need our help

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Public Health News

The Origin of Statistics

J. Rosslyn Earp, L R C P, Dr P H
New York State Department of Health

No amount of mathematical manipulation will extract valid conclusions from records that lack validity Some of the distrust of statisticians comes from ignorance of their methods, but some is due to knowledge of the poor quality of the material with which they often have to work.

At the last meeting of the American Public Health Association, Thomas J LeBlanc, professor of Preventive Medicine at Cincinnati, read a paper on "What Should be Taught to Students in Medical Schools in Regard to Vital Statistics" He perceives that the future of preventive medicine must depend more and more upon the cooperation of practicing physicians and argues that the physician of the future must know how to be critical of statistical presentations He adds that "an understanding of the technic will make for cooperation on the part of medical men, whereas ignorance unfortunately usually leads to lack of cooperation or even active opposition" It is entirely reasonable that a busy doctor should object to filling out forms unless he believes that some useful purpose is achieved as a result of his labor

It is not difficult to see some value in the notification of communicable disease as required by Chapter II of the Sanitary Code Prompt and accurate notification of the diseases listed does more than help to determine case fatality rates It is essential to the control of community infection Yet our Division of Communicable Diseases records that recently they had the first news of an epidemic from newspaper clippings several days after the peak of the epidemic had been reached! And in another recent epidemic, attacked too late, a physician stated that he had seen 100 cases of severe sore throat in a village of 1,000 population Yet no report of an unusual prevalence of the illness had been made.

The immediate effects of such negligence are obvious enough However, the remote effects may be no less serious Theobald Smith[1] sums up a discussion of epidemiology by writing "The brief statements concerning some of the world scourges brings into clear relief the great importance of a complete knowledge of the fourth phase of the parasite cycle, that one which has to do with the transit of the parasite to fresh hosts" Complete notification is the first step in the acquisition of this knowledge. And if anyone feels abused let him comfort himself with the observation of Dr DePorte[2] that of 98,069 cases of illness studied in 1927, excluding the venereal diseases, only 3 3 per cent were in the notifiable group!

References

1 Smith Theobald *Parasitism and Disease* p 168, Princeton Univ Press, 1934
2 DePorte *Public Health in New York State* p 406 1932.

GOSPEL TRUTH

The most formidable weapon that we possess against state medicine, irregular practice, cults and other elements that threaten organized medicine is the conscientious practice of our profession No amount of protective legislation that we may pass can equal the painstaking performance of our daily tasks—*Bulletin Acad Med of Toledo and Lucas County*

Criminals in Italy are now considered to be psychically ill, and are treated accordingly The criminal is locked up, not as a punishment, but for treatment with such hormones as he requires, says a letter from Italy to the *Medical Record* Very good results have been obtained, and the "hormono-criminal" school in Italy claims that a criminal once cured of his hormonal deficiency usually becomes a law-abiding citizen and an asset to society

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"Doctor, what shall I do to reduce?" asked the overfed lady

"There is a certain kind of exercise which helps more than anything else"

"What exercise?" asked the lady hopefully

"Pushing yourself away from the table three times a day"—*Medical Record*

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THE WOMAN'S AUXILIARY

To the Medical Society of the State of New York

KINGS COUNTY A meeting of the Kings County Woman's Auxiliary was held on April 12 at the Society Building "A Woman Surgeon" by Rosalie S Morton was reviewed by the President, Mrs. Frederic E Elliott The members were then entertained by a lecture, tour, and tea at the Brooklyn Botanic Gardens

QUEENS COUNTY A typical day in the average home was discussed by Mrs Ottilie Lynn, Child Psychologist, at the Woman's Auxiliary meeting held at the Queens Medical Society Building on March 29 At the close of the lecture, Mrs Lynn conducted an open discussion

On April 26, Mrs Caroline Hood gave a lecture on the Sky Gardens of Rockefeller Center and illustrated her talk with colored lantern slides

RENSSELAER COUNTY Dr John M Swan, a member of the State Board of Cancer Control, described recent advances made in the treatment of cancer to the Rensselaer County Medical Society Auxiliary at its March meeting Mrs Donnelly, President, introduced the speaker

The Auxiliary named Mrs Charles E Bessey as Historian and Mrs John J Carroll as Chairman of finance.

Convention News

The Woman's Auxiliary will hold the annual dinner on Monday evening, May 9 in the LePerroquet Suite of the Waldorf-Astoria Hotel All Auxiliary members and visitors to the convention are invited to attend The dinner committee are working to make this affair the real highlight of the Convention Tickets are five dollars each and may be obtained by writing the chairman Mrs John W Mahoney, 3344 Bell Ave, Bayside, or at Convention Headquarters on Sunday, May 8 or Monday May 9

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The Woman's Auxiliary to the Medical Society of the State of New York will hold its Third annual convention in conjunction with the annual meeting of the Medical Society of the State of New York at the Waldorf Astoria, New York City on May 9 to 12

The third Hobby Show will be held during the four days of the convention displaying exhibits loaned by doctors, their wives or members of their families

There are now Woman's Auxiliaries in fifteen counties to draw from, so that a fine showing may be expected

Any member of an Auxiliary or of a Medical Society having an Auxiliary who knows someone who collects, makes, cooks, writes, or paints something as a hobby, or for pleasure in spare moments, please advise the president of his or her organization, as it is by this means that a Hobby Show is possible.

The President should acquaint the County Hobby Show Chairman Mrs Thomas B Wood, 878 Park Place, Brooklyn with the name and address of the Hobbyist that he or she can be invited to participate in the show Or—to be invited is not necessary—just offer the article to be exhibited

This year home-made jams, canned fruit, vegetables, cookies, candy—all will be gladly received, same to be delivered and removed by the person exhibiting, or his or her agent.

All manner of Hobbies have been offered Paintings, miniatures, carvings, knitted and crocheted articles, quilts, photographs, etchings, needle-point, glassware, early Americana, stamps and many other interesting articles too numerous to mention

To quote a poem handed in by a young doctor—

"The Hobbyist takes a delectable pride,
In showing his work to the world on the side,
And his heart swells within him, he glows in a trice
When some one in passing says 'Isn't that nice'"

* * *

One of the nicest features of our Convention will be our Tea in the LePerroquet Suite from 4 to 6 P M on Tuesday May 10 Our Host will be The Medical Society of the State of New York, our Hostess the Woman's Auxiliary to the Medical Society of the State of New York, and our Chairman Mrs Louis A Van Kleeck of Manhasset. We will be beautifully entertained by Mrs Joseph Jordan Eller who will dance for us

ANNUAL MEETING

Radio Addresses

Arrangements have been made for the following addresses to be given before and during the meeting on the dates and at the times assigned

Date	*Time*	*Station*	*Speaker*	*Subject*
May 6	10·00–10 15 AM	WOR	DR NATHAN B VAN ETTEN, Speaker, House of Delegates, American Medical Association.	WHY A STATE MEDICAL SOCIETY
May 9	3 45– 4·00 PM	WQXR	DR JOHN L RICE, Commissioner of Health, New York City Department of Health	THE HEALTH OF THE CITY
	9·00– 9 15 PM	WHN	DR. JAMES KNIGHT QUIGLEY, Special Committee on Maternal Welfare, Medical Society of the State of New York.	MATERNAL WELFARE
May 10	12 45– 1 00 PM	WEAF	DR CASSIUS H WATSON, Medical Director, American Telephone & Telegraph Company	HAZARDS OF INDUSTRY
	4 00– 4 15 PM	WABC	DR. CHARLES H GOODRICH, President Medical Society of the State of New York.	PREVENTIVE MEDICINE
	6 30– 6 45 PM	WNYC	DR E CLIFFORD PLACE, Chairman Board of Surgeons, Brooklyn Eye and Ear Hospital.	PREVENTION OF BLINDNESS
May 11	1.30– 2·00 PM	WBBC	DR CARL H LAWS, Senior Physician Long Island College Hospital, Brooklyn	SUMMER HAZARDS
			DR GEORGE H. ROBERTS, JR., Physician, Long Island College Hospital, Brooklyn.	MODERN CONCEPTION OF HEART DISEASE
			DR ALFRED E SHIPLEY, Professor of Preventive Medicine, Long Island College of Medicine, Brooklyn	RECENT ADVANCES IN PREVENTIVE MEDICINE
	6 45– 7·00 PM	WNYC	DR. EDWARD S GODFREY, Commissioner of Health, State of New York	THE STATE, THE DOCTOR AND THE PATIENT
	7 15– 7.30 PM	WABC	DR. FOSTER KENNEDY, Professor of Neurology, Cornell University College of Medicine	EDUCATION OF CHILDREN FOR EMOTIONAL CONTROL
May 12	11 45–12·00 M	WNYC	DR. HARVEY B MATTHEWS, Clinical Professor, Obstetrics & Gynecology, Long Island College of Medicine, Brooklyn.	WHAT TO DO ABOUT CANCER
	2·00– 2 15 PM	WJZ	DR. EDWARD S ROGERS, Director, Bureau Pneumonia Control, New York State Department of Health.	PNEUMONIA CONTROL
	6.15– 6 30 PM	WABC	DR. PETER IRVING, Secretary, Medical Society of the State of New York	WHAT 4,000 DOCTORS TALKED ABOUT
	8·00– 8 15 PM	WHN	DR. AUGUSTUS HAMBROOK, Governor's Commission to Study Problems of Hard of Hearing	PREVENTION OF DEAFNESS

ANNUAL MEETING HEADQUARTERS,

Waldorf-Astoria

All meetings will be held in the Hotel, Park Ave at 50th St Rooms may be reserved now at special rates Use coupon on page xxix

employes to return to work without ng a physician, in order to avoid ig these cases to the department of , is poor economy," he said. "If his ries are aggravated by return to work itil advised by a physician, the employe nas cause for negligence action and lawyers are looking for such cases"

VOLUNTARY PAY CUTS amounting to twenty per cent of their present salaries will be taken by the five Buffalo City hospital physicians in the salary bracket above $4,500 In a letter to the Mayor, Dr Walter S Goodale, superintendent of the hospital, asserted that the physicians had agreed to take voluntary pay cuts effective with adoption of the budget for the fiscal year 1938–39 in keeping with the economy program of Mayor Thomas L. Holling

Franklin County

DR. SPENCER SCHWARTZ, a member of the staff of Trudeau sanatorium, was elected president of the Saranac Lake Medical society at a meeting on March 30 at the Ray Brook state hospital He succeeds Dr E M. Jameson Dr George E Wilson was elected vice-president, succeeding Dr Eric Richardson Dr Warriner Woodruff was reelected secretary and treasurer

The medical organization were guests of the staff of the Ray Brook hospital Papers were presented by Dr Edward Levy, Dr Mack McConkey, Dr Richard Kegel, Dr Howard Damon, and Joseph Kuring, members of the hospital staff

Genesee County

DR CLAYTON GREENE addressed the Genesee County Medical Society at a meeting on April 1 at the Hotel Richmond in Batavia, on the Diagnosis and Treatment of Common Heart Diseases

Herkimer County

DR. G J FRANK addressed the Medical Society of the County of Herkimer on April 12 on "Retroversion, Diagnosis and Treatment."

THIRTY PHYSICIANS OF Herkimer county at a special meeting on March 29 took action against a steady influx of foreign physicians

The special resolution calling for appropriate action to protect resident physicians who have spent years of their lives and much money building up a practice, was sent not only to the other county medical societies in the state, but also to the state medical society Other copies will go to the deans of medical schools and other interested persons

The fact that more than 600 foreign physicians, according to statistics in the possession of Dr James Gallo, president, were allowed to open business in direct competition with established physicians in this state in the last year, showed the seriousness of the problem

Jefferson County

DR ROBERT F GATES, seventy-seven, practicing physician of Brownsville, for fifty-three years, died suddenly on April 3 at his home. Dr Gates had followed his profession at Brownville since his graduation from medical college.

Kings County

FIFTY MEMBERS OF THE Brooklyn Academy of Pediatrics attended a dinner on March 23 at the Hotel Granada which was followed by a meeting in the MacNaughton Auditorium of the Kings County Medical Society

Papers on the "Diagnosis and Treatment of the Common Skin Diseases of Infants and Children" and "Recent Developments in Dermatology of Interest to the Pediatrician" were read by Drs George Miller MacKee and George Clinton Andrews Drs Alfred Potter, Binford Throne and Abraham Walzer led the discussion

DR ORANDO S RITCH, a trustee of the New York Medical College and Flower Hospital, who a month ago received a gold medal for sixty years of service to this institution and to humanity, died on April 12 in his home. He was seventy-nine.

Dr Ritch had been a general medical practitioner and surgeon in Brooklyn for sixty years He announced his retirement two years ago, but after five months became tired of inactivity and resumed practice.

A fellow of the American College of Surgeons, he was also a member of the American Institute of Homeopathy and of the State Homeopathic Medical Society and was surgeon at Prospect Heights Hospital

During his career he had served as president of the State and Kings County Homeopathic Medical Societies He had been connected with the Carson C Peck Memorial Hospital, Cumberland Hospital, both in Brooklyn, and the Brooklyn Nursing and Infants Hospital When he retired it was said he had attended 1,800 births without a fatality among the mothers he attended.

Medical News

Albany County

A SURVEY REVEALS THAT fifty-eight per cent of the children under five in the City of Albany have had a complete series of diphtheria immunization treatments—the highest percentage in the cities of the same population group in New York State.

Bronx County

REVOCATION OF A SIX MONTHS sentence for practising medicine without a license was stayed against Dr Vincenzo Falcone in Bronx Special Sessions on March 29 on condition that he return to Italy

Broome County

THE BROOME COUNTY Medical Society met at the Monday afternoon Club House in Binghamton on April 12 and listened to this program Dr Chas H Goodman, "History and Progress of Anesthesia" Discussion of "Surgeon's Standpoint", Dr Paul Jenkins 'Internist's Standpoint", Dr R L Hamilton

THE STATE won a victory on April 12 in a drive to regulate the practice of medicine through injunction when the Court of Appeals, in a 5-to-2 decision, ordered a Special Term of Supreme Court to hear an injunction proceeding against Earl S Laman, a Binghamton and Endicott City chiropractor

The action sought to restrain Laman from practicing as a chiropractor on the ground that his acts constituted "an open, public and continuous nuisance and will cause irreparable injury to health, safety and welfare of the people of the State"

In the lower courts the complaint was dismissed before Laman filed an answer

Chief Judge Frederick E. Crane wrote the opinion, with Judges Harlan W Rippey and Irving Lehman dissenting without opinion

Chemung County

HENRY D NILES, M D, addressed the Chemung County Medical Society at St. Joseph's Hospital, Elmira on April 6, on "Physical Therapy in Dermatology"

Delaware County

DR. RAY D CHAMPLAIN, district state health officer, addressed the dinner of the Delaware County Medical Society in Delhi on March 15 Dr Champlin discussed "Medical Service of the United States Army"

Erie County

THE BUFFALO ACADEMY OF MEDICINE on April 6 listened to a special program arranged by the staffs of Gowanda and Buffalo state hospitals At the meeting on April 13, Dr William Osler Abbott read a paper on "Small Intestinal Intubation in Health and Disease", and on April 20, Dr Henry Dawson Furniss spoke on "Office Procedures in Gynecology and Female Urology"

THE FOURTH ANNUAL SPRING clinical day of the Alumni Association of the School of Medicine of the University of Buffalo was held at the Hotel Statler on April 23, with a morning program, a luncheon, a business meeting, and a dinner The speakers at the morning session included Dr A A. Berg, Dr William F Boyd, Dr Russell L Cecil, Dr Robert A Cooke, Dr Donald Guthrie, Dr Walter I Lillie, and Dr William P Murphy

THE BUFFALO COMMON COUNCIL will be asked to curb alleged abuses of the medical services provided by the city of Buffalo for members of the Police and Fire departments, it was disclosed at the March meeting of the Medical Society of the County of Erie by Dr John C Brady, chairman of the society's committee on municipal medical care.

Declaring that policemen and firemen on the sick list receive full pay for a considerable length of time and therefore are well able to pay for medical treatment in cases that are not service-connected, Dr Brady read to the society's members the first draft of a resolution being framed for presentation to the Council

The resolution provides that no surgeon in the Police or the Fire department shall give other than emergency treatment in cases that are not service-connected Violations of this rule would be punishable by dismissal from city employ of the surgeon giving treatment and the department member receiving treatment.

The society also heard a report by Dr Carlton E. Wertz, chairman of its board on workmen's compensation, who charged that "evidence of the practice of medicine by plant nurses continues to multiply"

"Your board has explained to employers who have attended our meetings that urging

Health and Welfare in Arlington County, Va, has been appointed as Nassau County's new Commissioner of Health, for a term of six years

The new Health Commissioner's office was created by the Nassau County Charter that went into effect this year The appointment was made by the Nassau County Board of Health, of which Dr Benjamin Allison is chairman

New York County

THE ELEVENTH ANNUAL EXHIBITION of the New York Physicians Art Club will be held at the Academy of Medicine from May 9 to May 21 inclusive, 10 A M to 9 30 P M daily Painting, and work in the graphic and plastic arts by members of the Profession Reception for members and invited guests, May 7 at 8 30 P M Officers Pres Dr H A Bancel, Vice-Pres Dr S S Bauch, Treas Dr J M Hartshorre, Sec Dr Jas R Gudger

IT IS ANNOUNCED that "a doctors' orchestra is being formed under the directorship of a famous international conductor whose name is for the present withheld from publication This conductor who, as guest in this country several years ago led our first-class orchestras, has now drifted to these shores in the great exodus from the European fascist countries" For information address Leopold Glushak, M D, 1 W 85 St., New York City

DR JOHN ALEXANDER ROBINSON, otologist, formerly chairman of the section of otology of the New York Academy of Medicine, died at his home on March 24 He was sixty-three years old, a native of New York City

THE NEW YORK BRONCHOSCOPIC CLUB gave a dinner on April 13 at the Columbia University Club in honor of Dr Henry Hall Forbes, and presented to him a silver loving cup

THE TUBERCULOSIS SANITARIUM CONFERENCE OF Metropolitan New York held a clinical session on chronic pulmonary diseases on April 13 at the Cornell University Medical College Amphitheatre Speakers included Drs Emanuel Billard, Clara Regina Gross, Arthur T Robins, and Herbert R. Edwards

Onondaga County

A TESTIMONIAL DINNER was given for Dr H Burton Doust, Health Commissioner, by the Onondaga County Medical Society, on April 5, at the University Club in Syracuse The principal speaker was Dr J A Meyers, President of the National Tuberculosis Association who discussed tuberculosis

THE SYRACUSE ACADEMY of Medicine conducted a symposium on carcinoma at its meeting at the University Club on April 19 Dr Douglas Quick spoke on "Present Trends in the Treatment of Cancer"

"THE OBSTETRIC SOCIETY of Syracuse Hospitals" has been formed with Dr F J Schoeneck, President, Dr Wilbur Newell, Vice-President, Dr Glenn A Wood, Secretary, and Dr Nathan Cohen, Treasurer The next meeting is scheduled for May 10

FORMATION OF A GROUP OF Doctors' secretaries for Syracuse is in prospect

ONE OF THE TELEGRAMS of protest to Congress against the Reorganization Bill was signed by twenty-two Syracuse physicians, who feared it would be a step toward state medicine Their message read 'It is our unpurchasable and independent opinion that this disease called reorganization should be stamped out now We urge you to vote 'No' on the reorganization bill"

Ontario County

THE SECOND QUARTERLY MEETING of the Ontario County Medical Society was held at the Geneva Country Club, on April 12 "The Medical Treatment of Gastro-Intestinal Patients in Whom Surgery Has Failed" was discussed by Dr A H Aaron

Putnam County

AT THE MARCH MEETING of the Putnam County Medical Society, the speaker was Dr Max A Goldzieher, Endocrinologist Gouverneur Hospital, who addressed the Society upon the subject, "Endocrinology and the General Practitioner"

The speaker at the April 6 meeting was Dr Francis P Twinem, Assist. Urol New York Hospital, who addressed the Society upon, "Recent Advances in Urology"—*Reported by John T Jenkin, Secy*

Queens County

DR HENRY G BUGBEE addressed the Medical Society of the County of Queens on April 15 at the County Society Building on "Treatment of Prostatic Obstruction"

AT THE "FRIDAY AFTERNOON TALKS," Dr Samuel Standard spoke on April 1 on "Surgery in the Diabetic," and Dr Henry G Bugbee spoke on April 15 on "Prostatic Obstruction"

DR. LOUIS M DUSSELDORF celebrated his fiftieth year as a practicing physician in Brooklyn in March Dr Dusseldorf has made his home at 392 Union street for forty-eight years The doctor is the son of the late Dr Otto L Dusseldorf who served as physician to the Bureau of Immigration. There were four sons and the two that survive are both doctors The other son is Dr John Dusseldorf of the Parkville section of Brooklyn Today Dr Dusseldorf is being visited by great-grandchildren of patients who called on him many years ago

THE MOVEMENT IN BROOKLYN to remove the Fulton street elevated as a menace to health has been endorsed by the Medical Society of the County of Kings Commenting on the action by the Medical Society, Dr Alec N Thomson said "The streets of a great city should be sunny, airy and clean An elevated structure which throws shadows across homes, blocks air from windows and throws dust into the upper and lower floors of dwellings is hardly a health asset for any community"

Madison County

THE ANNUAL SPRING MEETING of the Madison County Medical Society was held April 14, at the Hotel Oneida, Oneida The following scientific program was presented "The Present Status of Sulphanilamide" by Dr E C Reifenstein, Sr and "Diseases of the Thyroid Gland", by Dr A B Raffl illustrated by lantern slides

Dr Mills has been engaged in revising the Constitution and By-Laws of the Society, and the first reading of that revision was made The officers have been preparing a "Speaker's Bureau" according to the plans as made at the last meeting of the Society, and a tentative program was presented

Monroe County

PAYMENT OF FEES to Monroe County physicians who examine motorists suspected of driving while intoxicated was authorized by Supreme Court Justice William F Love on March 29

The jurist's action removed the last obstacles to District Attorney Daniel J O'Mara's plan for cooperation with the Monroe County Medical Society in an active campaign to rid highways of the drinking driver menace The order directed County Manager Clarence A Smith, as acting director of finance, to pay $195 in fees owing to fifteen physicians who performed examinations during the first two months of the cooperative plan

Justice Love also directed County Manager Smith to set aside $2,800 for similar fees during the remainder of 1938, as well as $300 for payment to physicians who give testimony during trials of drunken driving cases

Although they had presented vouchers, the physicians had gone unpaid because the county failed to make provision for the fees in its 1938 budget, according to O'Mara County attorneys did not oppose a petition for the order when it was handed up to Justice Love

Under the agreement with the medical association, a doctor who examines a suspect is paid $10 for daytime examination, and $15 for one made during the night An additional $10 would be paid if he appeared in court for testimony as expert witness

Nassau County

CLOSE COOPERATION AMONG DOCTORS of Nassau county will be necessary if physicians are to guard their interests in the face of agitation for broadening the scope of socialized medicine, warned Dr Louis H Bauer of Rockville Centre, as he took over the presidential chair at a meeting of the Medical Society of the county of Nassau in the Bar association building, Mineola, on March 29

The new president forecast great changes in practice of medicine during the coming year, and warned his colleagues that "unless we stick together we will get something we don't want, for socialized medicine does not present a very rosy outlook."

He declared that doctors need the medical society, in days of sudden economic change, as much as the group needs the support of new eligible members

This slate of new officers submitted for the nominating committee by Dr Howard M Phipps of Hempstead was unanimously elected

President Elect Eugene Calvelli Port Washington
Vice President Aaron L. Higgins, Rockville Centre
Secretary Treasurer E. K. Horton Rockville Centre

Board of Censors

William C Atwell John M Quinn
Dwight T Bonham N H Robin
E. N Whitcomb

Delegate to State Society Meeting

Louis A. Van Kleeck, for two years

Delegates to Second District Branch Meeting

Jacob E Goldstein, for one year
Thomas C. Newsom, for one year
Harold A. Butman for two years

Compensation Board

Rudolph Dery Stuart T Porter
A Franklin Rowsom

DR EARLE G BROWN, a native of Kansas and former Health Commissioner of that state and at present director of Public

Hospital News

Political Interference in Hospitals

POLITICS HAS NO PLACE in anything that touches the people's health, but the sad truth about it is that "this is recognized by everybody except the less desirable type of politician"

So remarks the *New England Journal of Medicine* in telling of the attacks on the Boston City Hospital made by "pettifogging petty politicians"

Being necessarily intimately concerned with the health of the public in its more sensational aspects, it says, the Boston City Hospital has always been the target for attacks by politicians They have also tried to use its various departments as sources of reward for their creditor constituents Such an attempt was made—early in its history—to control staff appointments This, of necessity, failed and the staff has been completely free from such domination for a long time

Then the buying of supplies was tampered with. This too was corrected by impetus provided through the staff, a department of which exposed and forcibly stopped the sale of grossly infected low grade milk After the War it was notorious that the hiring and discharging of the lesser-paid employees rested in political hands, and the long, hard battle necessary to correct this evil has only recently been won

A Vicious Racket

Finally, the custom of using hospital beds, private rooms and the services of the medical and surgical staffs not only without any monetary compensation but even without the small courtesy of a "thank you" has also been stopped. This vicious racket involved politicians, their families, friends, neighbors and constituents and led directly to overcrowding, the use of the hospital facilities by those not entitled to them, the giving of false addresses by patients, and a resulting lack of efficiency in the care that the legitimate patients required.

With a strict enforcement of the rule requiring payment of hospital bills every two weeks in advance and a thorough skilled investigation before admitting all non-emergency cases, this source of petty plunder, like the staff, the purchase of supplies and the control of non-civil-service emlpoyees, has been rudely taken away

Nursing School Attacked

Only the nursing school remains as a means of granting favors It is to be presumed that the nurses have been immune from this sort of thing in the past because, in the first place, they were ladies and it is hard to bring oneself to include ladies in schemes of this sort, and in the second place, all politicians up to the present had too much self respect to stoop to such measures for the mending of their political fences However, times are hard, a new city administration is starting, and economies, including salary cuts, are in the air

Reports have it that grave evil has been done to the taxpayers by the reorganization of the nursing school at the Boston City Hospital It is difficult to understand how a reorganization that aims only to increase nurses' education and nursing efficiency, and that has been effected after prolonged and meticulous investigation by men experienced in all phases of hospital administration, can do the taxpayers anything but good

It is time to put a permanent stop to such insensate baiting The question today is not whether the nursing school at the Boston City Hospital is run well or badly That can be safely left to the Trustees and staff The question rather is, shall patients be subjected to less and poorer care than they have every right to expect because the administration of the hospital is to be hamstrung every time some minor holder of political office takes it into his head to get some publicity?

THE FIVE-STORY BUILDING at 413 West Fifty-first street, 25x100 5, west of Ninth avenue, has been purchased by St. Clare's Hospital, which owns and occupies the former St. Elizabeth's Hospital building at 415-419 West Fifty-first street.

Rensselaer County

THE AGITATION WHICH persisted with respect to the office of Troy city physician since the appointment of Dr W John Maby by a majority vote of the council Jan 3 was ended on March 13 by Dr Maby's resignation, addressed to Hawley B Harvey, commissioner of finance Immediately following the designation of Dr Maby, Commissioner of Public Safety Edward J Hunt announced that as head of the health bureau he had the appointing power, and since that time Dr J M Purcell, city physician during 1937, has been filling the duties of the office by direction of Commissioner Hunt, with the result that neither Dr Maby nor Dr Purcell received any salary After the reading of Dr Maby's resignation, Commissioner John S Moore moved that the resignation be accepted with regret, and his resolution, that Dr Purcell be appointed city physician, was unanimously adopted, and it was mutually agreed that the salary of the office for January and February be paid to Dr Purcell

DR. ARTHUR BEDELL spoke before the Biological Society of Rensselaer Polytechnic Institute on March 16, on "Photography of the Interior of the Living Eye," illustrated by photographs

AN INHERITANCE TAX REPORT filed on March 29 shows that Dr Charles H Harbinson, city health physician of Rensselaer, who died there May 3, 1937, left a gross estate of $81,169 48

Sullivan County

UNABLE TO FIND A DOCTOR in New York State who would testify against another in a Supreme Court malpractice action instituted more than two years ago, Ellsworth Baker, Monticello lawyer, told Justice Harry E Schirick on March 14 that his client, Abe Strong of Lake Huntington, had sought a medical expert in Pennsylvania and New Jersey Mr Baker revealed the situation during a calendar call, when the court attempted to clear up a number of long-pending actions If no physician who will give testimony can be found by the May term, Mr Baker consented that the case be removed from the docket.

Tioga County

THE ANNUAL POST-GRADUATE lecture course for members of the Tioga County Medical Society opened on March 23 with a dinner meeting at the Jenkins Inn, Waverly The speaker was Dr Meleny and his subject, "Bacterial Invasion of the Human Body"

Other lectures in the course included March 30, Dr James F Morton, "Puerperal Sepsis"

April 6, Dr Lloyd Tyson, "Rheumatism"

April 13, Dr Murray, "Infection of Bones and Joints"

The committee of the county society in charge of the arrangements is composed of Dr Guy S Carpenter, and Dr L J Osborne

Warren County

THE SPRING MEETING of the Medical Society of the County of Warren was held at The Queensbury on March 30 The principal speaker was Dr R H Aldrich of Boston, assistant in surgery on the faculty of the Harvard Medical School and visiting surgeon at the Boston City and Carney Hospitals His subjects was "Burns"

Washington County

THE QUARTERLY MEETING of the Medical Society of the County of Washington was held on April 5 at the Central School, Hartford, N Y The program Vice-Presidental Address, "Cavernous Sinus Thrombosis," by Dr William B Nuzzo, and "Medical Jurisprudence," by Attorney L R Lewis

Westchester County

THE GUEST SPEAKER AT THE meeting of the Westchester County Medical Society on April 19, at Grasslands Hospital, was Dr Ralph Pemberton, Professor of Medicine at the Graduate School of Jefferson Medical College in Philadelphia, whose topic was "Arthritis"

THE YONKERS ACADEMY OF MEDICINE held a regular meeting on March 16, at the Hudson River Country Club After an executive session, Dr Herman O Mosental presented a paper on "Diabetes"

THE MOUNT VERNON MEDICAL SOCIETY met on March 10, at "The Knolls" A resolution was adopted providing that the Society should have eight regular meetings each year rather than five as had previously been decided upon Two of these meetings are to be social in nature Dr Joseph F Saphir, Director of Rectal Surgery at a number of New York City hospitals, presented a paper on "Common Ano-Rectal Conditions, their Treatment with Special Reference to Local Anesthesia"

Babies "Branded" by Suntan

Branding calves is now familiar to the millions who get their thrills from the "westerns" in pulpwood magazines or in board covers Well, away out beyond, west of the "west," in the General Hospital of Vancouver, they are branding the babies, but not with the iron The trick is done with the suntan lamp Something like 1700 babies are delivered there each year, so "adequate protection to prevent them from being mixed is paramount," remarks the *Modern Hospital* The Vancouver hospital uses the nursery name necklace, but adds to it the "suntan identification system"

The name of the baby is tanned on its back through cut-out letters by a water-cooled quartz lamp This is actually done in the delivery room in the presence of the mother and before the baby is taken to the nursery

The machine is brought into the delivery room and the whole process is explained to the mother if she is able to listen Cut-out letters spelling the baby's name are set in the machine and placed against the baby's back One minute of quartz lamp treatment produces a dull reddening of the skin which shows up in a few hours and lasts usually a little more than two weeks, then gradually fades By this means the babies are definitely identified

Within a period of six months the name can be brought back to the visual field at any time by means of a special "Woods" glass which shows up the areas that have been affected by the quartz light

Parents are greatly pleased over this additional check and the mothers easily identify their own babies

One hundred of the 408 physicians and sixteen of the forty-two dentists employed by the New York department of health are said to have joined the C I O union of state, county and municipal workers

Two swastikas, facing east and west about 300 feet above the East River between Seventieth and Seventy-first Streets, on the smokestack of New York Hospital's power plant, have received the hospital's official interest and will be removed if some one will contribute $1,000

The smokestack was designed about 1927 and built before Adolph Hitler came to power The swastikas, used by many ancient peoples as a symbol long before there were any Nazis, were placed in the smokestack, with two Greek crosses, to break the monotony of the light-colored bricks The swastikas are of dark brick.

Recently a number of oral and written objections to the symbols have been received, and Dr R. R. Hannon, the superintendent, admitted that the board of directors had voted to allow them to be removed. The board, however, is unwilling to use hospital funds for the purpose.

Jamaica Hospital unveiled memorial tablets to two former attending chiefs, Dr J Evan Shuttleworth and Dr James Monroe Wicks and its former superintendent, Dr John Edward Daugherty, on April 3 Addresses were delivered by Dr Francis L Riley, President of the Medical Staff, and Howard O Wood, Esq, Vice-President of the Board of Directors, and the Rev Andrew Magill, Pastor of the First Presbyterian Church of Jamaica

Broad Street Hospital, which has been an asylum for the sick in New York's financial district since 1917, when it was founded, and has relied during that time on Wall Street charity for support, is ready to close its doors

F C Hamilton, president of the institution, which received most of its support from Henry L Doherty, filed a petition in bankruptcy on April 8 after the board of directors had authorized him to take such action

The petition explained that the directors were eager to terminate the hospital's business, wind up its affairs and sell the hospital at 129 Broad Street, as well as real estate at 117, 121, 123, and 127 Broad St. and 17 South Street, for the benefit of creditors

Four Chinese girls between the ages of six and eleven years shyly went through the ceremony of presenting $460 to Beekman Street Hospital, New York City, on April 2

Dressed in native, split-skirt street dresses and wearing their black hair bobbed and banged, the girls looked very much like Chinese dolls

The money was collected by the Chinese Chamber of Commerce to help offset the hospital's anticipated deficit for 1938 of

A Message "To Women Who Are Afraid"

A MESSAGE OF CHEERING REASSURANCE to the thousands of women who fear to visit a doctor or hospital, to find if they have cancer, is contained in a letter sent to Dr John C A Gerster, Chairman of the New York City Cancer Committee The writer says she is "*hoping this helps some poor soul*," and then gives her message thus

TO OTHER WOMEN AS AFRAID AS I WAS

I am a writer, was a newspaper feature writer twenty years, yet six years ago when the fear of cancer struck at my heart, I was as bewildered and terror-stricken as though I had come fresh from the backwoods I had noticed a growth, small but alien It did not hurt, but it would not go away I used home remedies, such as iodine, bathing with borax solution, etc., but it remained.

It happened I was not working, I had very little money I wanted a correct diagnosis, but twenty-five dollars or more to a specialist was out of the question So after suffering mentally about two months, I went to the New York City Cancer Committee. I explained that if I could get an examination at little cost, I could afford a small amount of treatment I was received sympathetically and given a card to the Memorial Hospital on Central Park West

I'll never forget the day I went there, sick at heart, wondering if I was to hear sentence of execution There I found a busy place, at least one hundred and fifty potential and regular patients My turn came. A girl took my card, assigned me to a partitioned alcove, sent in another young girl to attend me and make me ready for the physician Two physicians made the examination, then left me in the hands of the girl again.

I was shaking from head to foot, but she soothed me and then the doctor came back. "Nothing wrong," he said I could not believe it "But what is it?" I asked He laughed, "You have reached an age when possibly all sorts of strange things may happen," he explained, "but I assure you this means nothing It probably will go away just as it came." This was too much, I broke down in hysterics. He patted my shoulder "Now now surely you are glad," he laughed. "Go to a movie and forget all about it."

I offered a small amount, but it was not accepted. "One thing I want to impress on you," he said, "if at any time you are frightened again, no matter what you think is wrong, come back immediately We would rather examine one hundred persons and find nothing wrong than have just one wait too long"

I went out of there walking on air No prisoner reprieved from the hangman's noose ever felt lighter, gayer The world looked like a different place. The sky shone, the very air was alive with joy I wish I could put into every woman's heart that joy, the joy of relief But, even if the verdict had been against me, at least I had gone in time for relief and possible cure. That was six years ago and there never has been a return of the trouble.

I was saved everything, embarrassment, money, worry everything, by the kindness and the consideration of the New York City Cancer Committee. My appreciation is such that it never can be enough to express my deep gratitude But I shall do this. Any woman who is afraid, who dreads the possibility of cancer may have my name and I shall support everything I have written here. This is my contribution to try to help women overcome the dread of examination, overcome the neglect which may be serious to them Come, and learn from the Cancer Committee, either the blessed relief of having nothing wrong, or the intelligent way to combat anything that is wrong, to save yourself pain, worry, anxiety and, perhaps, death.

(Signed)

Newsy Notes

ENCOURAGED BY THE SUCCESS of the patrol established at Bradford Lord Memorial hospital at Endicott, Thomas C Holston, Endicott Boy Scout executive, is preparing to carry this work into other Triple Cities hospitals

The patrol, one of the smallest in the United States, is composed of four boys who, because of heart ailments, are unable to enjoy the strenuous life of ordinary scouting, but who wish to obtain the benefits of a Boy Scout's life.

The boys meet each Tuesday morning under the direction of Larry Price, Pine Tree district commissioner All are now engaged in merit badge work.

"If the local patrol continues its successful work," Mr Holston said, "we shall attempt to organize similar groups in Binghamton and Johnson City hospitals"

Jerome F Peck, superintendent of Binghamton City hospital, is one of the sponsors of the project, first of its kind in this section of the country

Medicolegal

LORENZ J BROSNAN, ESQ
Counsel, Medical Society of the State of New York

Injunction To Restrain Practice of Medicine Without License

The Court of Appeals of the State of New York has very recently handed down a decision which is of great importance to all persons interested in the problem of the prevention of the practice of medicine by unlicensed persons *

The action in question was instituted in the name of the People of the State of New York by the Attorney General against a person unlicensed to practice medicine, who was charged with practicing medicine under the guise of chiropractic The specific purpose of the proceeding was to obtain an injunction primarily restraining the defendant from practicing medicine in the State of New York in violation of the provisions of the Education Law

Upon being served with the complaint the defendant moved the Court at Special Term for judgment dismissing the complaint before answering, upon the grounds that the complaint failed to state a cause of action The Court at Special Term granted the motion and the Appellate Division of the Third Department affirmed the said ruling However the Court of Appeals has now reversed the judgment of the Lower Court and has sustained the Attorney General by holding that the complaint in fact does state a cause of action.

The complaint in the action contained a detailed recital of the facts alleged and, summarized, included the following allegations The defendant had, for a period of fifteen years, maintained offices in Broome County during which time he had practiced medicine as defined in Section 1250 of the Education Law, and held himself out to the public as being able to diagnose and treat diseases, pains and physical conditions, that during that period of time he had treated a great many patients and had received compensation therefor, that the defendant lacked proper skill and knowledge for the practice of medicine and that he is not properly trained to engage in the practice of medicine, that he spent only twenty-two months in a chiropractic school and had not followed the courses of study and instruction required in the Education Law to entitle him to eligibility to engage in the practice of medicine, that in the course of giving chiropractic treatments to patients the defendant used heat and electric lamps, light rays, vibrators and ointments, that the defendant had been at no time examined, licensed or registered either as a physician, a physiotherapist or osteopath under the laws of the State of New York, but that in spite of said fact he had openly carried on his practice with full knowledge that he was violating the provisions of the Education Law and "endangering the health and welfare of the people"

The complaint also contained the following allegation

That repeated criminal prosecution of defendant for his unlawful practice of medicine, will make necessary a multiplicity of criminal prosecutions of defendant for his myriad daily acts of unlawful practice, and should convictions result at any time, the penalties provided by law would be insufficient and inadequate as to defendant and would not afford protection to the health and safety of the public as against his uninformed, unskillful, inefficient, incompetent, unqualified and unlicensed practice of medicine. On information and belief, that the continuous, habitual and intentional violation of law by defendant in practicing medicine in the State of New York without a license so to practice, and the continuous diagnosis and treatment by defendant of the diseases, pains, deformities and physical conditions of men, women and children in the State of New York in an uninformed and unskillful manner and without possessing the education, professional ability and medical knowledge required by law, has endangered, impaired and imperiled and threatens to endanger, imperil and impair the health of the public, has defeated and defeats public policy, has constituted constitutes and will constitute an open, public and continuous nuisance in the County of Broome, State of New York, and has been and will be subversive to and has caused and will cause irreparable injury to the health, safety and welfare of the People of the State of New York, and that said public nuisance cannot be caused to cease except by injunctive order in and by a court of equity

The contention of the appellant briefly stated was that the practice of medicine continued daily and threatened in the future by one who was not licensed to do so constituted a public nuisance *per se* which a court of equity would in a proper case

* *The People ex rel Bennett v Laman*, decided April 1938

$150,000 The eldest girl, Phyllis Lee, who wore an embroidered dress of lavender, read a sedately flowery message as she presented the check to Miss Gertrude Anthony, registrar of the hospital

AN ENDOWMENT OF $17,000,000 to extend the use of its present plant and enlarge its program of research and teaching is being sought by the Society of the New York Hospital and the Cornell University Medical College, Henry G Barbey, president of the hospital and chairman of the joint administrative board of the two institutions, announces

Of the amount sought, Mr Barbey said, $8,000,000 would be used for the hospital to help cover the present annual operating loss of about $1,000,000 caused by free and partly free care of patients The remaining $9,000,000 would be devoted to the medical college to strengthen the pre-clinical departments engaged in teaching and research

"No part of the $17,000,000," Mr Barbey stated, "is to be used for additional plant. It will be spent so that our magnificent buildings, modern equipment, and skillful, kindly staff may be utilized to prevent and relieve more of the city's suffering We estimate that service can be given to a materially increased number of patients with a relatively small increase in capital investment."

Improvements

THE X-RAY HOSPITAL, 10 Mt. Morris Park West (2 W 121 St.), New York City, opened on April 3 Its facilities for roentgen and radium application will be open to physicians and properly qualified roentgenologists for treatment of hospitalized patients

A REPORT IN THE *Modern Hospital* states that hospital construction contracts continued to be awarded at a heavy rate during the four weeks ending February 14 A total of sixty-two building projects were reported with costs (stated for sixty of them) totaling over $11,007,000 Since January 1 this makes a total of more than $17,500,000 of new hospital building projects announced, a substantial increase over the $10,300,000 announced during the same period of 1937 Additions to existing hospitals continue to constitute by far the most important group of building projects

Of the sixty-two plans reported forty-seven were additions and forty-five of these reported costs of just under $10,000,000 There were also nine new hospitals to cost $828,000, four alteration jobs involving a total cost of $174,000 and two nurses' homes on which it is planned to spend $183,000

THE CONTRACTORS BUILDING THE $500,000 addition to the Glens Falls Hospital expect to have it ready for occupancy early in July There will be beds for 150 patients when the hospital is completed There are at present ninety-five beds in the crowded old hospital The new section will also offer better operating room facilities, more sun porches and much more space for preparation of food and storage of supplies and equipment. Nurses will be obliged to find living quarters outside after the nurses' home is removed About twenty nurses reside in the nurses' home

At the Helm

THESE HOSPITAL OFFICIALS HAVE BEEN CHOSEN:

Arthur L. James, to be president of Flushing Hospital, reelected.

Herman S Bachrach, to be president of Trinity Hospital, Brooklyn

Dr George E Wilson, to be superintendent *ad interim* of the Will Rogers Memorial Hospital at Saranac Lake.

Mrs William P Murphy, to be president of the St. Cecilia Hospital Guild, of Brooklyn

LEO ARNSTEIN, a leader in philanthropy for more than thirty-five years, was elected president of Mount Sinai Hospital (New York City) on April 12 by the trustees He succeeds George Blumenthal, whose retirement after twenty-seven years as president and election as president emeritus were announced at a dinner in honor of his eightieth birthday on April 7

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enjoin in the interests of protecting the health of the people The defendant contended that there was an adequate remedy provided in the courts charged with the enforcement of the criminal law and that under the circumstances a court of equity was without jurisdiction and should not substitute its authority for the purpose of enjoining the commission of a crime,

The Court of Appeals, however, determined that upon the complaint (the allegations of which were taken to be true upon defendant's motion) the plaintiffs had set forth a proper case for injunction In so deciding the Court of appeals said in the course of its opinion

Section 1251 of the Education Law provides that

"No person shall practice medicine unless licensed by the department and registered as required by this article"

Provision is then made for the admission to examinations, the subjects of examination, the licensing and registration of those found qualified to practice. The criminal penalties are then prescribed in section 1263, quoted before. The prohibition against the unlawful practice of medicine is made without relation to the imposition of a penalty Equity is not concerned with the criminal feature of defendant's acts Another section of the statute absolutely prohibits such unlawful practice. These provisions are designed to protect the people from the ministrations of incompetent, incapable, ignorant persons, and to avoid the consequent harm to their health and physical well-being The interest of the State, the imminence of the danger and the irreparable character of the injury are here fully apparent A court of equity is not powerless to lend its assistance We have pointed out that the fact that a criminal penalty is imposed for the performance of such acts, will not deprive equity of its jurisdiction. In equity the court will consider the criminality of the act only to determine whether, under the particular circumstances equitable intervention is necessary to give adequate protection to the interest invaded or whether justice will be best served by relegating the parties to the criminal court It is not every violation of a statute, even of the statute under consideration, that calls for equitable interference. But where, as here, it is made to appear as a fact that real danger is threatened to the public health by the conduct of the defendant, that irreparable damage to the health of individuals is likely to result, and that criminal prosecution even if successful, will not give adequate protection to those in danger, a proper case for injunction has been made out. There are allegations in the complaint which charge that criminal prosecutions against defendant and others have been unsuccessful due to the reluctance of local juries to convict those defendants That is not a factor calling for equitable intervention It is no part of the office of equity to take over the duties of other public officers Nor will equity sit in judgment on the criminal courts As heretofore pointed out, equity interferes, in a proper case, not to punish the individual for his past acts, but to afford more complete protection to the complaining party by enjoining unlawful acts in the future.

In the case at bar, the People would not be entitled to an injunction upon a mere showing that the statute had been violated or that acts prohibited by the statute had been performed, in the absence of special statutory authority However, they go much farther than that They allege facts showing that the acts of defendant imperil the health of the people of the community, and will continue to cause irreparable injury to the health of the people and perhaps to their lives The relators invoke only the ordinary powers of a court of equity The power of the court to restrain acts which are dangerous to human life, detrimental to the public health and the occasion of great public inconvenience and damage is one that is possessed by all courts of equity Enough has been shown here, which if proven upon the trial, will warrant the issuance of an injunction

The status of the action following the decision of the Court of Appeals is that the defendant must answer the charges made in the complaint and the issues may thereupon be brought to trial If the charges are sustained by the evidence the Court is entitled to restrain the defendant from engaging illegally in the practice of medicine. The decision places in the hands of those charged with the enforcement of violations of the provisions of the Education Law dealing with the illegal practice of medicine a potent weapon with which to deal with unlicensed medical practitioners

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ANNUAL MEETING

Hotel Waldorf-Astoria, Headquarters

All meetings will be held in the Hotel, Park Ave at 50th St
Rooms may be reserved now at special rates Use coupon on page xxix

Across the Desk

A Saunter Through the Medical Zoo

WHAT SORT OF BIRD is the doctor, anyway? That is perhaps what some onlookers may be asking as they view our current medical panorama—not to say melodrama or phantasmagoria This question was answered the other day by the new president of the American College of Physicians, Dr William J Kerr, of San Francisco, in his inaugural address Speaking for the College, he remarked that it was like "the lambda bird" (as reported in the *New York Post*)

"The lambda bird," he said, "can move in only one direction That direction is forward. This bird can fight only with its toes It can strike only forward with them It never kicks back

"It is to be hoped that the head may be able to keep out of the sand It is to be hoped that the head may be alert to situations developing in the country"

Here's hoping, too, that President Kerr has got his ornithology on straight, and isn't trying to put a fast one over on us Our nature-study handbook on "How to Tell the Wild Animals from the Wild Flowers" is mislaid at the moment, so we cannot verify it. However, the various quacks and fakirs who have tried conclusions with the doctors in some of the western states recently can testify to the "lam" packed in the M D 's punch, so that part of it is O K., and carries its own K.O

Low-down on Lowing Kine

Lambda, of course, is a Greek letter, and suggests the next one in its alphabet, mu, pronounced rather like "Moo," which brings to mind the lowing kine Do any of our medical friends resemble these useful but placid animals? Not any in our grand old State of New York, certainly not. No, no It is only in other states that this happens The president of a county medical society in Michigan is the one who really brought up this idea In the *Bulletin* of the Calhoun County Medical Society he comes right out and asks

"WHO WANTS TO BE A COW?"

Perhaps no group of individuals know more about the uncertainty of life than we do as Doctors The world of today reveals the rumblings and disturbances which have resulted from the reactions of certain people to the uncertainties of their own lives The results in the masses are those of apprehension and mental states that have been approximated within the memory of any man alive today

Yet, as a group, what has happened to medical men and what does the future hold?

To talk to different doctors in our own community is as enlightening as it is discouraging Each one seems so full of his own petty affairs that it is difficult to believe he is truly a part of the great social scheme. His chief concern, and rightly, too, is to make a living—to feed, clothe and shelter his family He does not, however, appear to ever hold a conference with himself to ask whether what he does for his own is all he can do or whether by adopting just a slight change in his mental processes he might do better

He accepts his lot in life and is smug over an extra house call or an unexpected small piece of business he just can't think outside of a certain groove nor in numbers larger than a successful business man would call trivial

Is there no way to impress the Doctor that the very uncertainty of his own human existence is an asset—that there are greater things, both material and spiritual, to be obtained if he can just stop thinking only as a Doctor and get a true perspective of himself and his fellows in medicine.

What can shake this smugness out of ALL the Doctors of Medicine? Do you recall the old saying "A cow is the most contented of all animals?"

Back-seaters, Come up Front!

This appeal to the back-seaters in the county society to come up front, shed their calm and their coats, and lend a hand, was spotted and sent in to this department by a prominent member of the Council of our own State Society It is timely gospel, and fits like a glove the member who takes as his life motto "Let George do it." Organized medicine is facing what may be the big crisis of its history, and has no room for the purely ornamental member or chair-warmer, such as is described by Thackeray

> "He was more than usual calm
> He did not care a single damn"

It must be said that the succession of

bad bumps and jarring jolts received by the foes of honest medicine around our fair land in recent years indicates that the medical leaders, anyway, have their fighting clothes on, and appear free from any infection of the sleeping sickness germ If they have any bovine qualities, they seem to come from the gentleman member of the family, who knows how to toss intruders over the fence on a sharp pair of horns.

A New Club of Old Members

An interesting club is being formed by the Illinois State Medical Society It is called the "Fifty Year Club," and is made up not only of members who have completed fifty years of practice, but also of any non-members of equal service recommended by the medical societies of their counties It is expected that the membership may reach around 200 What a wealth of medical and human experience, wisdom and reminiscence will be brought together in this club passes the imagination The committee in charge is already canvassing these golden-jubilee practitioners to find and preserve information about the highlights of their careers, and it is not too much to aver that Illinois is on its way to having a unique and invaluable collection of historical medical lore

One doctor began practice in 1872 Another has had a large "boat practice" along the waters of southern Illinois Our way of living has probably been more radically transformed and revolutionized in the past fifty years than in any other equal time in the history of man, and these grand old men of medicine are slipping away quietly but rapidly week by week, as noted on other pages, their recollections lost forever What a "slice of life" these veterans can give is seen in Dr Macartney's vivid book, noticed in this department a few weeks ago "Every man has a book in him," they say—we have Dr Macartney's, why not go after some of the rest?

Homes for Homeless Doctors

Lifting the sights of our telescope, we range a couple of thousand miles further, to California, and find a movement on foot there to encourage the county medical societies to build homes of their own. Societies of more than 100 members are especially urged to have permanent quarters, nothing more, at the start, perhaps, than a meeting-room arranged for use as a library and social club The woman's auxiliary could lend a hand in making it homelike The possession of its own headquarters adds to the prestige of any society and stimulates its growth and *esprit* Arrangements can be made with the Federal Home Loan authorities to finance the undertaking to a large extent, and the sums now paid in rent could go to help the new enterprise. In Los Angeles every applicant for membership in the county medical society must pay, or sign a note to pay, one hundred dollars into the permanent quarters fund As a result, it has a fine headquarters and library building Smaller societies have attractive bungalows The editor of *California and Western Medicine* closes his editorial on this topic by saying, "Where there's a will there's a way," and while he is no doubt referring to the vim and vigor of the living, his phrase suggests that the last will and testament of some friend of the profession might help a lot, too

Sinister Side of State-run Medicine

The Nazi government, according to "extremely reliable sources" quoted in *The News Week* (Feb 21) has instructed doctors that deformed or abnormal babies are not to be brought into the world. "As a medical man, you will know how to prevent the child taking life, and what to explain to the mother" Which is of more menace to the world, physical deformity or a mental and moral twist? One is to be denied life, the other may grow up to seize the reins of power, mislead a nation, and plunge the world into war

It takes hardihood to set up as a judge of who shall live, and who not, and the one who lightly assumes such a responsibility might well remember the words "Judge not, that ye be not judged"

Books

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and the interest to our readers

RECEIVED

Man, Bread and Destiny The Story of Man's Food By C C Furnas and S M Furnas Octavo of 364 pages Baltimore, Williams & Wilkins Company, 1937 Cloth, $3 00

Handbook on Nasal Accessory Sinuses By Frank L Alloway, M D Duodecimo of 121 pages, illustrated Kingsport, Tennessee, Kingsport Press, Inc, 1937 Cloth, $2 00

Digestive Tract Pain. Diagnosis and Treatment. Experimental Observations By Chester M Jones, M D Octavo of 152 pages New York, The Macmillan Company, 1938 Cloth, $2 50

The Physician's Business Practical and Economic Aspects of Medicine By George D Wolf, M D Octavo of 384 pages, illustrated. Philadelphia, J B Lippincott Company, 1938 Cloth, $5 00

Treatment of Some Chronic and Incurable Diseases. By A T Todd, M R C P Octavo of 203 pages Baltimore, William Wood & Company, 1937 Cloth, $3 00

Operative Gynecology By Harry S Crossen, M D and Robert J Crossen, M D Fifth edition entirely revised and reset Quarto of 1076 pages, illustrated St Louis, C V Mosby Company, 1938. Cloth, $12 50

Practical Bacteriology, Haematology and Animal Parasitology By E R. Stitt, M D, Paul W Clough, M D & Mildred C Clough, M D Ninth edition Octavo of 961 pages, illustrated Philadelphia, P Blakiston's Son & Company, Inc., 1938 Cloth, $7 00

A Textbook of Hematology By William Magner, M D Octavo of 395 pages, illustrated Philadelphia, P Blakiston's Son & Co, Inc, 1938 Cloth, $4 50

Milestones in Medicine Laity Lectures of the New York Academy of Medicine Introduction by James A Miller, M D Duodecimo of 276 pages, illustrated New York, D Appleton-Century Company, Inc., 1938 Cloth, $2 00

Illness Its Story and Some Common Symptoms A Guide for the Layman By S Henning Belfrage, M D 16mo of 173 pages New York, Oxford University Press, 1938 Cloth, $1 50

Physicians' Vitamin Reference Book. Presenting to the Clinician a Useful Compendium of the Latest Facts About Vitamins By the Medical Division, Professional Service Department, E R. Squibb & Sons Duodecimo of 126 pages, illustrated New York, E R. Squibb & Sons, 1938 Cloth.

REVIEWED

Diseases of the Blood and Atlas of Hematology With Clinical and Hematologic Descriptions of the Blood Diseases Including a Section on Technic and Terminology By Roy R. Kracke, M D, and Hortense E Garver, M S Quarto of 532 pages, illustrated Philadelphia, J B Lippincott Company, 1937 Cloth, $15 00

Within the past year several excellent works on hematology have been published Kracke and Garver *Diseases of the Blood and Atlas of Hematology* is one that merits first rank position It is a most comprehensive work which is divided into the following sections I, Hematologic terminology, II, Development and Morphology of Blood Cells, III, Leucocytosis and leukopenia, IV, the Anemias, V, the Leukemias, VI, Hemorrhagic Diseases, VII, Miscellaneous In the last are included such important subjects as Infectious Mononucleosis, Polycythemia Vera and Malaria, discussed as diseases, the bone marrow, blood groups and transfusion and the blood picture of normal laboratory animals Section VIII is devoted to hematologic technique.

It is indeed unfortunate that the author titles this excellent work as "diseases of the blood", especially since such emphasis is placed in medical teaching that the diseases are really of the blood producing tissues The author discusses terminology critically, but introduces a system of his own as do other authors also One must admit, however, that it appears attractive and logical The glossary of hematology is particularly valuable. Yet a reviewer must be exceptionally tolerant in so controversial a field as hematology, and therefore, should not call attention to statements with which he does not agree This is especially true here, since in no field is there greater individualism The text is profusely amplified by tables, charts and most excellent illustrations The blood pictures are finely and accurately reproduced in natural colors, and accompanied by legended schematic maps After each section is a discriminately selected list of references The volume is replete with hematologic information, and should be of inestimable service to the clinician and laboratory worker

MAX LEDERER

Crippled Children, Their Treatment and Orthopedic Nursing By Earl D McBride, M D, and Winifred R. Sink, R N Second edition Octavo of 379 pages, illustrated St Louis, The C V Mosby Company, 1937 Cloth, $3 50

It is not infrequent to have a request from training schools for a suitable textbook on orthopedic nursing To meet this demand there have been in the past fifteen years, some few contributions in book form This particular work first appeared in 1931, and met with considerable favorable comment. The collaboration of an orthopedic surgeon and a registered nurse, both of whom have had particular contact with the crippled child, is to begin with, an excellent combination In this second edition they have covered the field thoroughly The volume contains many practical suggestions for the doctor as well as for the nursing profession The text is attractive reading, clear, and concise The illustrations are commendable It is a volume that should be available in the libraries of all training schools

DONALD E MCKENNA

The Betty Book. Excursions into the World of Other-Consciousness Made by Betty between 1919 and 1936 Now recorded by Stewart E White Duodecimo of 302 pages, New York, E P Dutton & Company, 1937 Cloth, $2 50

This book, as its subtitle implies, is an excursion into spiritualism It deals with an account of the experiences of one called "Betty" who is regarded as a psychic, and with the communications received by her from the invisibles The author attempts to make a case for spiritualism and apparently is a great follower of that movement.

To one who deals with life's realities and to one who is interested in mental hygiene, this book will have little appeal On the other hand to those who delve into spiritualism and similar allied subjects the book should prove of considerable interest.

IRVING J SANDS

Sex Life in Marriage. By Oliver M Butterfield, M A Duodecimo of 192 pages, illustrated New York, Emerson Books, Inc, 1937 Cloth, $2 00

The title of this little volume at once gives an idea of the contents In its pages may be found the answer to many sex problems, and what is more important, a careful application of these answers will prevent many of the problems from ever arising

There are many books on sex life being published This volume is written by one who is eminently capable because of his long experience as a marriage councilor, and his previous experience in the writing of *Marriage and Sexual Harmony*

This small volume is certainly one of the better books on sex, and all those who wish to learn the real facts will gather much knowledge by a study of its contents

WILLIAM SIDNEY SMITH

Wheeler and Jack's Handbook of Medicine Revised by John Henderson, M D Tenth edition. Duodecimo of 703 pages, illustrated Baltimore, William Wood & Company, 1937 Cloth, $4 00

In this edition the section on the anemias and parts of the section on gastric disorders have been rewritten It is still a small volume, slightly larger than its predecessor To the physician it is chiefly useful for hurried reference, and to the medical student for review purposes It has found a place for itself since the first edition of 1894

WILLIAM E MCCOLLOM

The Management of Fractures, Dislocations, and Sprains. By John A Key, M D and H Earle Conwell, M D Second edition Quarto of 1246 pages, illustrated St Louis, The C V Mosby Company, 1937 Cloth, $12 50

This second edition is an excellent volume on the subject It is clearly written, well illustrated, and treatment is so detailed as to be easily understood The orthopedic phase of fracture work is discussed in more detail than is usual in such works, and the traumatic aspect of such injuries is well covered The medico-legal risks are plainly set forth in the chapter on that subject, and this is an invaluable aid for both practitioner and specialist No one doing fracture work should be without this knowledge.

The section on Injuries in the Region of the Hip has been expanded, and new illustrations added The subject of Fractures of the Neck of the Femur is very well covered, and stress laid upon the operative treatment of such fractures in a full discussion of this phase of fracture work. The chapters on Fractures of the Skull and Brain Trauma are fine, as well as the one on Fractures of the Jaw and Face.

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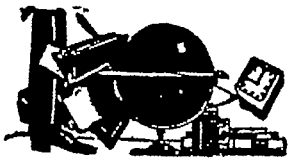


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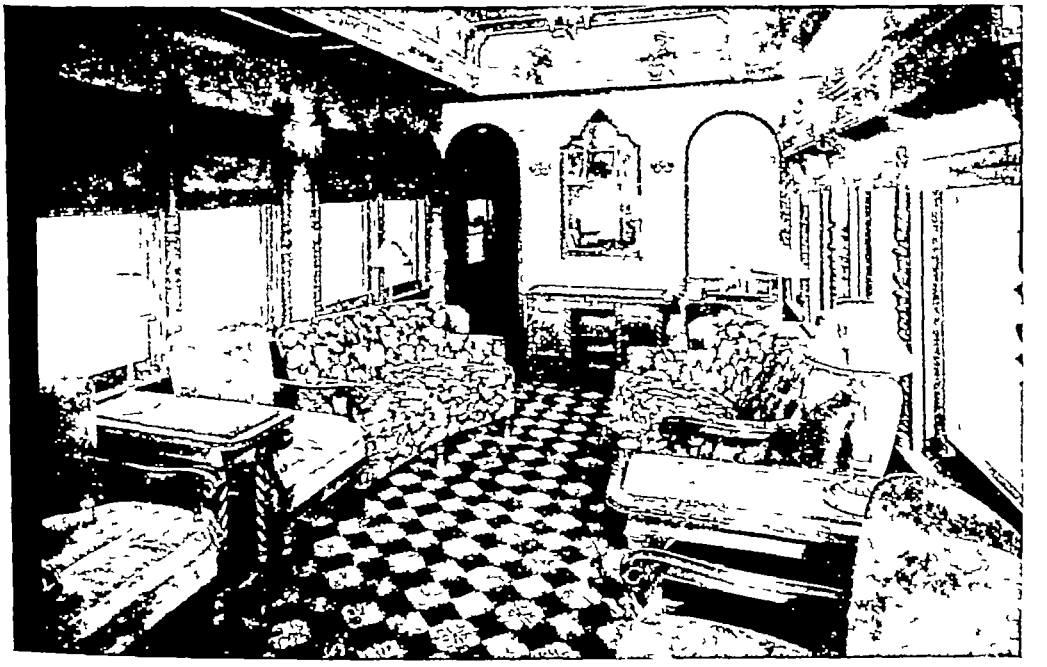
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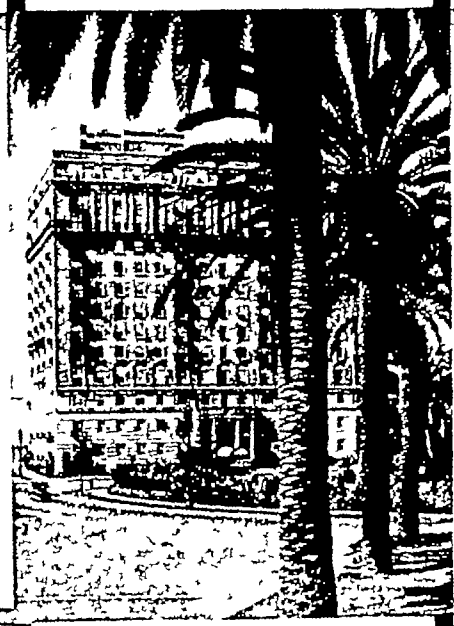
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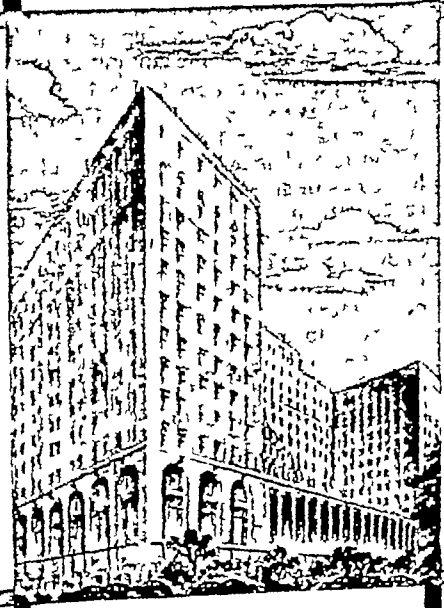
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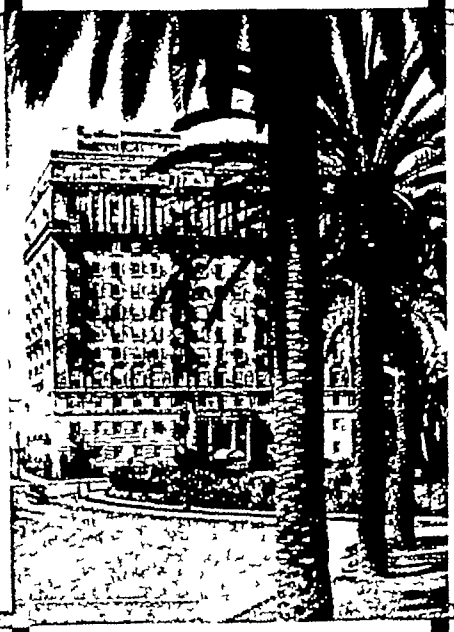
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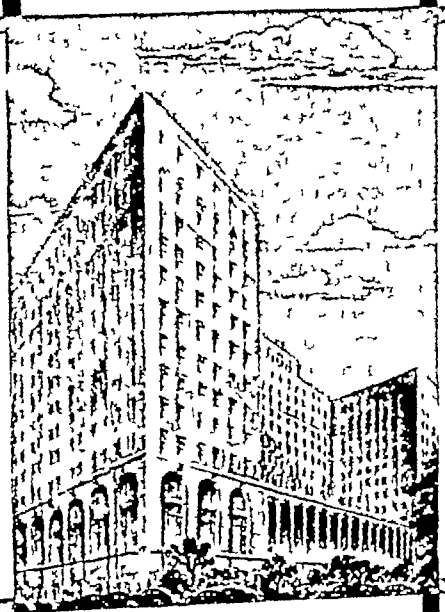
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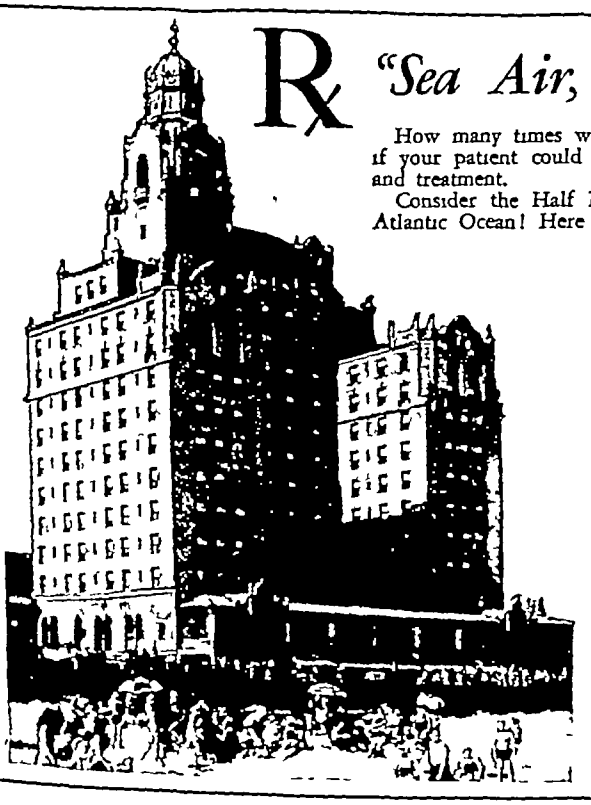
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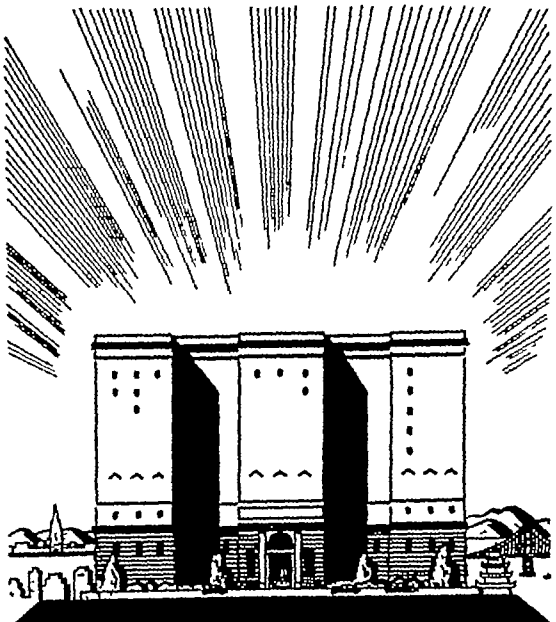
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Average number of employes in 1935 was 41,429, and average annual compensation $1,660.22—total yearly pay amounting to $68,781,299

Santa Fe federal, state and local taxes for the year 1935 aggregated $10,476,179

These figures are impressive as showing the growth of this great transcontinental system from a small beginning in one state to present trackage in twelve states

Back of a big undertaking one always finds big men Among those who helped to make the Santa Fe, six men deserve preferred mention—C K Holliday, promoter, first president and for thirty-seven years a director, A A Robinson, chief engineer and vice-president, Wm B Strong, president from 1881 to 1889 E P Ripley, president from 1895 to 1920, W B Storey, president from 1920 to 1923 and S T Bledsoe, now president.

The Atchison & Topeka R R Co was chartered by the Kansas territorial legislature February 11, 1859, and organized September 17, 1860 By act of Congress, accepted February 8, 1864, the state of Kansas was granted about 3,000,000 acres of land for the building of this railroad, as compared with 26,000,000 acres and $61,000,000 cash given another cross-continent line. This tract consisted of odd-numbered sections, mainly in Arkansas Valley, in a strip 335 miles long and averaging from 20 to 40 miles in width, between Cottonwood Falls and Kansas-Colorado state line.

Ground was broken in November, 1868, for construction of the Atchison, Topeka & Santa Fe R R. First train ran from Topeka to Wakarusa in April, 1869 The road reached Carbondale June 17, 1869, Emporia in August, 1870, and Newton in 1871 In spring of 1872 trains were first operated between Topeka and Atchison, also between Newton and Wichita Construction from Newton west began May 1, 1872, the "end of track" being, in succession at Hutchinson, June 17, Great Bend, August 5, Larned, August 12, Dodge City, September 9, and State Line, December 28 of that year—or 360 miles of new track in eight months Granada, Colo, was reached by May 10, 1873, and Las Animas, September 13, 1875 Early in October, 1875, the line from Kansas City to Topeka was acquired. Pueblo was put on the Santa Fe map March 1, 1876, and Denver soon afterwards

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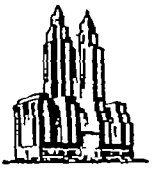
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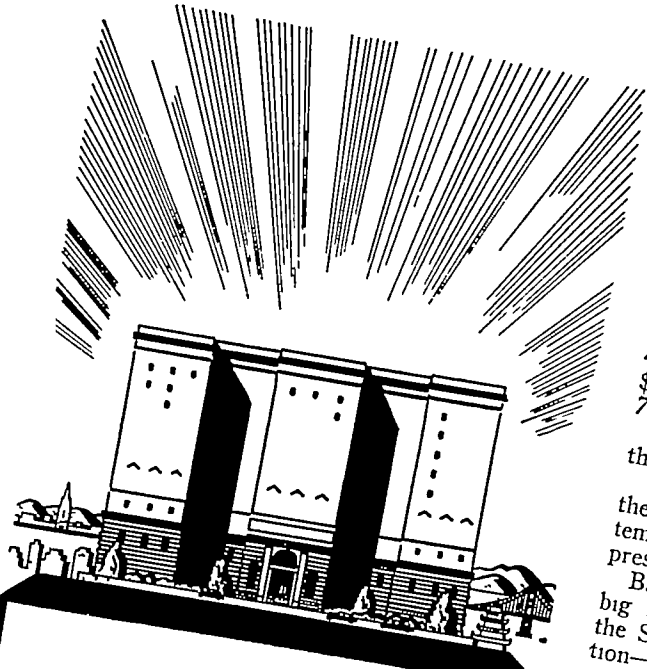
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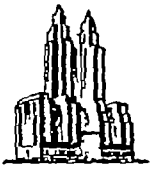
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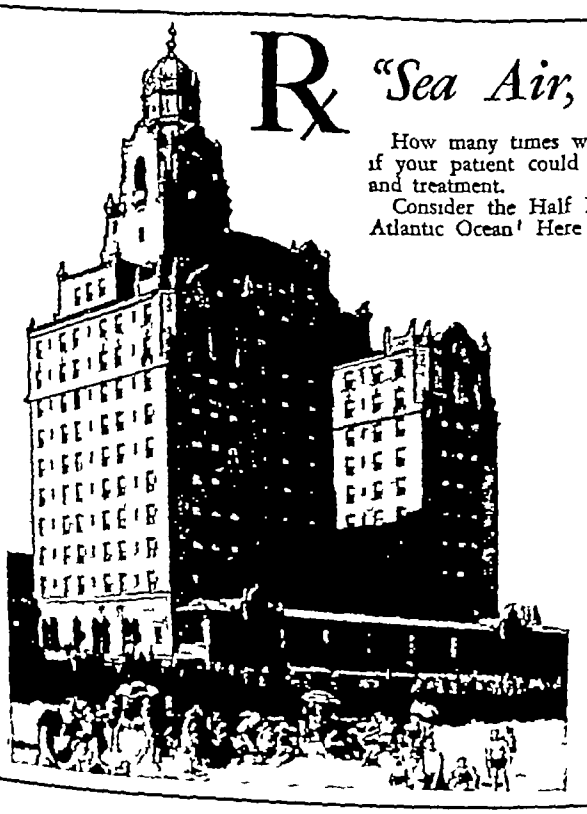
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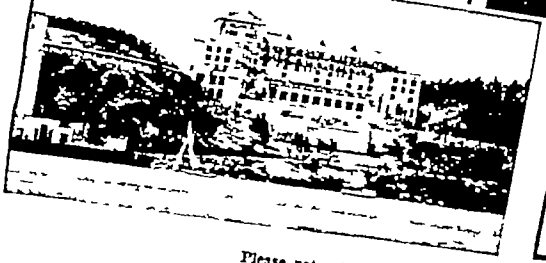




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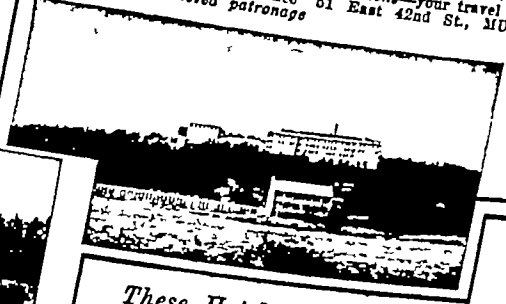
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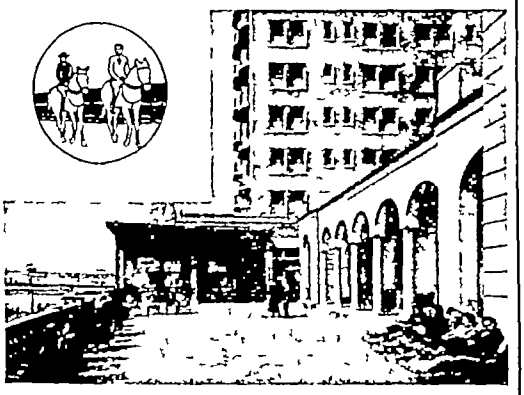


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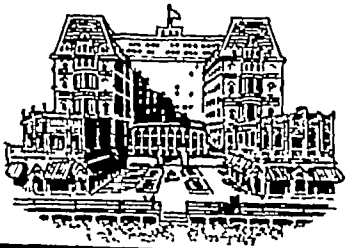
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During May, 1886, the Gulf, Colorado & Santa Fe Ry was taken over Another important undertaking was the extension from Kansas City to Chicago, through trains being put on in the spring of 1889

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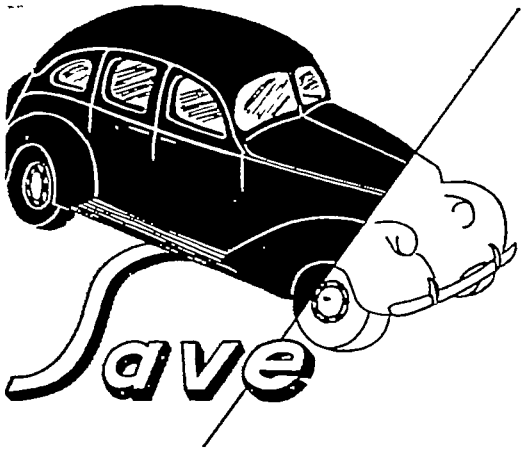
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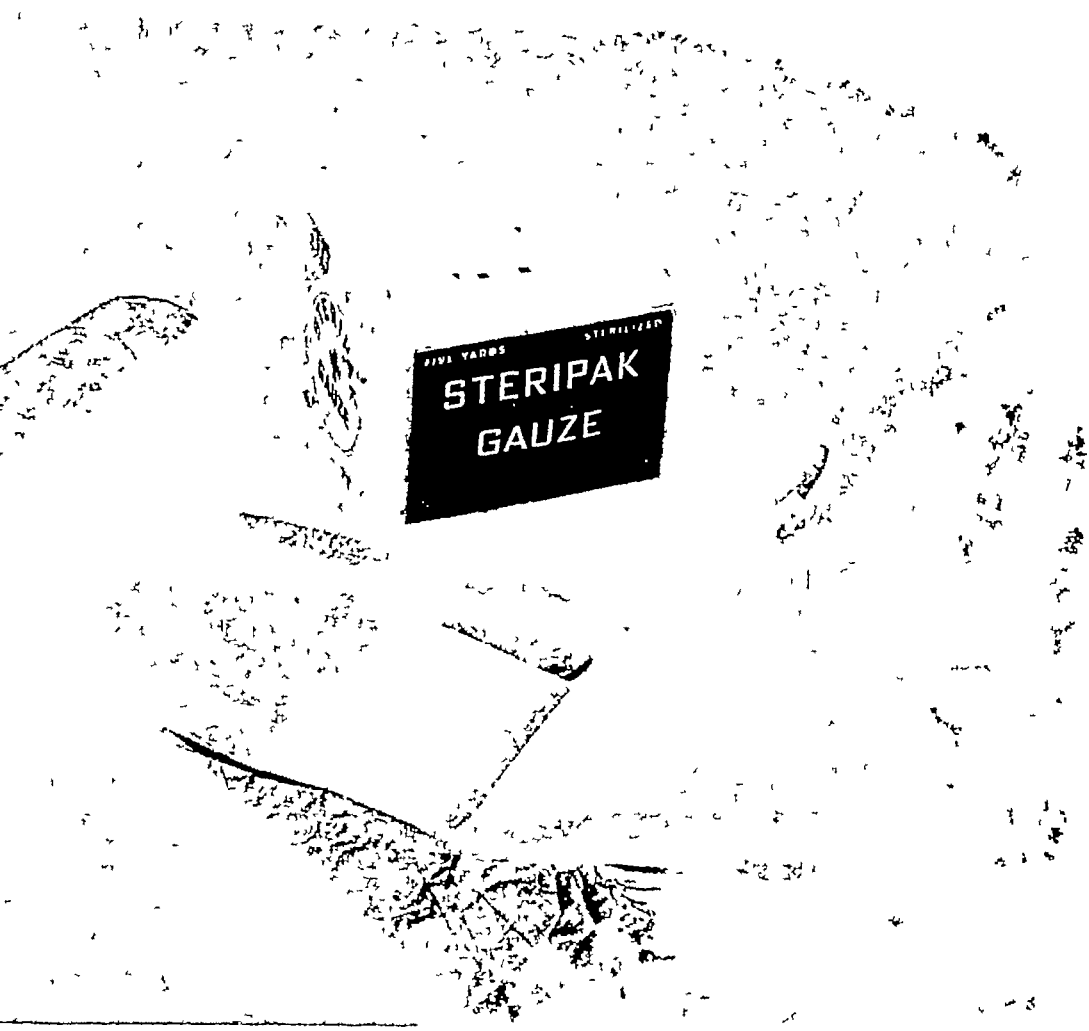
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Are the Neuritic Symptoms of Pregnancy *due to a deficiency of vitamins B1 and G?*

SUCH common neuritic symptoms of pregnancy as pains in arms and legs, muscle weakness, and (less frequent but more serious) paralysis of the extremities may result from a shortage of antineuritic vitamins, recent investigations appear to show Although neuronitis of pregnancy has long been considered a toxemia, no toxins have ever been identified

Clinical observations of Strauss and McDonald lead to the conclusion that the condition is a dietary deficiency disorder similar to beriberi, caused by lack of vitamin B_1, complicated by symptoms which may be traced to shortage of vitamin G They report recovery in their cases receiving this therapy, including dried brewers' yeast

Hyperemesis as Cause of Avitaminosis

Wechsler observes that all cases of polyneuritis of pregnancy recorded in the literature were preceded by long periods of severe vomiting "It would seem," he adds, "that because of actual starvation these patients suffered from avitaminosis and consequent neuritis," a view likewise held by Hirst, Lukart, and Gustafson Plass and Mengert observe that the practice of giving high carbohydrate feedings for hyperemesis gravidarum is still more likely to cause avitaminoses B and G

oDried brewers' yeast as it is far richer than any other food in vitamins B_1 and G is being used with benefit both in the prevention and treatment of polyneuritic symptoms of pregnancy Lewy found that additions of yeast to the diet reduced electric irritability of the peripheral nerves and brought clinical improvement Vorhaus states that he and his associates, after administering large amounts of vitamin B_1 to 250 patients having various types of neuritis, including that of pregnancy, observed in about 90% of cases "varying degrees of improvement, i e , from partial relief of pain to complete disappearance of all symptoms

Need for Vitamins B and G in Lactation

Evans and Burr Hartwell, Sure and co-workers and Macy *et al* are among numerous authorities who find that the nursing mother also needs supplements of vitamins B_1 and G from 3 to 5 times the normal requirement. Tarr and McNeile report that the physical, mental, and emotional status of 120 pregnant and lactating women receiving Mead s Brewers Yeast and other foods high in vitamin B was superior to that of a control group of 116 women



Since the management of polyneuritis of pregnancy is difficult at best, it would appear logical to supply those dietary substances which may safeguard against it. One of the richest and most convenient sources of the anti-neuritic factors, vitamins B1 and G, is Mead s Brewers Yeast Tablets. Consisting of nonviable yeast, they offer not less than 25 International vitamin B1 units and 42 Sherman vitamin G units per gram.

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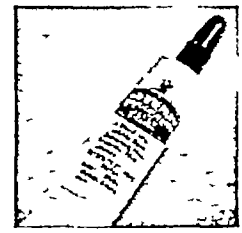
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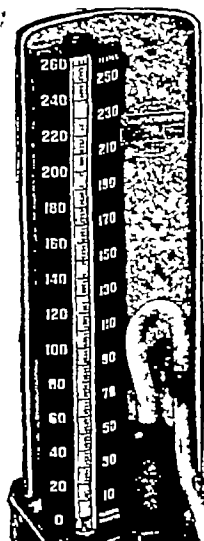


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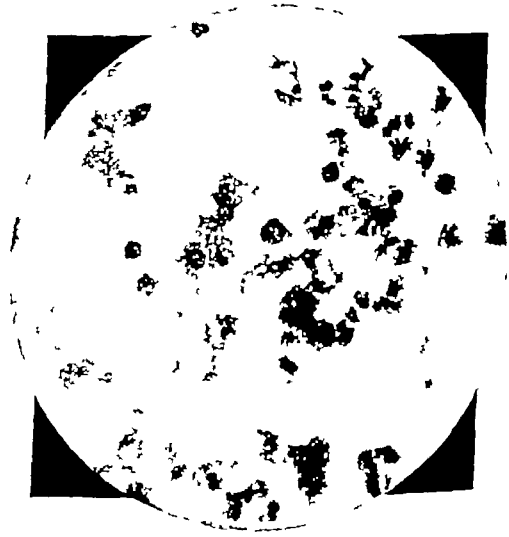
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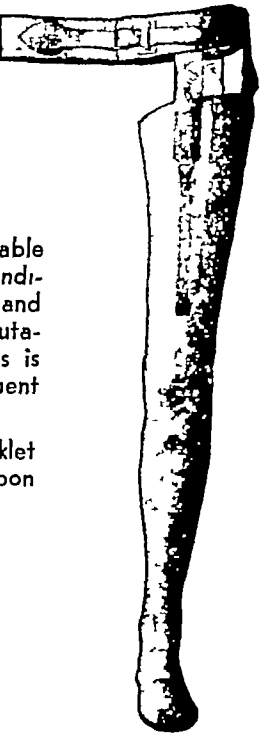
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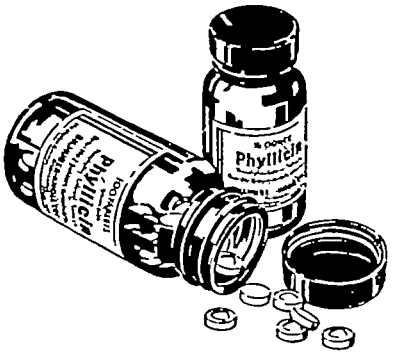
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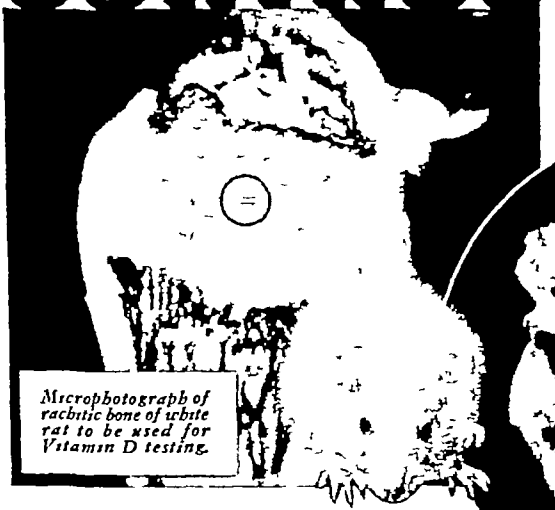
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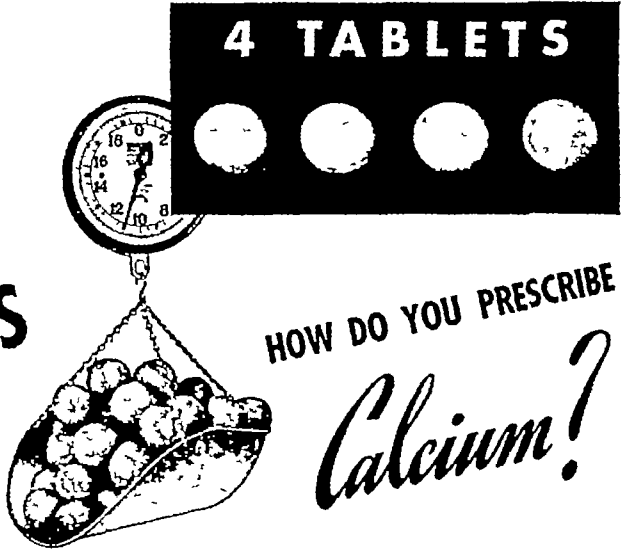
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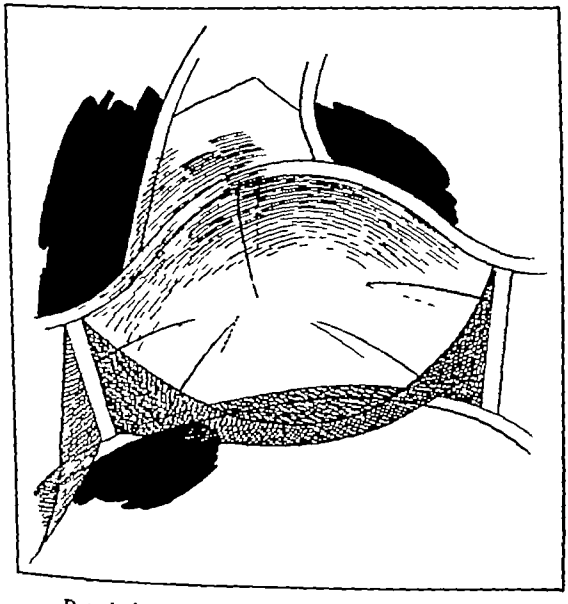
2 Education of mothers as to the necessity of nursing their babies

3 If for any real reason the mothers are not able to nurse their babies, insistence on the use of a breast pump (preferably an electric one)

4 More careful attention to the care of the nipples

5 Correction of pelvic disorders especially when there is any pain in either breast during the menstrual periods

6 More consideration to the proper support of the breast at all times"



Detail of pocket in bust compartment of opposite photograph (as seen from inside)



Support for heavy, pendulous and extremely pendulous breast

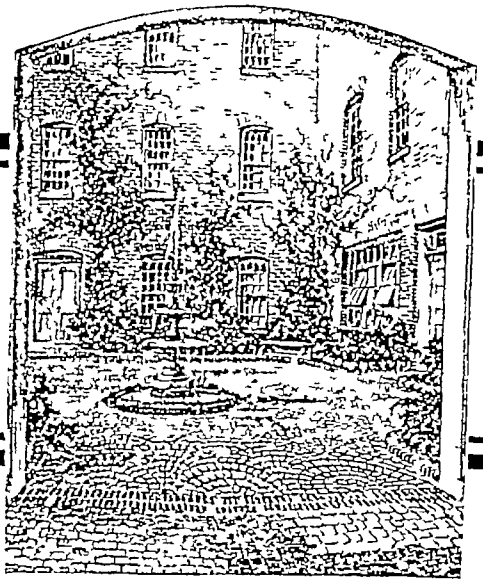
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*Surgery Gynecology and Obstetrics Vol. 65, September 1937

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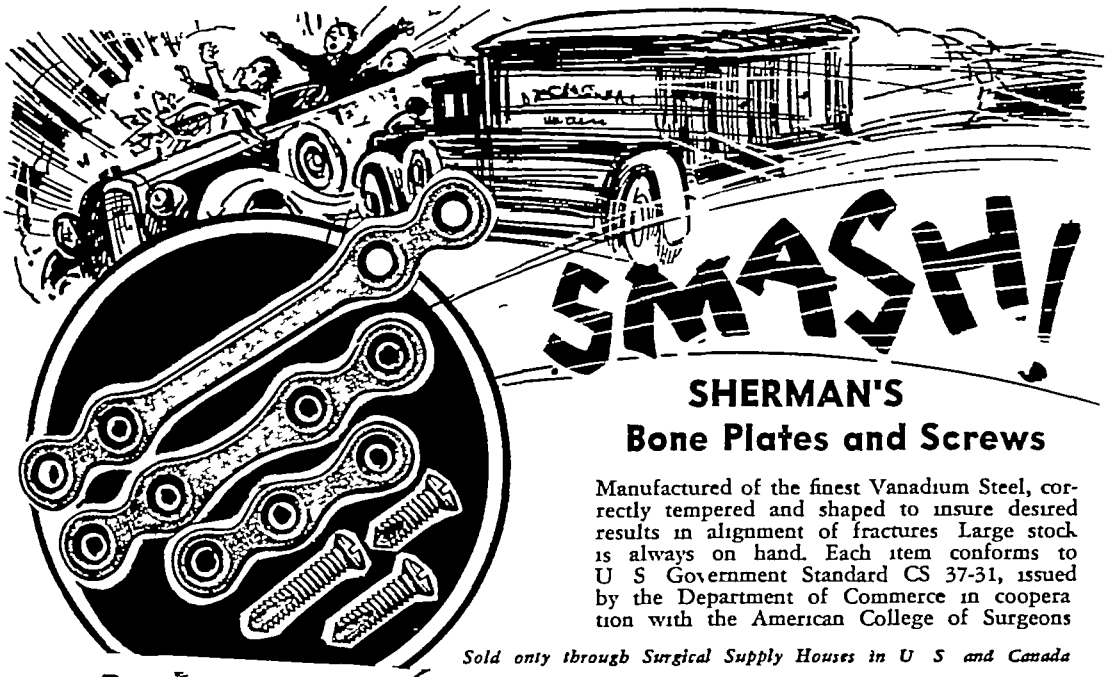
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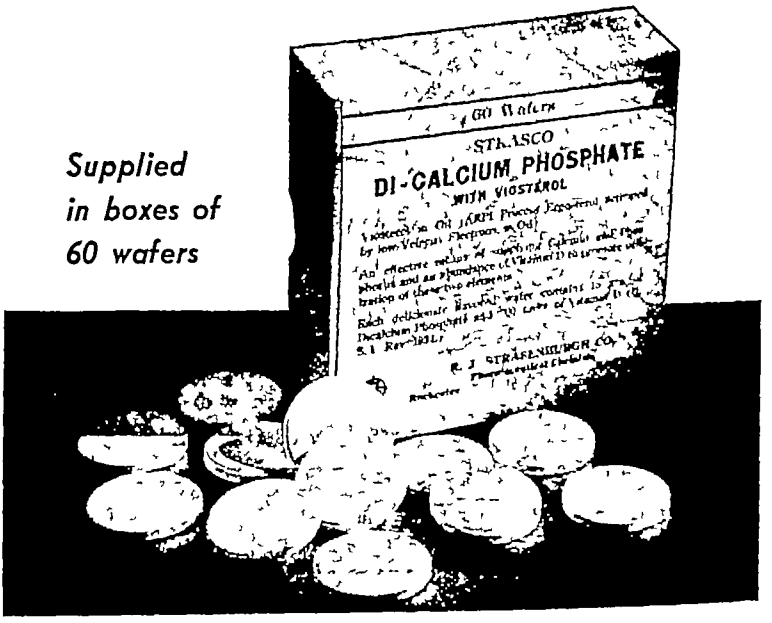
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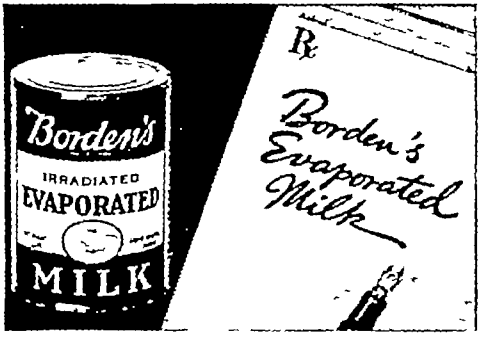
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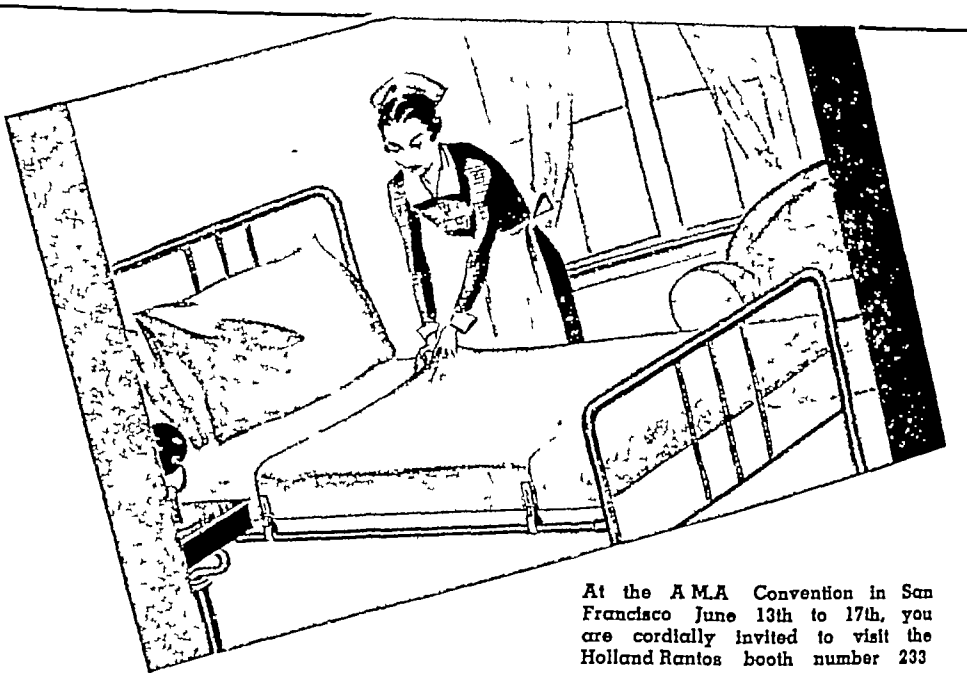
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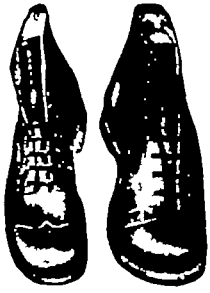
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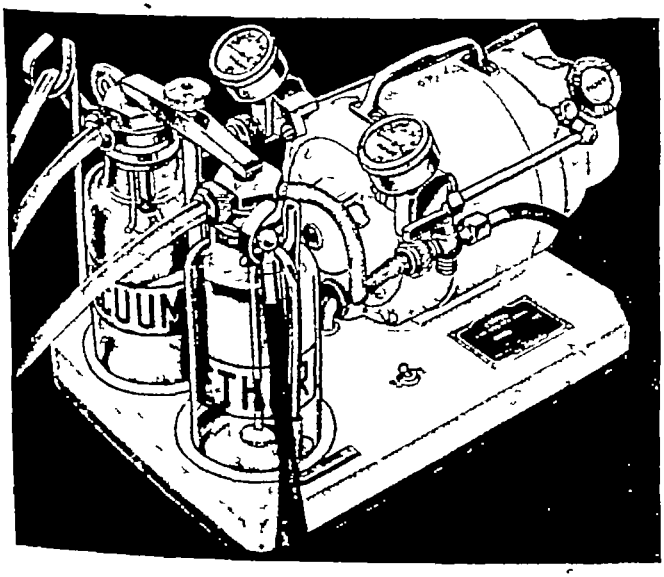
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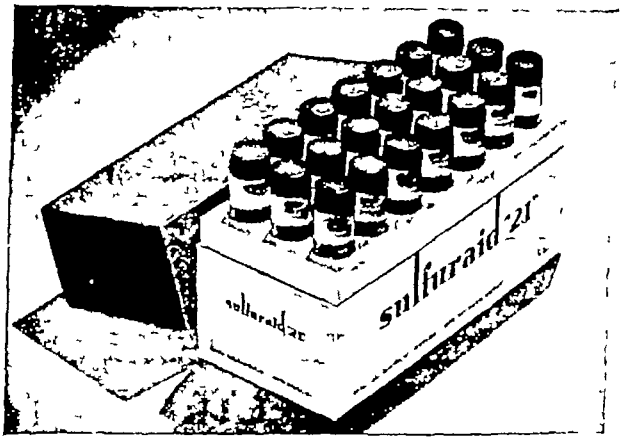
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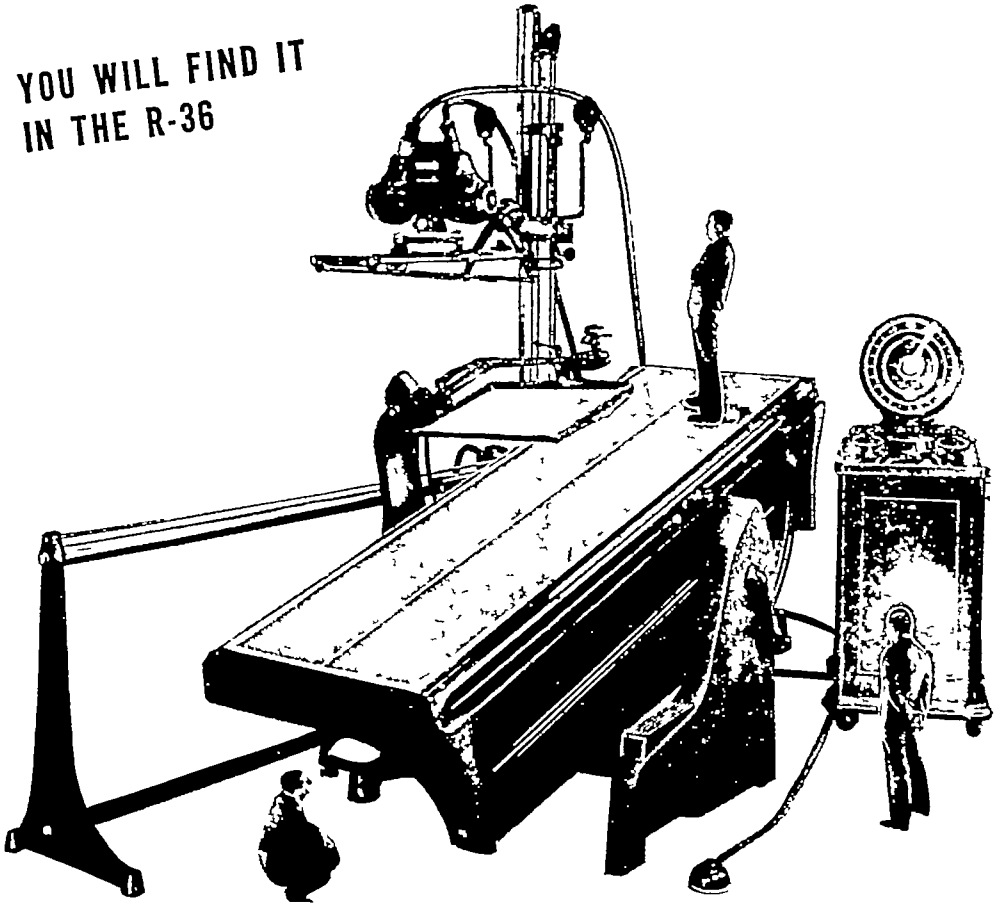
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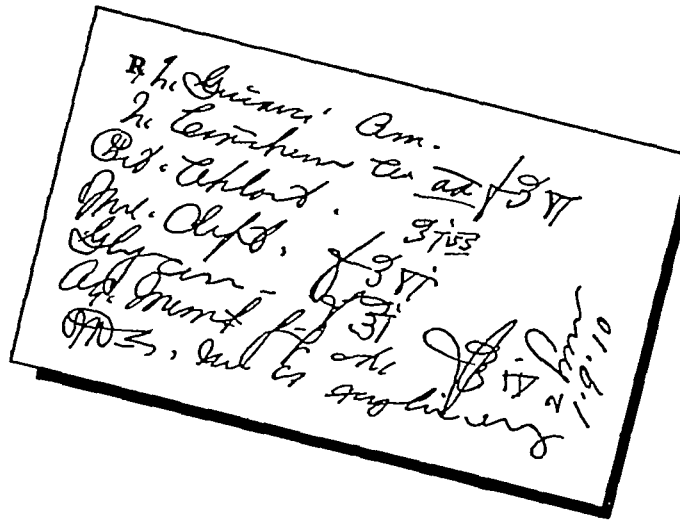
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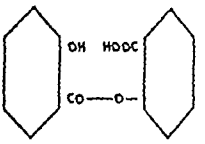
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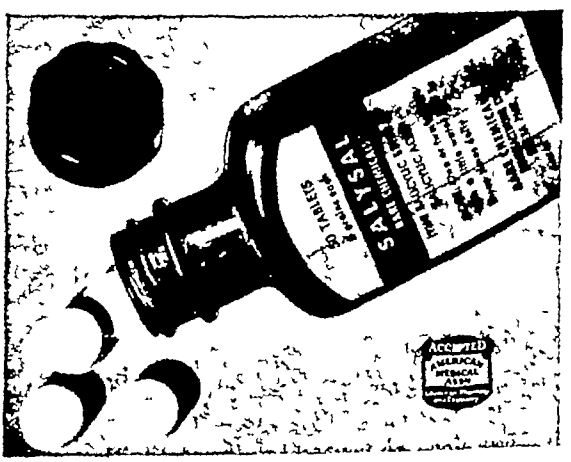
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JOURNAL of MEDICINE

OFFICIAL ORGAN OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 38 MAY 15, 1938 No 10

THYROID DISEASE

Important Problems in Diagnosis and Management

GEORGE E BEILBY, M D and JOHN C MCCLINTOCK, M D, *Albany*
From the Department of Surgery of the Albany Hospital and the Albany Medical College

Curative treatment of any disease must of necessity rest upon an accurate etiological diagnosis of the entity present To those of us who reside in the State of New York, therefore, it becomes important to keep constantly in mind the fact that goiter is endemic within our state Many of the varied manifestations of thyroid disease will be more easily recognized if we have foremost in our thoughts a reminder that thyroid disturbance may be a part of, or the basis for, our difficult diagnostic problems From an experience of over three thousand thyroidectomies the authors wish to exemplify some of the more troublesome diagnostic problems and to direct attention to misleading influences that affect the diagnosis

Before it is possible to approach the recognition of baffling problems, it is necessary to have in mind those symptoms and findings that are present in the patient with hyperthyroidism of typical form We are omitting from this discussion the question of hypothyroidism because of its relative infrequency in this state

The classical triad of exophthalmos, tremor, and tachycardia leave no doubt in the mind of the examiner as to the correct diagnosis The number of patients that present an obvious diagnosis are, however, in the minority when compared to the larger group with only one or two of the classical symptoms and who more prominently exhibit many of the lesser manifestations of hyperthyroidism Of these other symptoms, fatigability is one of the most common There is no diminution of desire for work but there is a definite physical limitation on the amount that can be done without fatigue Nervousness is an almost universal complaint, but it is a blanket and unscientific term used by the patient to cover the many nervous system changes of the disease

Unless specifically asked, the patient will frequently include emotional instability and increased irritability under this complaint Tremor is fairly constant and is of important diagnostic aid It may be the objective, fine tremor of the outstretched fingers, or the patient may describe a subjective feeling of trembling within the body

Because of the increased metabolism induced by the disease one of two things must happen, there must be a weight loss, a frequent complaint, or the food intake must increase, usually it is a combination of the two Hyperhidrosis and a feeling of increased warmth with heat intolerance are not uncommon Shortness of breath is so common that Bartlett[1] has described a simple test that is of aid in determining the optimum time of opera-

Read at the Annual Meeting of the Medical Society of the State of New York Rochester, May 25, 1937



as described is easy to identify when contrasted with the difficulties of arriving at a diagnosis when only one group of symptoms dominate the picture Thus, in the middle-aged patient very often the only symptoms are related to the cardiovascular system and the treatment given is not often limited to the heart. A tachycardia that fails to respond to the ordinary medical management, must be considered as thyroid in origin unless there exists another proven cause Auricular fibrillation most emphatically demands consideration of a thyroid



Fig 3 Position of hands to palpate thyroid gland. Fingers behind sternocleidomastoid muscle, thumb in front

Sometimes these queer manifestations of hyperthyroidism relate to the gastrointestinal tract and many unusual symptoms result Some have been mistaken for such disorders as colitis, diabetes, peptic ulcer, and gall-bladder disease [2 3] Appendectomy has been done for symptoms that simulated acute appendicitis [4] Although all of these mistaken diagnoses have been recorded in the literature it seems incredible that the true cause could have been so completely overlooked Nevertheless, they serve to illustrate the fact that thyroid disease must be ever present in the minds of those who live in areas where goiter is endemic.

The symptoms that suggest the need granted we are alert to the

possible presence of hyperthyroidism, what findings, then, will be helpful to us in arriving at a positive diagnosis? The most important of all is the presence of a goiter In Grave's syndrome, the gland may be small and hard to feel, while in the adenomatous type the nodules may be substernal or retrotracheal and difficult to find These variations in the position and consistency of the gland make it essential that we have some adequate method of palpating the thyroid gland

There are undoubtedly many excellent modifications but the following method has proven to be the most satisfactory for the authors (Fig 1-3)

The examiner sits in front of his patient who is seated erect, head straight in the anatomical position, the shoulders relaxed To palpate the left lobe, the examiner's left hand is placed over the right shoulder of the patient, around the base of the neck so that the thumb can make pressure against the larynx and trachea This pressure, when applied, rotates the trachea and larynx and pushes the visceral compartment of the neck laterally so the examiner's right hand can easily feel the left thyroid lobe The fingers of the examining right hand are so placed that they catch the lobe behind the sternocleidomastoid muscle and press it forward The thumb of examining hand is anterior to the muscle and between thumb and fingers, the size, shape, and consistency of the lobe can easily be determined The hands are then reversed in their relative positions to study the right thyroid lobe. It is sometimes helpful to have the patient cough or swallow to bring up any substernal enlargement to where it may be felt, at least in part.

The characteristic firm, meaty, feel of the exophthalmic goiter or the nodules of the adenomatous goiter are ample confirmation of symptoms for the diagnosis It is when suggestive symptoms exist without palpable enlargement of the gland, or when the thyroid imparts a soft, pulpy feeling to the palpating fingers, that other findings become helpful in determining the true diagnosis In general, however, it may be said that if careful examination of the neck fails to reveal thyroid enlargement, the diagnosis of disease of this gland becomes hazardous

One of the most helpful of the findings in making a diagnosis is the pulse rate In doubtful cases this must be studied at bed rest over a period of several days A persistently high pulse rate, one that is high during sleep, strongly favors hyperthyroidism, while a labile pulse rate, one that drops to normal after a few hours bed rest, and that fluctuates with slight exertion, is equally as suggestive that thyroid disease does not exist The blood pressure in typical hyperthyroidism shows a high pulse pressure with a lowered diastolic reading

Hurxthal[5] has cautioned against making a diagnosis of hyperthyroidism in the presence of cold, moist hands and feet A patient with true hyperthyroidism will present warm, moist hands and feet and if the opposite is found great caution must be exercised in reaching the diagnosis

The eye signs of thyroid disease are obvious and strengthen the diagnosis, but their absence does not preclude the possible presence of hyperthyroidism The same statement may be made in regard to a bruit over the gland or a thrill over the superior thyroid arteries

In very rare cases, where the diagnosis is uncertain, the use of a small dose of iodine, either as compound solution of iodine (Lugol's solution) or as sodium iodide may be justified It may be justified only if its use is not continued beyond the point of diagnosis, or if the surgeon is prepared to operate when the maximum benefit of the drug is obtained

Thus far we have been considering the problems of hyperthyroidism, however, there remain that large and important group of nodular goiters, usually passed over by the physician with, "Yes, you have a goiter, but don't do anything about it until it troubles you" The opinions of those men best qualified to discuss this subject are agreed that all nodules of the thyroid gland should be removed The reasons for this are two in number

1 From ninety to as high as ninety-eight percent of all cases of thyroid malignancy seen, give a history of pre-existing adenomatous goiter It is thus within our ability to reduce the incidence of thyroid cancer to an absolute minimum by advising removal of the precancerous lesion

2 Most of the nodular goiters eventually give rise to symptoms of hyperthyroidism and it is in association with this type of gland that the atypical manifestations of the

disease are commonly found—the misleading cardiovascular, gastrointestinal, and nervous system symptoms that have so frequently been the cause of long delay in proper curative treatment

There is no iodine solution or salve, no electrical or injection treatment, nor any other authoritatively established method of dealing with these adenomata except surgery Once the nodule is out of the neck it can do no further harm, but unfortunately the patient too often receives the type of advice already described, or is the victim of an ignorant attempt to "absorb the growth," or fails to seek medical aid entirely With those who fail to obtain help until late in the course of their disease we can do but little, but with those patients who ask advice early, it is possible for us as a profession to eliminate the mortality from thyroid disease Less than one-third of all deaths due to thyroid disease are postoperative, and these are largely the patients that have been long neglected or overiodinized

We have been considering those observations that can be made in the office for the most part, and we feel that the history and physical examination are of paramount importance in making a diagnosis of thyroid disease There is one laboratory test that is said to be of aid in solving a given problem, but the authors feel that the habit of relying upon the determination of the basal metabolic rate as the chief criterion for diagnosis has done more harm than good to physician and patient alike Du Bois[6] has said, "No clinician should send a patient for a basal metabolism test, or a roentgen ray examination, or any other similar diagnostic procedure until he has taken a careful history, made a thorough physical examination, and recorded his clinical diagnosis in writing" To this attitude these authors wholeheartedly subscribe and because of this feeling they have devoted much of this presentation to the important clinical steps in making the diagnosis

Determination of the basal metabolic rate requires more detailed consideration because of the false sense of security it imparts to both profession and laity which in turn, has lead to a growing tide of criticism of the test as it is usually done and interpreted One writer[7] has indicated that the clinician must be sufficiently experienced to estimate within ten points of the rate as actually determined before he is qualified to correlate this result with the clinical findings Experience with thyroid problems does enable the physician to accurately state what the metabolic rate will be, and his clinical judgment is very often more reliable than a single determination of the metabolic rate We might well inquire into the factors that contribute to the difficulties with this test

The sources of error in determining the metabolic rate are four in number—the machine, the technician, the doctor, and the patient We will presume that the apparatus is mechanically in good condition The technician must have long experience with the test and must possess the rare type of personality that enables her to gain the confidence of the most irritable and excitable patient An innocent remark, an indifferent attitude, any one of many apparently inconsequential things may be sufficient to disturb the patient and cause an incorrect result

The doctor may tell his patient that the test will determine whether or not an operation is necessary which is not only incorrect but may also cause his patient to worry and wonder about the outcome and again the reading will be inaccurate The doctor, in addition to being judicious in his promises for the test, must likewise be cautious in his interpretation of the results Unless the rate confirms the clinical findings in the presence of a goiter, repeated observations are imperative for accuracy

The patient is the most difficult of all the sources of error to control Mental activity, emotional disturbances, physical discomfort—these and many other trivial factors combine to result in a rate that does not represent the patient's metabolic level Familiarity with the procedure is of value in overcoming these difficulties, and repeated observations are essential for determining the presence of a truly elevated metabolic rate It has been our experience to find that patients who show obvious clinical hyperthyroidism will have a marked fall in the rate as determined on successive days that is entirely out of proportion to the rest in bed and iodine received Patients with hyperthyroidism,

however, will not show a drop to normal values in two or three successive readings as will those in whom the disease is not present, and in whom there is no other cause for an elevated rate

The authors have recently studied a large group of cases in which the symptoms suggested a possible diagnosis of thyroid disease or in which the diagnosis was actually made and in a few cases, operation advised In this group are patients that have been shown to be suffering from essential hypertension, organic heart disease, cardiovascular neurosis, menopausal neuroses, psychopathic personalities, and even pregnancy In addition to this group studied in the hospital, we have examined many patients in the office where the absence of thyroid disease could easily be determined These patients have been referred with the diagnosis of hyperthyroidism, usually as based on a single, elevated determination of the metabolic rate. Palpation of the thyroid has revealed a normal gland in all of these patients, and a careful history failed to elicit the story of true hyperthyroidism A few cases are characteristic of the entire group and they serve to illustrate the value of repeated observations of the metabolic rate They emphasize our belief that without palpable evidence of goiter, the diagnosis of hyperthyroidism is a dangerous procedure.

CASE 1 H C, aged twenty, entered the Albany Hospital complaining of nervousness, vertigo, fatigability, shortness of breath, and tachycardia of two months duration. Examination revealed cold, moist hands and feet, and a normal thyroid gland Repeated observations of the metabolic rate were all within normal limits The pulse curve and its reaction to sleep, rest, and activity is portrayed in Fig 4 which illustrates a typical labile pulse rate The patient was found to be an excessive user of tobacco and coffee and the elimination of these, together with a medical regime of normal living have been responsible for a well patient.

CASE 2. G S, aged twenty-three, entered the Albany Hospital because of nervousness, tremor, tachycardia, weakness, and fatigability of three years duration He had been taking Lugol's solution for three months without improvement in his symptoms A metabolic rate in another city was

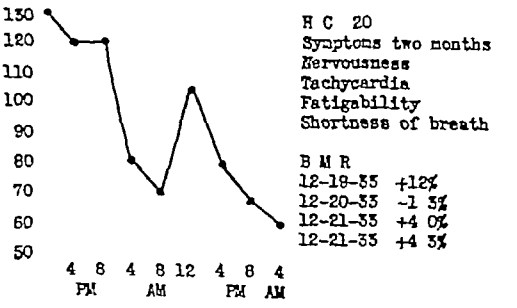


Fig 4 Marked variations of pulse curve due to rest and exercise.

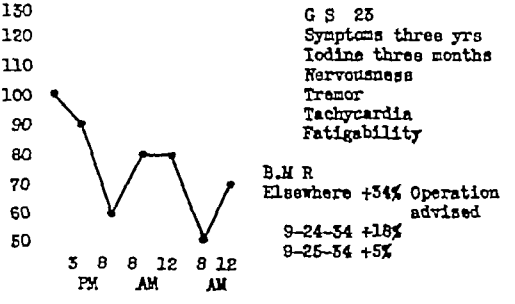


Fig 5 Rapid drop in metabolic rate when determinations are made on successive days

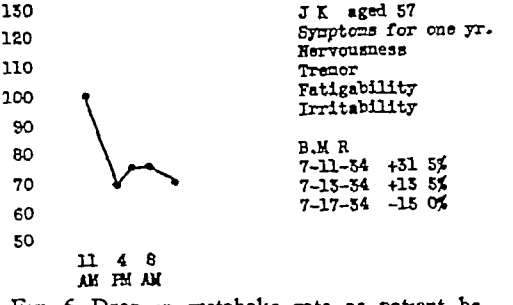


Fig 6 Drop in metabolic rate as patient becomes familiar with test.

reported as plus thirty-four percent and on the basis of this one observation, an operation had been advised The metabolic rate was determined as plus eighteen per cent and the following day as plus five The thyroid gland was normal The pulse rate (Fig 5) again varied with the activity of the patient, although not so widely as in the first case With this patient also, medical management, chiefly concerned with proper living, has relieved the symptoms

CASE 3 J K., aged fifty-seven, entered the Albany Hospital for relief from nervousness, tremor, headaches, weakness, excessive fatigability, emotional instability, and irritability of one year's duration Examination revealed arteriosclerosis, moist,

cold hands and feet, and a normal thyroid gland The first basal metabolic rate was plus 31 5 per cent, two days later, plus 13 5 per cent, and after three more days, without any medication, the metabolic rate was minus fifteen per cent

CASE 4 M C, aged forty-one, was examined in the office because a diagnosis of hyperthyroidism had been made and the patient advised to have an operation She complained of nervousness, slight tachycardia, and amenorrhea of three months duration The basal metabolic rate, on which the diagnosis had originally been based, was plus twenty-one percent Gynecological consultation confirmed the impression of pregnancy The thyroid gland was normal to palpation

The results of determining the metabolic rate in patients with nodular goiters have been equally unfortunate in their interpretation A patient with a visible nodule is told that operation is not necessary because the metabolic rate is found to be normal or below Thyroid extract has even been prescribed because the rate was discovered to be below normal levels Large, colloid goiters, and adenomatous goiters very commonly are associated with a subnormal metabolic rate but the treatment is nonetheless surgical After removal of these pathological lesions, the metabolic rate will return to normal and the mild symptoms of hypothyroidism disappear

Hyperthyroidism may exist with a metabolic rate that is within the limits considered to be normal The literature on this peculiarity is rapidly becoming more voluminous, and mention is frequently made of this phenomena in the reports of large numbers of toxic patients The only explanation offered for this curious association of a low metabolic rate with hyperthyroidism is the fact that we do not know what the normal rate for the patient in question really is Plus ten per cent may actually represent an elevation of twenty points The most striking example of this group that the authors have studied was a patient[8] in whom the metabolic rate was minus twelve to minus thirteen per cent on three successive determinations, and yet, histological evidence of hyperplasia was obtained by a subtotal thyroidectomy that relieved the patient of her symptoms

It becomes obvious that the metabolic rate is often misleading and may result in an unfortunate experience for both patient and physician The financial and even physical loss resultant from placing reliance upon the test for diagnosis is incalculable It becomes a grave challenge to the profession to prevent these losses, a challenge that is easy to accept if we appreciate with Du Bois[9] that the basal metabolism is not always a reliable guide to the diagnosis

We are now at a point in our consideration of thyroid disease where some form of treatment is to be prescribed The tremendous reduction in both morbidity and mortality that has come from the work of Plummer with iodine, can only be fully appreciated by those who dealt with the surgical problems of thyroid disease before and after the widespread use of this drug Those of us whose experience does not include the preiodine period of thyroid surgery see that the most valuable contribution made to thyroid surgery in many decades is regarded as a panacea without any thought of the economic loss or even fatal outcome that may follow the injudicious use of this remedy Knowledge that iodine will produce a remission in the course of hyperthyroidism, has led the public and the profession alike into extraordinary misapplication of this information

The maximum benefit from the use of compound solution of iodine is obtained in from ten to fourteen days, a fact so well-established that it need only be mentioned It does remain to show that long-continued use of the drug in hyperthyroidism is responsible for increased morbidity and elevated mortality in goiter surgery Increase in morbidity is difficult to express adequately, but experience teaches us clearly that those patients who have received iodine before preparation for surgery are more dangerous operative risks There are so many variables in the stay of any one patient in hospital that comparisons suffer accordingly, nevertheless, in comparing two groups some enlightening facts are found Those patients that received iodine before admission had a slightly longer hospital stay than the group that first received iodine as a preparation for surgery The average pulse drop of the iodinized group was ten points less than the control group Weight

change in those already taking iodine averaged a loss of three pounds preoperatively while the other group averaged a weight gain of one pound There were more two-stage operations necessary to insure safety in the group receiving iodine before hospitalization

An analysis of twenty-five postoperative deaths that have occurred in the last ten years has revealed that fifty per cent of these patients received iodine medication before coming to surgical treatment The average duration of the goiter for the entire group was twenty years Six deaths that occurred preoperatively in the same period when studied showed that five of the six had been treated for heart disease for periods as long as two years and the sixth had received iodine therapy for the four months of her hyperthyroidism Early diagnosis and prompt surgical treatment would have restored these patients to a useful life Such are the problems that comprise the one per cent mortality that must be maintained by any surgeon operating upon large numbers of goiter patients This low rate is in contrast with the general mortality rate for thyroid surgery of ten to twelve per cent as indicated by Hicken [10]

The warning signals against abuse of iodine were early raised by Haggard and Floyd[11] in 1928, when they asserted that "the diagnosis of hyperthyroidism is the indication for operation" Hume[12] showed in 1931 that the misinterpretation of the marked improvement with Lugol's solution led to a false sense of security and a feeling of cure with consequent delay in the inevitable surgery beyond the optimum time. Means[13] has likened the temporary improvement obtained by iodine, to applying the brakes on a fast moving car while the accelerator is still open The disease is only slowed in its progression and not cured More recently Wetherell and Groat[14] have drawn our attention to the fact that not only is the economic loss to the patient greater when there is a medical attempt to cure hyperthyroidism by iodine, but more important, the morbidity is markedly increased These authors show that most of the one percent mortality of the experienced surgeon is due to large substernal, and long neglected toxic goiters, not a few of which have been made iodine fast by too long medication With regard to prescribing iodine Wetherell and Groat say "that the importunings of the patient should influence the judgment of the physician is inexcusable That 'another will if I do not' is even more questionable logic" With more widespread recognition of the truth of these warnings will come a marked drop in the morbidity of, and mortality from thyroid disease

Summary

1 Accurate diagnosis of thyroid gland disease must be based upon a carefully taken history and an adequate physical examination

2 The metabolic rate as ordinarily determined will neither establish a diagnosis nor indicate the necessary treatment

3 The use of iodine should be restricted to the preoperative preparation of the patient Rarely will it be necessary to prescribe this drug as an aid in making a diagnosis

4 Observation of these three simple fundamentals in the diagnosis and management of thyroid problems, will inevitably lead to a marked reduction in the mortality from thyroid disease

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Discussion

Dr. Raymond P Sullivan, *New York City*—The features of diagnosis and management of thyroid disease brought to our attention by Dr Beilby are truly significant and worthy of emphasis This is so, because an experience of three thousand cases offers

real opportunity for the analysis of details sufficient for the deductions made and justification for enumerating them

The problems presented plainly indicate that they involve directly or indirectly every phase of medical practice. Therefore, the subject is a varied and complex one, which no one individual has, as yet, fully grasped, for no one individual seems to know enough about it, to do that But, as time marches on, and contributions, like the one here today, are made, a better recognition and evaluation of the atypical findings and symptoms will furnish evidence for earlier diagnosis and appropriate treatment before permanent damage is done to important vital organs like the heart, liver, nervous system, etc.

A practical application to be derived from such lessons will be enhanced by an appreciation of the structural changes in the thyroid gland incident to the various types of goiter The value of such understanding is contingent on keeping in mind the histology of the normal thyroid Briefly, we know the thyroid is a highly vascular organ, invested by a thin capsule of connective tissue, which projects into its substance, and divides it into masses of irregular form and size. The vesicles are lined with cuboidal or low columnar epithelium supported by a sustentacular tissue common to gland structure. Groups of cells in the intervesicular spaces have been considered as reserve parenchymal cells, from which new acini are formed Whether or not this concept has been definitely traced, is open to question However, such a conception is fundamental in the study of thyroid pathology as related to functional activity

There are three types of structural change in the pathological thyroid, most frequently encountered

1 Fluctuations in the amount of colloid stored in the vesicles—known as "colloid goiter"
2. Hypertrophy or hyperplasia of vesicular epithelium—"exophthalmic goiter"
3 Development of new acini—"adenoma."

These structural changes give rise to a variety of clinical conditions For a long time confusion existed, because of a lack of a simple classification of the pathological entities in the thyroid Personally, after more than twenty-five years of study and management of thyroid cases, the simple and lucid classification suggested by the late Henry S Plummer, has been followed with satisfaction and comfort, especially after having learned—by personal observation—its value and importance on patients managed by Dr Plummer himself His classification is

1 Simple goiter (colloid or adolescent)
2 Exophthalmic goiter (Grave's disease)
3 Adenoma (toxic or nontoxic)
4 Carcinoma, tuberculosis, thyroiditis, etc.

This grouping was never intended by Plummer to be considered as a scientific classification of goiters, for he believed that we did not have enough knowledge to warrant making a scientific classification However, he announced more than twenty years ago, "that a definite and constant relationship of the clinical symptoms and pathological conditions existed in cases of hyperthyroidism" It is noteworthy that since this statement, there has developed a preponderance of opinion in agreement with Plummer, which is indicated by Dr Beilby

True hyperthyroidism is met principally in two types of structural change within the thyroid They are *exophthalmic goiter* and *hyperfunctioning adenomatous goiter* It is quite possible that mild hyperthyroidism may be present in other conditions like essential hypertension or psychoneurotic conditions However, it is worthy of note that one must avoid the diagnosis of hyperthyroidism in cases of gastrointestinal conditions like enteroptosis with stasis and its associated toxic state producing a syndrome of fatigue, tachycardia, and possibly mental irritability and mild tremors associated with a thyroid which may be palpable with difficulty, and diagnosed as *hyperthyroidism* Such an individual may acquire a fixed idea and desire thyroid surgery The lack of definite findings consonant with true hyperthyroidisms will guide the careful diagnostician to the proper opinion

One might designate such cases as "relative hyperthyroidism" for they will fail to reveal the usual reactions that *must* accompany an elevation of the rate of energy transformation in the body, found in true hyperthyroidism, and on more than one test.

Hyperthyroidism associated with adenomatous goiter is a progressive condition *without remission* The toxic symptoms are always preceded by the presence of goiter The clinical manifestations of toxicity may not be appreciated or develop for years, and hence fail to be recognized until treatment for cardiovascular disturbances or muscle weakness reveals the necessity of determining a persistent and progressive etiology Such etiologic factor can be a result of a hyperfunctioning adenoma in the thyroid, as emphasized by Dr Beilby It is this type of goiter case that the surgeons so often receive at a late stage, and hence must accept the responsibilities of the increased risk. These cases present the problems calling for extraordinary caution and ex-

pert management. Another serious problem met in the surgical treatment of adenomatous goiter is the toxic case produced by the unintelligent use of iodine, in a previously nontoxic adenoma. The most frequent complications encountered in these neglected adenomatous goiters are heart failure and embolism. Therefore, the warnings of Dr Beilby are not only pertinent but eminently justified.

In exophthalmic goiter the essential characteristic of all cases is *remission*. The goiter develops after the symptoms are present. They are either remittent or chronic. The remissions are often mistaken for cures only to have the entire picture suddenly renewed by fright, sickness or overwork. In the chronic form the disease progresses slowly and is usually mild in its course. In either type the longer the progress of the disease, the greater the risk, because of the consequential damage to vital organs.

As a result of our own experience we feel convinced that a simple formula in diagnosis which has proved helpful and satisfactory is as follows: *Goiter plus symptoms equals adenoma. Symptoms plus goiter equals exophthalmic goiter.* Of course, by symptoms we mean the signs of tachycardia, tremors, mental excitability or irritability, weight loss, etc.

Intelligent management and treatment of hyperthyroidism is *best* when there is an appreciation of the histologic changes which have occurred and are occurring in the thyroid, also the consideration of each case as an entity. Many procedures have been suggested and used. The claims of success are at times enthusiastic and at times pessimistic. I refer, of course, to the nonsurgical procedures. However, it is my conviction that surgery offers the principal mode of attack, and by it the most efficient and beneficial results are obtained. I do not advocate surgery as the primary mode of attack, because proper preliminary measures are not only essential, but definitely the factors which influence both the morbidity and the immediate and late mortality.

A standard preoperative preparation of patients with hyperthyroidism cannot be rigidly outlined suitable for all cases. The preparation must be adapted to the individual patient, because no two cases present the same degree of toxicity. There are, however, essential factors of preparation to be employed in all cases of exophthalmic goiter. They are (1) the use of iodine immediately preoperative for six to ten or more days, (2) physical and mental rest, and (3) high caloric diet. In cases of hyperthyroidism associated with adenomatous goiter the principles are similar, except the use of iodine. We believe that iodine intensifies the symptoms in toxic adenoma and may convert a nontoxic adenoma into a toxic state. If one can be convinced that a mixed type of gland exists, then iodine may be used. Iodine in nodular goiters may be beneficial, but the nodules will most frequently be found colloid rests and not true adenomata.

An important preoperative factor deserving of emphasis concerns weight loss. Rapid or persistent loss of weight associated with hyperirritability and easy fatigue are danger signals of an impending crisis, and definitely contraindicates operation. Such cases should receive glucose in generous amounts both pre- and postoperatively, for it must be remembered that liver damage in severe thyrotoxic states depletes the glycogen.

The length of time for postponement of surgery will of course vary in direct proportion to the duration and degree of intoxication. Here again I wish to emphasize points brought out by Dr Beilby concerning the use or misuse of iodine in goiter patients. Undoubtedly, the dosage and length of time for its proper use will sooner or later be stabilized, but until that time, the profession should heed the warning, and not overlook the danger that can exist, if the principles underlying its use, are not clearly understood. There is much more in the use of iodine in hyperthyroidism than just the idea of a method of treatment. Back of it, is the unalterative necessity to make a definite histologic diagnosis, and advise surgery at a proper time under experienced hands.

Operation in hyperthyroidism will fail to cure when an insufficient amount of gland is removed, or when there is a residual cardiovascular disease or true neurosis. Also, unsatisfactory results are manifested by recurrent hyperthyroidism. Can any definite rule be formulated to avoid such complications? It cannot. To practice a routine removal of a fixed amount will result in many failures. Since the reintroduction of Lugol's solution in exophthalmic goiter, the mortality and complications encountered, during the era of multiple stage operations are greatly reduced, and the ultimate results better. In exophthalmic goiter, prepared by proper recognition of factors of safety, the amount of gland to be excised will depend

on the amount of involution which has taken place Where the involution has been extensive, the amount of gland to be left will be greater than where the involution is limited, or not easily recognizable In single adenoma, enucleation with removal of a wedged-shaped piece of the same lobe after division of the isthmus suffices There should always be careful exploration of the opposite lobe for adenomata, and removed if found In the presence of multiple adenomata, careful removal of all tumors and division of isthmus is the procedure of choice This is warranted as a prevention against the development of further toxic symptoms, and the avoidance of a possible carcinoma change Carcinoma constitutes eighty to eighty-five per cent of the malignant tumors of the thyroid and originates in the majority of cases in a pre-existing adenoma

The surgeon's responsibility does not end with a successful operation Either he should personally direct the reconstruction of the patient, or he should see to it, that the family physician recognizes the importance of proper aftercare, if the patient is to receive the fullest benefit from the surgical treatment True, the operation has removed the mechanical obstruction, or has arrested the hyperfunctioning thyroid, but the overtaxed organism cannot respond at once Nutritional disturbances, resultant from increased metabolism, deserve attention, and proper rebuilding should take into consideration all factors, such as damaged muscle fiber, whether located in the heart, skeletal system or gastrointestinal tract

It should recognize the injury to the nervous system, prone to respond to proper rest, food, and exercise The other tissue demanding consideration is the blood which needs, as a rule, only the element of proper food

DR ARTHUR S McQUILLAN, *New York City*—In regard to symptoms, it has been my experience that fatigability (the lack of endurance) is most common in thyroid disease. It is often lost sight of by both patient and doctor due to the predominating symptoms of push and drive exhibited by these patients In the slow development of hyperthyroidism, there is often recognized the early phase of hypothyroidism in which this symptom of fatigue predominates Under the term "fatigue disease," thyroid disturbances have been described by other observers in this field. If thyroid disease could be recognized and treated in this early phase, the later toxic phase might be avoided

In many instances, subjectively the hyperthyroid complains less than the hypo She will often say, "There is nothing wrong with me I feel all right" She cannot understand why operation is necessary, when it is quite evident to the doctor that she has many of the severe signs of Graves' disease.

Such subjective symptoms as nervousness complained of by the patient, and not merely recognized by others—inward tremor and shortness of breath (the inability to get a deep or satisfactory breath)—are quite common in mild hypothyroid disturbances as well as in hyperthyroid disturbances

As Dr Beilby has said, weight loss and increased food intake are very definite and important symptoms of true toxic goiter This, supported by an elevated basal metabolic rate, is important evidence in making a diagnosis

He has called attention to the fact that often the patient comes with symptoms referable only to the heart This is true and is most often seen in the cases of nodular goiter In this instance the patient has had the goiter for years and the first complaint is heart trouble This as Dr Beilby points out comes in the elderly patient, not with the diffuse toxic goiter Here the younger patient comes soon after onset of the trouble, because such symptoms as sudden and great loss of weight and severe nervous manifestations drive the patient to seek relief

In diffuse toxic goiter, the vagotonic disturbances manifest themselves symptomically in the way of frequent bowel movements or diarrhea and vague abdominal pains—hence the confusion with colitis—peptic ulcer or gall-bladder disease, as Dr Beilby states

Transitory glycosuria is recognized to occur not infrequently in toxic goiter, and is probably due to a disturbed adrenal function and not a true diabetes However, one must always be on the alert in recognizing a true diabetes complicating a toxic goiter This condition is not infrequent, and when it does occur in association with toxic goiter requiring surgery, it is a most grave condition if not recognized Tinker and others have pointed out this condition and especially the fact that a latent diabetes may come to the surface immediately following thyroid surgery Hence the value of preoperative

and immediate postoperative examination of the urine

Findings to arrive at diagnosis, Presence of Goiter As Dr Beilby says, the goiter may be small and hard to palpate even though other signs are most evident Especially is this so in men with heavy neck muscles At operation the gland is usually larger than one's conception of it gained by clinical examination

I recommend Dr Beilby's method of palpating the gland, but I would add that one obtains more relaxation of the neck muscles by examining the patient in the prone position

In borderline and obscure cases, I believe one is justified in using iodine as a diagnostic test—especially if the patient has had no previous iodine medication, otherwise the result of the test may not be sufficient to give one a clue to diagnosis

In regard to blood pressure, I believe that the pulse pressure is increased not only by a lowered diastolic, but also by a raised systolic pressure We see this during operative procedure and have come to regard a rising systolic pressure as a dangerous signal and a warning to cut short operative procedure by doing a ligation or a single lobectomy

Dr Beilby states that eye symptoms when present are significant, but they do not have to be present and when existing alone can be due to other conditions

Nodular goiter I cannot support Dr Beilby too strongly in his attitude towards nodular goiter Surgery is the only means of treatment and it is well-known that when left alone, malignancy or cardiac damage results

Basal metabolism I agree with Dr Beilby that more and more are we realizing that this test cannot solely be relied upon either in making a diagnosis of thyroid disease or in evaluating a surgical risk. To tell a patient that this is a test to determine the need of an operation is nothing less than stupid As Dr Beilby points out repeated determinations are necessary and even these results should not influence our opinion when unaccompanied with other positive evidence

Treatment I hope Dr Beilby's advise in the use of iodine will be spread far and wide Ten years ago, one never saw a case of hyperthyroidism that had not been treated with large doses of iodine for months or years This resulted in neglected cases, cardiovascular complications, multiple stage surgery, and high mortality and morbidity Iodine has no place in the treatment of hyperthyroidism except in the preparation for surgery

I congratulate Dr Beilby on his splendid paper and I am glad to have the opportunity to emphasize his views in regard to the value of the basal metabolic test and the use of iodine in thyroid disease

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NO UNIONIZATION OF PROFESSIONAL GROUPS

The council of the Oregon State Medical Society at a meeting in January adopted a statement of policy concerning attempts that have been made to organize established professional groups and groups of persons engaged in services supplementary to professional work into labor unions

Such efforts must be opposed, the statement says, as quoted in the Illinois Medical Journal, in the interest of maintaining the freedom of action and initiative essential to carrying on and improving the standards of professional services The statement points out that the principles and methods which may be legitimately employed by labor organizations are incompatible with the practice of a profession

Labor organizations have for their prime object the improvement of wages, hours and conditions of employment for their members, the medical profession has assumed the obligation of caring for the sick and injured, "without discrimination on account of racial, religious or other conditions of the kind, continuously and unflaggingly in peace, war, flood, fire, pestilence, come what may," the statement continues

"It must not put the compensation or convenience of its members before the public need It would be unthinkable for the medical profession or any other group engaged in the healing arts to refuse to render the services it has undertaken to perform, to go on strike and prevent others from taking up its work"

The Oregon State Federation of Professional Societies has also adopted a resolution to the effect that affiliation of its members with trade unions or similar organizations is incompatible with the obligations of professional men and women and hence detrimental to the public welfare The federation is made up of the state dental association, graduate nurses' association medical society, pharmaceutical association, society of radiographers and veterinarians' association

DUODENAL STASIS

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The condition variously known as duodenal stasis, intermittent partial duodenal obstruction, writhing or surging duodenum has been the subject of rather voluminous and controversial literature We hope neither to completely review this literature nor settle many of the controversial points Rather it is our purpose to report our experiences in dealing with the condition and urge the necessity of its more universal and early recognition

Classically duodenal stasis occurs in the ptotic, hollow-chested, long-waisted asthenic or ulcer type of individuals We may further identify this constitutional type with effort syndrome, hyperthyroidism, sudomotor and vasomotor instability, and those numerous indefinite symptom complices called neuroses

In these patients abdominal symptoms may appear at any time from childhood to adult life and vary in severity from the most vague dyspepsia to severe and prolonged nausea and vomiting Ulcer, gall-bladder disease, and appendicitis may be simulated but throughout the case histories is noted a strong tendency to periodic attacks of nausea or vomiting often associated with migrainous types of headaches The course is often intermittent with long periods of relative well-being The greatest incidence is found in females, though males are by no means immune

In the most severe cases with prolonged bilious vomiting a clinical suspicion of the true condition can be entertained with some degree of accuracy However, in the less clearly defined cases clinical conclusions are highly inaccurate The indefinite symptomatology in this latter group is responsible for their being relieved successively and ineffectually of most of their removable abdominal organs together with their teeth and tonsils The temporary improvement following each abdominal operation is probably attributable to bed rest and is comparable to the relief obtained by the Weir Mitchell type of treatment. However, the end result of the extirpations is usually unsatisfactory unless, of course, frankly pathological organs are removed and in the end stage we have the undesirable superimpositions of adhesions, menopausal symptoms, and poor mastication on the original complaint.

It is only by means of gastrointestinal x-ray examination that the majority of these cases can be diagnosed Characteristically one finds an atonic, ptotic type of stomach with evidence of some drag at the superior duodenal angle and again at the ligament of Treitz. The duodenal loop comprised of descending and ascending portions, together with the lower angle show varying degrees of stasis or puddling, dilation and writhing or surging Here a pitfall in diagnosis is encountered since, in persons of this build and even in those of sthenic habitus, a minor degree of the three cardinal signs—puddling, dilatation, and reverse peristalsis—may be present[1,2] It is, therefore, necessary to have a well-defined mental image of the normal duodenal mechanism occurring in the various types of habitus Having established this norm the frankly pathological cases are easily recognized However, a certain group of borderline deviations are encountered where repeated examinations and careful clinical correlation are necessary before conclusions can be drawn The cardinal findings must be demonstrated repeatedly at different observations during the same examination or even at subsequent examinations Furthermore, it must be recognized that some of the writhing cases are symptomatic or reflex arising as an accompaniment of gall-bladder, appendiceal or colonic pathology This group can only be established by performance of the complete examination

In severe cases of duodenal stasis we may find dilatation and atonicity of the

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bulb with relaxation of the pylorus Several of the severe types have shown accompanying disturbed motility in the upper loops of jejunum In such instances these loops are distended and inactive, the appearance being that of temporary paresis We have observed complete absence of jejunal motility over a period of ten minutes during which time the stomach and duodenum appeared hyperactive This type of disturbance is suggestive of the neuromuscular incoordination encountered in lead poisoning, tabes, and advanced arteriosclerosis

A good number of our cases have had intermittent tenderness over the lower duodenal angle and four have shown transient jaundice The latter finding is of interest in connection with oral cholecystography since many of these cases failed to visualize well at the first examination but later appeared normal In order to ascertain the incidence of this condition in private hospital type of patients, we reviewed our cross files of gastrointestinal examinations during the past five years In this interval slightly under two thousand complete gastrointestinal, including gall-bladder, examinations were performed Eighty (approximately 4%) showed evidence of duodenal stasis of sufficient degree to warrant comment in the fluoroscopic notes

It is well to stress here the importance of fluoroscopic observations in detecting these cases In our experience films alone may not demonstrate the disturbance, particularly in mild cases Of these eighty cases ten were frankly obstructive in nature Six of these were the result of definite anomalies in duodenal attachment with adventitious bands or veils Of the remaining four, two were attributable to intrinsic tumors at about the duodenojejunal junction, of the two remaining, one was the result of aberrant pancreatic tissue, while the other was the result of extreme traction on the ligament of Treitz by a polycystic kidney enlargement

The remaining seventy cases may be divided into the reflex or symptomatic and the so-called idiopathic types We realize that subobstructive lesions such as arteriomesenteric or mesocolic traction have been incriminated as etiologic factors in stasis The evidence of their influence in our group is not impressive and while we cannot entirely negate them as contributing factors, neither can we, on our evidence, accord them the importance suggested by others [3 8]

By reflex types we understand those cases which show clinical and radiographic evidences of duodenal stasis accompanying pathology elsewhere, usually in the abdomen These individuals are quite apt to have other signs, e g , spasticity at the cardia, pylorus or ileocecal valve They practically never have the degree and persistence of stasis found in the so-called idiopathic group The constitutional type, clinical history, and the demonstration of definite organic pathology usually serve to differentiate

Of thirty-eight cases of this type the following pathological conditions were demonstrated gall-bladder pathology, fourteen, postpyloric ulcer, eight, persistently fixed, tender cecum with failure of appendix to fill even after saline barium mixture, six, extreme arteriosclerosis, six, acute gastroenteritis, two, lead poisoning, two

The exclusive causal relationship between the proven pathology and duodenal stasis may be questioned particularly in the gall-bladder, ulcer, and appendix groups Certainly the degree of stasis was greater than that usually encountered in these conditions and it is possible that the pathological conditions simply lead to the aggravation of a latent sympathetic automatic imbalance in a predisposed individual

In the ulcer group we are justified in suspecting that the stasis preceded the ulcer, the latter developing on the basis of duodenitis secondary to stasis There is also some evidence that stasis may precede and possibly cause gall-bladder disease

The arteriosclerotic and lead poisoning cases showed some similarities in their erratic jejunal motility as well as their duodenal manifestations We interpret the findings as the result of alterations in the musculature, extrinsic nerves or intramural ganglia.

The thirty-two remaining cases constitute the so-called idiopathic group It is in this group that we are particularly interested at this time These cases are classical both in habitus and symptoma-

tology As noted above mechanical factors have been incriminated in their causation It is our feeling that the symptomatology and roentgen findings do not fit with the constancy of mechanical conditions It is only by some stretch of imagination that we can blame a fine veil or band for symptoms which come and go, are absent for months on end and are precipitated by fatigue, dietary indiscretion or sleeping in a draught Admitted that ptosis is almost constantly present in these people, so it is in many others without symptoms These people have had ptosis all their lives They have also had their constitutional predispositions since birth and it is our feeling that the exponents of the ptosis theory have neglected the more important constitutional factor of nervous instability These people are almost exclusively the so-called sympathetico-tonic type Their erratic vasomotor system, tachycardia, etc, all point to increased sympathetic activity

With this consideration in mind logical treatment requires either sympathetic depression or vagal augmentation Before entering a discussion of this treatment it is well to say that prior to its institution every form of medical and surgical treatment had been tried on some of these patients Bed rest, belts, knee-chest position, duodenal drainage and ketogenic and acid ash diets were tried along with most of the drugs in the pharmacopeia In mild or moderately severe cases improvement occurred The life of the severe cases was one of chronic invalidism Despite continuous medical treatment these patients had repeated recurrences of their attacks

A short case history of the first patient treated by the physiologic method might be of interest

Single, white, female, school teacher, age twenty-seven In 1931 during an attack of mumps the patient developed upper abdominal pain and tenderness which was thought to be pancreatitis However, following recovery, the pain persisted and on February 11, 1932 the appendix was removed. Postoperative vomiting continued for six days and finally ceased after gastric lavage and saline hypodermoclysis Following operation the patient was confined to bed for ten weeks During this time her upper abdominal pain was relieved only by vomiting She was able to vomit and relieve herself only by eating a fairly large meal which after an hour or so of distress was regurgitated and relative comfort established. Eating no meal or small amounts left her in distress all day Medical treatment, bed rest, atropin and duodenal drainage gave no lasting relief Visual fields, spinal puncture and neurological examinations were negative. Medical consultation settled on a diagnosis of hysteria and the symptoms were overridden with sedatives At the end of the ten weeks interval the patient's weight was stationary at ninety-five pounds and vomiting was reduced to once or twice a day

During the following year the patient taught part-time, spent all holiday periods in bed and had continuous upper abdominal pain associated with occasional vomiting In October 1934 after six weeks of full-time work the patient's symptoms reached a level demanding active treatment. At this time physical exhaustion was so outstanding that Swingle's adrenal extract was administered over a two week interval The symptoms continued unabated. Anesthesin by mouth, daily injections of histamin, bed rest, and dietary measures were unavailing and the patient's weight, which had reached one hundred and three pounds fell to eighty-six. Some relief was obtained with physostigmine but this was transient. Further x-ray studies revealed marked duodenal stasis and erratic motility in the upper loops of jejunum Operative procedures were suggested but not urged and under further medical treatment the patient led an up-and-down course until December 1935 Much of this time was spent in bed. On one occasion blood was vomited During this interval many therapeutic preparations were tried Adrenalin and epinephrine gave transient relief from pain but relapses occurred shortly and with greater severity Sodium dehydrocholic acid intravenously produced transient benefits At this time (December 1935), 100 Mg of acetylcholine was administered Nausea and pain ceased immediately Vomiting continued for a short time but became selective for those foods containing considerable roughage A series of fifteen daily doses of 100 Mg each was administered By January 1936 the weight had reached one hundred and eight pounds, all vomiting and discomfort had disappeared, appetite returned, and the patient had returned to full-time teaching Subsequent history but confirms the association of acetylcholine with the cure. A dose is required at intervals of about six weeks. The indications are upper abdominal distress.

reduction in size of meal taken, restriction of diet to cereals, loss of weight, vomiting The progress can be reversed at any point and the patient restored to her normal condition with a dose of acetylcholine

In contradistinction to this severe case let us consider a very mild one

R. W, white schoolgirl, age twenty-one, entered the hospital with a diagnosis of chronic appendicitis There was no previous history of an acute attack nor was there any right lower quadrant tenderness Her chief complaint was mild nausea and loss of appetite extending over the past six weeks The condition came on following a mild upper respiratory infection and on one or two occasions she had vomited X-ray examination revealed an entirely normal tract aside from undue puddling, reverse peristalsis, and slight dilatation in the duodenal loop Complete disappearance of symptoms followed immediately upon the injection of 100 Mg of acetylcholine The dose was repeated on four successive days and the patient has been entirely well for the past four months

In all, fourteen traceable cases have been treated with acetylcholine injections There have been two failures One in a woman who has been subject to many previous operations including duodenojejunostomy and jejunojejunostomy In this instance it may be that the operative procedures have produced irremediable alterations in physiology At this time we have no explanation for failure in the second case The remaining twelve cases treated have shown complete relief Some of them show a tendency to recurrence of symptoms but an occasional injection restores them to good health

Fluoroscopic examination following a course of treatment reveals a return to normal in all save the severe cases In these latter some residual erratic motility remains Whether future experience will support the present high percentage of success or not remains to be seen However, we have every reason to believe that in properly selected cases where no definite causative pathology is present most cases will respond favorably

Acetylcholine bromide, the drug principally used in this series, is available as a white crystalline powder, the crystals clumped together and adherent to the sides of the ampule in which it is dispensed It is deliquescent, freely soluble in water, in which medium it is usually administered It must be protected from the air when in powder form and administered promptly when dissolved It has a rather putrid odor It has not been accepted by the Council on Pharmacy and Chemistry of the American Medical Association

The standard individual dose used in the series is 100 Mg dissolved in sterile distilled water and administered subcutaneously Administration by mouth is barred not only by the rapid destruction of the drug in the intestine but also by its nauseous taste Intramuscular injections have no advantages over the subcutaneous route and intravenous injections have caused distress and have been warned against Physiologically the drug has been classed as a stimulant of the parasympathetics In the laboratory it slows the heart, dilates the peripheral blood vessels, and constricts the bowel

While acetylcholine is probably present in every tissue in the body it is found in greatest amounts in the spleen, placenta, and adrenal cortex It has been proved to be the substance liberated at the nerve endings in the stimulated parasympathetic nerves Epinephrine, or an identical substance, is released at the nerve endings of postganglionic sympathetic nerves To this extent, and where sympathetic and parasympathetic functions are antagonistic, epinephrine and acetylcholine are physiologically opposed Acetylcholine, however, is released at the ganglionic synapse by both the sympathetic and parasympathetic preganglionic nerves It has, therefore, a part in the sympathetic impulse progression It resembles histamin physiologically in part and differs from this drug in that, when used in small doses, its action is abolished by atropin while that of histamin is not. This effect is due to the action of the atropin at the muscle bundle Larger doses of acetylcholine override the suppressing effect of atropin and act as a stimulant to the ganglion cells of both the sympathetic and parasympathetic systems Used with atropin it may become a stimulant of the sympathetic system While the action of the drug is rapidly stopped by an esterase present in muscle and in the blood it can again be activated by acetylating the res-

idue It is, therefore, inactivated but not destroyed In the experimental laboratory, eserine blocks the inactivating action of the blood Physiologically the effect of the drug on the human is exhausted on the blood vessels in one minute and on the intestine in ten minutes

We have difficulty fitting these facts into the excellent clinical results obtained in the series of cases and in this particular disease entity We offer as an explanation the following hypothesis

First, that the condition is a form of nerve exhaustion They are the type of individuals who require constant change of pace Periods of intense effort, periods of utter relaxation, eager to carry the world's burdens today, resentful of all responsibility tomorrow

Second, that the factor which has been exhausted is a substance used in the synthesis of acetylcholine at the nerve ending

Third, that acetylcholine bromide, as administered by us, is quickly inactivated by the blood and in its inactivated form becomes available to, and is stored by the nerve

The dose of the drug at any age, in both sexes and with any size individual is the same—100 Mg subcutaneously daily until relief is obtained, every second day until slight flushing follows the dose, then discontinue the drug and wait for a return of symptoms to determine a period within which a dose must be given to continue the results

None of the three cardinal symptoms of physiologic action—slow pulse, dilatation of peripheral blood vessels as evidenced by lowered blood pressure, flushing or sweating or contraction of the bowel—have been noted except that when we have established relief of the symptoms we look for flushing as a sign that enough of the drug has been administered The very absence of these symptoms suggests that our hypothesis as to the mode of action of the drug in this condition is wrong and that what we are really dealing with is increased esterase activity which rapidly hydrolyses acetylcholine and our therapy absorbs or diverts this excess and leaves the postganglionic parasympathetic nerve free to exert its action at the muscle plate.

We have used the drug following the administration of histamin in the treatment of ulcer complicating the duodenal puddling We have used the drug in conjunction with atropin and feel that there may be some advantage in this despite the fact that atropin abolishes the action of the drug in part This counteraction takes place at the muscle If either the hypothesis of the replacement of an exhaustible substance or the thought that we may be diverting an overactive esterate is correct then this counteraction by atropin at the muscle is of advantage because it abolishes the unpleasant and unwanted physiologic action of the drug

We have used eserine in conjunction with acetylcholine and do not feel that it has in any way improved the action of the drug We feel sure that morphine is incompatible. In the one case in which morphine was used in conjunction with acetylcholine the results were poor and no relief was obtained When one recalls the action of morphine upon the bowel as observed on roentgenologic examination the incompatability becomes apparent.

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During the last calendar year 1,869 physicians of New York State were authorized to practice in workmen's compensation cases, Industrial Commissioner Andrews announces This brings the total number of such authorized physicians to 15,672 out of 21,880 licensed to practice medicine in the state

The French deputy who had a scheme for the compulsory retirement of all doctors at the age of sixty-five raised such a storm that he has modified it, and now would oblige all liberal professions and associations to provide pensions at sixty-five and permit doctors to retire on them or not, as they wish

PROSTATIC DISEASE

Determination of the Method of Treatment

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Enlargement of the prostate presents so many variations that every means at our disposal should be employed to determine the exact nature and extent of the disease before surgery is instituted No single diagnostic procedure gives sufficient information concerning the exact location and extent of the obstructing tissue. Only when all the data about a prostate are assembled can the proper treatment be instituted It is advisable for us to use any method of diagnosis which adds materially to our complete understanding of the size, location, extent, and character of the obstructing tissue The surgical method employed in each patient should be the one which will adequately remove the obstruction, cause the minimum shock to the patient, and interfere least with the normal tissue in approximation to the obstruction, and hence leave the patient with the best functional result We, as urologists, should be capable of performing perineal and suprapubic prostatectomies as well as transurethral resection since each of these surgical procedures should be used in certain patients to obtain the best results

Etiology

The cause of prostatic hypertrophy and the glands from which prostatic enlargement develops are still much disputed points There are two general groups of prostatic glands usually referred to as the external glands which are the true functioning prostatic glands, and the internal glands which are superficially located in the posterior urethra and extend only into the mucosa and submucosa The external or functioning prostatic tissue develops into five separate groups of glands or lobes, according to Lowsley,[16] who in his work on the histology of the prostate published in 1911, estimated that there existed between fifty and seventy direct orifices emptying into the prostatic urethra from these five external lobes He also described the internal group of glands which are superficially located in the mucosa and submucosa of the prostatic urethra and trigone This latter group of glands, although insignificant in size, are believed, by Tandler and Zukerkandl[30] as well as others, to be the site of origin of all hyperplasia of the prostate and they believe that such enlargements never arise from the external functioning glands Marion[30] accepts this point of origin Young[30] states that there are five common sites of origin of prostatic hypertrophy consisting of groups of submucosal glands on the sides and floor of the urethra and trigone (Fig 2)

However, Randall,[22] in his recent pathological study (1931) of 1215 postmortem prostatic specimens, believes that adenoma or hypertrophy may arise from any of the prostatic glands There is evidence in his pathological specimens to substantiate his belief and make it difficult to conceive how certain types of prostatic hyperplasia could originate in the periurethral or submucosal glands Deming[10] doubts that all cases of prostatic hypertrophy arise from the submucosal glands The site of origin and progression of prostatic hyperplasia becomes important in the determination of the proper surgery to employ in each patient

Wesson[28 29] and Lowsley have demonstrated that the mucosal and submucosal glands on the floor of the posterior urethra are separated from the true prostatic glands by the extension of the trigonal muscle Surgically, and from pathological specimens, we find

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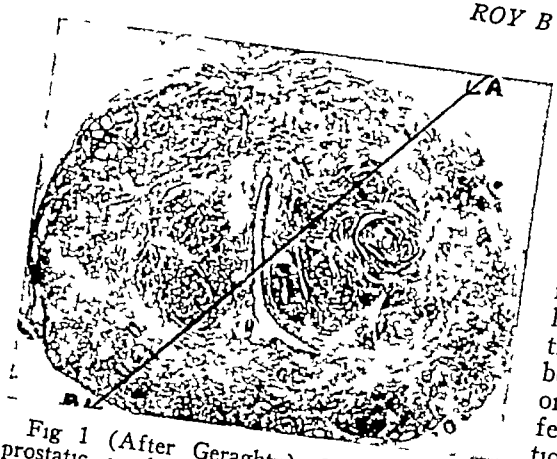


Fig 1 (After Geraghty) Cross section of prostatic urethra with moderate lateral lobe enlargement Note anteroposterior elongation of prostatic urethra Urethrogram will show spread of posterior urethra only if taken at an angle as shown by line A-B This is done by turning the patient's pelvis at an angle of thirty to forty-five degrees

situated just beneath the muscles of the posterior urethra This would adequately explain the central origin of hypertrophy and yet account for certain specimens in which the prostatic enlargement (notably median commissural hypertrophy) is present apparently under the trigonal muscle and elevates the posterior vesical lip If the trigonal muscle does lie above the median lobe hypertrophy, as Wesson[9] believes, either suprapubic prostatectomy or transurethral resection would interfere with and probably destroy the function of the trigone in urination

Infection unquestionably is a factor in the production of prostatic bars The importance of infection in hyperplasia of the prostate is still unsettled Carcinoma of the prostate almost invariably arises in one of the external prostatic glands, about seventy-five per cent in the posterior lobe [20-23] Lower believes that a testicular hormone is responsible for prostatic hypertrophy Moore[19] has shown, not only with animals but in one man who had been castrated, that involution of the prostate apparently resulted from a decrease and cessation of the same internal secretion of the testes which appeared at puberty

The examination of the prostates of twenty-five eunuchs who lived past the age of forty-five has failed to reveal any evidence of prostatic hypertrophy [19] Although prostatic enlargement may be initiated by a hormone from the testes, there is evidence, according to Young and Moore,[18] that removal of the testicles does not cause atrophy of the hypertrophic tissue

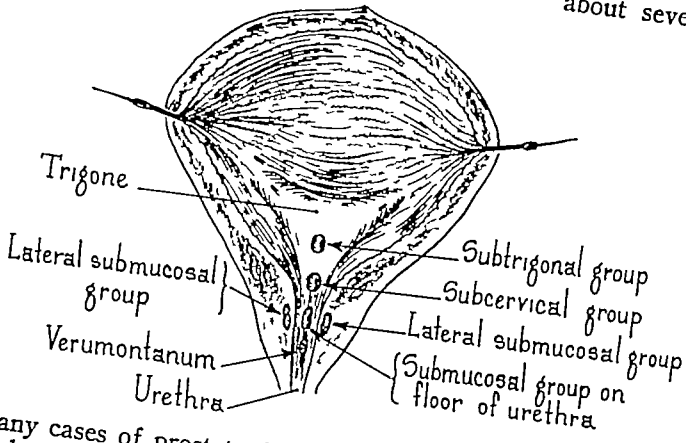


Fig 2 Location of five submucosal groups of glands where prostatic hypertrophy develops according to Young

many cases of prostatic hyperplasia lying under the trigonal muscle and it is difficult to understand how such a specimen could have its origin in the superficial mucosal glands and extend to lie completely encapsulated under this muscle Just which glands actually comprise the so-called internal group of glands may be confused by different observers Moore[19] considers the internal group of glands to be composed of not only the submucosal glands but also the shorter and more superficial true prostatic glands which extend beyond the muscle layer and yet are centrally located He believes that most cases of prostatic hypertrophy (excepting subcervical and subtrigonal lobe hypertrophy) develop from the small short external functioning prostatic glands,

Types of Prostatic Enlargement

Although one realizes that the many different forms of prostatic enlargement will defy absolute classification, yet it is convenient for many reasons to differentiate the usual types met in every day practice It is desirable to classify these tumors according to the pathology present since the necessity for treatment depends so largely on the location, type, and extent of the pathological process It is not sufficient to determine that a patient has an obstructing prostate which requires surgery A pathological classification of the condition present enables one to select intelligently the rational surgical treatment

It is our purpose to bring to your attention some aerograms and cystourethrograms, a simple method of examination which will aid in determining the size of the prostate and the location and extent of the obstructing tissue I have attempted to correlate these findings not only with the pathology found in the usual types of prostatic obstruction, but with the other diagnostic methods at our disposal Randall's recent study of 312 obstructing prostates found at autopsy revealed eight main types of prostatic enlargement. Although there were many stages of progression for each type of enlargement, yet these eight general varieties may be differentiated for surgical purposes A brief review of these pathological varieties of prostatic enlargement is presented

The first type found in ten per cent of Randall's specimens was simple bilateral hypertrophy This type was entirely extravesical or intraurethral and completely encapsulated, and the lateral lobes were entirely separate from each other These lobes may enlarge and herniate through the urethra into the bladder, yet they usually remain distal to the internal sphincter, lift the bladder up, and remain extravesical

The second type is termed solitary posterior commissural hypertrophy (middle lobe) which was also present in ten per cent of the specimens This enlargement occurs in the median lobe of the prostate and anatomically is under the trigone and circular muscles of the internal vesical sphincter This so-called middle lobe may be directly connected with each lateral lobe.

The third group is the bilateral and posterior commissural hypertrophy which occurred in 12 per cent of his series This is a combination of the two previous types and shows many variations because of unequal growth in the gland, which frequently protrudes into the bladder

The fourth group or solitary subcervical hypertrophy occurred in twenty-two per cent of the specimens This type unquestionably arises from the submucosal or internal prostatic glands, is superficial to the internal sphincter and trigonal muscle, and covered only by mucous membrane

The fifth type is a combination of bilateral and subcervical lobe hypertrophy and occurred in sixteen per cent of the specimens This is the true trilobar prostatic enlargement where the submucous subcervical lobe, often pedunculated, is separate from the enlarged lateral lobes

Median bars, the sixth group, comprised eighteen per cent of the prostatic obstructions and is a true fibrosis present as an abrupt elevation on the floor of the vesical outlet.

The seventh group was carcinoma and occurred in about 5 5 per cent in this series

The remaining five per cent of prostatic obstructions, comprising the eighth group, were caused by abscesses in the prostate (Table I)

Symptoms

Unfortunately the onset of symptoms from prostatic diseases is often so insidious that patients may be unaware of any difficulty until a sudden urinary retention develops The symptoms of diminished urinary force, frequency, and particularly nocturia are usually so gradual in their onset that many men believe this is a necessary inconvenience due to their age [27] Early symptoms which should lead one to examine the prostate are increasing effort to start the flow, decreasing force of the stream, increase in the time required to void with diminution in the calibre and length of the urinary stream, hesitancy and interrupted or intermittent flow The prevalence of prostatism demands that the prostate should be examined in anyone presenting these symptoms Although at present prostatic hypertrophy cannot be prevented, the serious consequences of the advanced stages are preventable It is estimated that twenty-five to thirty-five percent of men past fifty years of age have a prostate sufficiently enlarged to

TABLE I

Common Types of Prostatic Enlargement (Randall)	Usual %	Rectal Examination	Residual Urine	Catheter Passes	Cystourethrogram	Cystoscopy	Preferable Surgery
Simple Bilateral	10	Large Smooth with distinct median sulcus	Occurs late, often small, intermittent.	Usually easily	Straight, spread elongated posterior urethra. Diag nostic.	Inverted V and lateral intraurethral intrusion.	Perineal prostatectomy or resection.
Solitary Posterior Commissural	10	Little or no enlargement.	Occurs early, constant.	Difficult, bleeds easily false passage frequent	Normal post. urethra except gradual anterior angulation and soft tissue shadow at vesical orifice (Usually Diagnostic.)	No inverted V, broad bulging at vesical orifice	1 Resection 2. Perineal or suprapubic.
Bilateral and Commissural	12	Large, broad, smooth with little or no median sulcus.	Early, large amount, constant.	Usually difficult, bleeds easily, false passage easy	Long, spread post. urethra, gradual curve at vesical orifice intravesical soft tissue shadow Diagnostic.	Inverted V, broad bulging floor at bladder neck and lateral intraurethral intrusion. Often not necessary or advisable	1 Resection 2. Perineal or suprapubic
Solitary Subcervical Lobe.	23	Not enlarged	Sudden retention, may be intermittent.	Usually easily	Normal post. urethra except abrupt anterior angulation and rounded soft tissue shadow at vesical orifice usually diagnostic.	Post. urethra normal except rounded mass on floor of bladder neck, often pedunculated.	1 Resection 2. Suprapubic
Bilateral and Subcervical Lobe.	16	Large smooth, moderate median sulcus.	Develops slowly to retention — constant	Much variation, bleeds easily	Long, spread post. urethra, abrupt anterior angulation and rounded soft tissue shadow at vesical orifice, diagnostic.	Inverted V rounded, often pedunculated, mass on floor of bladder neck and lateral intraurethral intrusion. Often not necessary or advisable.	1 Resection 2. Suprapubic
Median Bars	18	Not enlarged	Usually small	Easily	Triangular posterior urethra with anterior angulation at bladder neck, usually diagnostic.	Abrupt firm elevation at floor of bladder neck.	Resection
Carcinoma	5 5	Moderate enlargement with small hard nodule to irregular stony enlargement	Early none — later retention.	Early easily — later very difficult	Elongated, narrow, irregular post. urethra. Usually suggestive or diagnostic.	Early normal — later difficult, hard irregular urethra and bladder neck from extension.	1 Early, radical perineal prostatectomy 2. Late, resection
Abscess	5	Enlarged soft fluctuates, later firm.	Varies greatly	Usually easily	Cavity outlined if connected with urethra. Diag nostic.	Not advisable early— later many variations.	Perineal drainage

be producing obstructive symptoms [6-13] This condition should have the attention of internists and general practitioners since they are usually first consulted when the early symptoms are present It would make the task of relieving prostatic obstruction much more safe and simple if patients could be seen in the earlier stages of prostatic disease, before the damage to the heart and kidneys has progressed beyond repair As McCarthy[17] has appropriately said, "To substitute urinary antiseptics in frequent urination, especially nocturia, for the critical examination of the qualified urologist, is a violation of trust"

Methods of Diagnosis

Rectal Palpation

Palpation of the prostate by rectum is the oldest and still a most valuable diagnostic aid However, one can be entirely misled by this finding alone In Randall's 312 specimens with prostatic enlargement, fifty per cent showed no enlargement by rectal examination In 254 patients with prostatic obstruction, examined by Young,[30] the impression concerning the size of the prostate was incorrect in sixty-one per cent Although this percentage seems higher than we would expect, yet it serves to remind us of the frequent necessity for further examination to determine the presence of prostatic obstruction Randall's cases which showed no appreciable enlargement on rectal examination were median bars, eighteen per cent, solitary subcervical lobe, twenty-two per cent, and solitary posterior commissural hypertrophy ten per cent It

cannot be too strongly stressed that rectal palpation of the prostate alone is insufficient evidence to rule out obstructing prostatic pathology

In simple bilateral prostatic hypertrophy, large lateral lobes are palpable by rectum with a distinct and rather deep median sulcus When commissural hypertrophy is present with bilateral lobe enlargement, the rectal examination presents the same findings except a very shallow median sulcus which may almost be absent at times, together with a broader prostatic base With bilateral and subcervical lobe enlargement, the median sulcus is slightly more pronounced but the base of the prostate is less broad The characteristic feeling of a prostatic abscess depends on its duration and acuteness Early in the infection the prostate is soft and fluctuates, but, if the abscess becomes walled-off with surrounding fibrosis, the prostate is more firm to the touch and later it may be difficult to differentiate from a hypertrophic prostate.

Careful rectal examination is essential for the early diagnosis of carcinoma of the prostate Unfortunately, there often are no symptoms to make either the patient or the physician aware of an early prostatic carcinoma, as it is only when the bladder neck becomes involved, causing urinary symptoms, that attention is directed to the prostate When, during a routine prostatic palpation, a firm nodule is felt, regardless of how small, further examination should be undertaken to determine whether an early cancer may be present When one feels a hard, irregular, board-like or stony-hard prostate, the diagnosis of carcinoma becomes simple, yet at this stage any form of treatment is only palliative

Residual Urine

Incomplete emptying of the bladder is one of the primary reasons for surgical intervention in prostatic disease Urinary retention is one of the common findings in most types of enlargement of the prostate, yet one often finds large simple bilateral lobe hypertrophy with little or no residual urine Early median bars and carcinoma often have no residual urine The urine which remains in the bladder after voiding is a danger signal



Fig 3 Age thirty-two, Normal posterior urethrogram, note spindle shape, ends being internal and external sphincters, and central widest portion with verumontanum outlined. Posterior urethra is straight



Fig 4 Age sixty-nine, Urinary symptoms more than four years with sudden retention, rectal, large smooth with median sulcus, catheterized easily, note soft tissue shadow which appears to be median lobe but urethrogram shows straight, spread, elongated posterior urethra. *Large lateral lobes present* protruding into bladder

and the primary cause for progressive damage to the kidneys The larger the quantity of residual urine, the greater the necessity for immediate surgical intervention However, the amount of urinary retention is not the only criterion for surgery, since early carcinoma, median bars, abscess, and occasionally simple bilateral and solitary subcervical lobe hypertrophy may have little or no residual urine, yet require surgery for their relief We are sufficiently aware of the progression of these lesions to advise early treatment before serious irreparable damage has occurred Usually the quantity of residual urine can be determined by having the patient void, then passing a catheter to the bladder to drain whatever urine remains This may not be required in each case since Beer[1] has demonstrated a simple method for estimating the residual urine by permitting a patient to void just before the last intravenous urogram is taken and judging the retention by the quantity of contrast media remaining in the bladder

Catheterization

A suspicion of the type of prostatic enlargement may be obtained by passing a catheter into the bladder Many obstructing prostates readily admit a catheter When difficulty in inserting a catheter is encountered, unless there has been previous urethral trauma, one suspects the presence of a commissural hypertrophy, a subcervical lobe with bilateral lobe enlargement, or a carcinoma The bleeding which frequently occurs when catheterizing these patients usually results from the trauma to the encroaching prostatic enlargement on the floor of the vesical orifice As the catheter approaches this obstruction at the bladder neck, its course is diverted at an anterior angle to enter the bladder Since prostatic adenoma has less elasticity than normal tissue, false passages frequently occur in these obstructions A semilateral cystourethrogram readily demonstrates this anterior angulation at the vesical orifice (Fig 5)

Aerograms and Cystourethrograms

Cystourethrograms in conjunction with aerograms add another valuable method of diagnosis in enlargement of the prostate Each type of prostatic enlargement produces a characteristic distortion of the prostatic urethra and bladder neck which in most cases permits one to determine the type and extent of the obstruction A cystourethrogram can be made with very little discomfort to a patient and frequently makes it unnecessary to perform a cystoscopy A permanent record may thus be obtained which is of particular value in progress examinations



Fig 5 Age fifty-nine, Urinary symptoms four years, rectal, very slight enlargement, note soft tissue shadow at vesical orifice and *Anterior Angulation* of catheter, *Posterior Commissural Hypertrophy*

Although Wulff[11] described the first opaque cystogram in 1905 and Keller the first air cystogram in 1904, it was not until 1910 that Cunningham[9] first reported urethrograms using fifty per cent argyrol as a contrast medium to demonstrate urethral strictures Haudek, in 1921, demonstrated that the posterior urethra could be satisfactorily visualized by injecting opaque fluid during the exposure of the radiogram and Sicard and Forestier[25] used lipiodol for this purpose in 1924 Flocks[11] (1933) substituted a lipiodol gum tragacanth jelly for urethrograms and outlined a definite technic for visualization of the prostatic urethra

He stated that the ideal contrast media should give the maximum opacity with minimum irritation, be homogeneous, have low toxicity even if injected intravenously, rather viscid, yet water soluble so that it could easily be washed out A rather viscous mixture is desirable so that each crevice may be filled and yet with inertia enough to keep the urethra completely filled while the x-ray is being taken A watery solution will be partly expelled by the muscles of the posterior urethra and the urethrogram will lose its



Fig 6 Age sixty-three, Urinary symptoms five years with constant residual urine, rectal, very slight enlargement, note soft tissue shadow and *Anterior Angulation* of contrast media, *Posterior Commissural Hypertrophy*

value Flocks also drew attention to the contrast obtained when using an opaque solution for the urethrogram in combination with air cystograms Gillies and Kerr[12] (1935) reported more than two thousand combined aerograms and urethrograms done in Alcock's clinic with no untoward symptoms referable to the procedure. Nesbitt[21] has used the same technic, substituting hippuran jelly for lipiodol, in over 500 cases with no complications He believes that with aerograms and cystourethrograms properly done, one may determine quite accurately the type and extent of the obstructing prostate making cystoscopy rarely necessary We have been using hippuran jelly as suggested by Nesbitt because it is more water soluble than lipiodol and may more readily be washed out of the bladder and urethra following the urethrogram, although some of the accompanying urethrograms were made with lipiodol jelly

Technic

A plain x-ray of the bladder and kidneys is first taken A small soft rubber catheter (size F 14 to 16) is passed to the bladder and the residual urine drained and measured The bladder is filled to the point of fullness, but not discomfort, with a 2 5 per cent solution of sodium iodide, and an x-ray taken with the patient in the dorsal position If a diverticulum is suspected, a lateral x-ray may also be made The sodium iodide is allowed to drain out and the bladder filled with air until the patient has the first sensation of bladder fullness The pelvis of the patient is then turned to an angle between thirty and forty-five degrees, the left (under) thigh flexed to a forty-five degree angle, and the right (top) thigh extended A stereoscopic aerogram is taken with the catheter still in the bladder and the x-ray tube centered over the base of the bladder The patient remains in the same position and the catheter withdrawn as the end of the penis is compressed with the fingers to prevent the air from escaping from the bladder A fifty c c luer syringe, to which the distal two or three inches of a soft rubber catheter has been attached, is filled with hippuran jelly This portion of the catheter is inserted into the urethra holding the urethra firmly around the catheter and the jelly gently injected into the urethra and bladder until about twenty to twenty-five c c. of jelly has been injected During the last of the injection another stereoscopic x-ray is taken The air and jelly may then be voided or washed out by reinserting the urethral catheter

The hippuran jelly used by Nesbitt and which we have found satisfactory is as follows

Hippuran NNR	640 0 G
Tragacanth U S P Ribbons	48 0 G
Glycerin U S P	765 0 C.C
Acid Boric U S P Crystals	120 0 G

Odor (Sp Lilac etc.) or alcohol	25 0 C C.
Nipasol M (Preservative)	1.2 G
Aqua Distellata q s.a.d.	4000 0 C.C

Mix the glycerin with 1800 c.c. water In this dissolve the boric acid with aid of heat. Soak the tragacanth in the acid glycerin mixture until swelling is complete Then dissolve the hippuran in 700 c.c. water and add to gum mixture Dissolve the Nipasol M in the odor and add to mixture while stirring Add water to make final volume Strain and bottle.

The proper consistency of this jelly is essential for the best results The jelly should be rather thick yet sufficiently liquid to pass out of the syringe and through the tip of the catheter without using too much force The opacity of the fluid may be increased by adding more hippuran, or a small amount of ten percent sodium iodide solution A jelly made entirely of sodium iodide often causes some irritation along the urethra.

Interpretation of Cystourethrograms

The plain x-ray is taken to determine the presence of shadow-casting stones in the genitourinary tract and to visualize the kidney outlines Spina bifida or metastatic bone lesions may be noted

The cystogram with a dilute solution of sodium iodide permits one to outline the contour of the bladder The normal bladder is rounded and smooth and somewhat larger than a grapefruit Any distortion of this smooth outline indicates a pathological condition among which may be noted stones, bladder tumor, or prostatic intrusion at the bladder neck Diverticula or cellules are seen which often result from prolonged urinary obstruction A relaxed internal vesical sphincter which permits the prostatic urethra to be filled with contrast media appearing as a funnel at the vesical outlet suggests injury to the internal sphincter, spinal injury, tabes, or other neurogenic dysfunction

The stereoscopic semi-lateral aerogram with the catheter in position permits the soft shadow of any prostatic intrusion into the bladder to be visualized It is particularly important to have the x-ray tube centered over the base of the bladder (bladder neck) If the x-ray tube is centered above the bladder neck, the soft tissue shadow of the intravesical prostatic intrusion will be exaggerated and appear to be larger than it is Since the prostatic urethra is straight, the soft rubber catheter enters the normal bladder neck without any curvature In the presence of a median commissural hypertrophy or any other definite obstruction of the posterior vesical lip, an anterior angulation of the soft rubber catheter is noted in the x-ray taken in the semi-lateral position The stereoscopic study permits one to visualize and estimate the size with reasonable accuracy of the intrusion of each lateral and the median prostatic lobes Retentive diverticula remain filled with sodium iodide solution and are outlined by the contrast with the aerogram

The normal posterior or prostatic urethra extends from the external to the internal sphincter and usually is between three and four cm in length The walls of the urethra are in contact except during micturition The posterior urethra is distended and its outline obtained by injecting the contrast media while the x-ray exposure is being made The normal posterior urethra is spindle-shaped, the ends of the spindle being formed by the external and internal sphincter, while the central widest portion shows a rounded eminence near the external sphincter caused by the verumontanum The cystourethrogram is of value in determining prostatic disease because of the intimate relationship of the prostate to the urethra It is evident that any change in the size and shape of the prostate will distort the urethra and become evident in the cystourethrogram (Fig 1)

The deformity noted in cystourethrograms with this technic depends upon the change which has taken place in the prostate Lateral lobe hypertrophy develops on each side of the prostatic urethra and while pressing on the urethra causes it to become a longitudinal slit with a marked increase in the anteroposterior diameter. It is because of the change in the shape of the urethra to a longitudinal slit that a semi-lateral cystourethrogram is necessary to determine the extent of the lateral lobe prostatic hypertrophy responsible for this flattening of the posterior urethra (Fig 1) The length of the prostatic urethra is also increased which aids in estimating the size of these prostatic lobes The

contrast between the hippuran jelly as it enters the bladder with the air in the bladder and the soft tissue shadow of the prostatic intrusion permits an outline of the obstruction (Fig 4)

The appearance of a cystourethrogram in a simple bilateral prostatic hypertrophy shows the prostatic urethra to be widened or spread out between the membranous urethra and the bladder neck The extent of this spread with the increased length of the prostatic urethra permits one to estimate the size of the lateral lobes since the lateral lobes alone are responsible for this increased width and length of the prostatic urethra The soft rubber catheter in the aerogram in simple bilateral hypertrophy shows no anterior angulation and the hippuran jelly enters the bladder without any deviation on the floor of the bladder neck A soft tissue shadow may be seen as a rounded mass protruding into the bladder neck and this frequently is mistaken for median lobe hypertrophy This mass occurs as the lateral lobes increase in size and elongate the posterior urethra to press against and elevate the internal sphincter at the bladder neck It may be differentiated from a median lobe by the lack of curvature noted in the soft rubber catheter in the aerogram, by the lack of angulation of the contrast media in the cystrourethrogram or by stereoscopic examination

A solitary posterior commissural hypertrophy (middle lobe) is suspected by the anterior curvature of the soft rubber catheter in the semi-lateral aerogram From the stereoscopic aerogram the size of the median lobe obstruction can be seen The cystogram often shows a filling defect at the bladder neck The cystourethrogram shows the prostatic urethra to be practically normal until the contrast media is diverted as an anterior angulation to outline the intruding lobe at the bladder neck (Fig 5-6)

With bilateral and commissural prostatic hypertrophy a combination of these two types are demonstrable The degree of the flattened elongated posterior urethra with the anterior angulation at the bladder neck will aid in estimating the size of the prostate (Fig 7)

A solitary subcervical lobe hypertrophy usually presents no deformity of the posterior urethra in an urethrogram A filling defect may be present in the cystogram, and its size can be estimated with stereoscopic aerograms If this subcervical lobe has a small base, the catheter may pass into the bladder on either side of the obstruction and present little or no anterior angulation in the aerogram Usually, however, the base is sufficiently large to divert the soft rubber catheter anteriorly With the contrast media in the urethra an abrupt anterior angulation is seen as the obstructing rounded mass becomes outlined with its surface covered by the jelly (Fig 8)

A combination of bilateral and subcervical lobe hypertrophy was found in sixteen per cent of Randall's specimens When these occur together a combination of the cystourethrographic findings are present When the base of the subcervical lobe is large, it may be difficult to differentiate from a median commissural hypertrophy, yet the roundness of the subcervical lobe, the acuteness of the angle caused by the contrast media at the bladder neck, and the stereoscopic aerograms are suggestive of a subcervical lobe enlargement (Fig 9)

When median bars are sufficiently large to cause obstructive symptoms, the findings with cystourethrograms are usually diagnostic There is usually no filling defect at the bladder neck in the cystogram If the bar is large enough an anterior angulation of the catheter may be seen in the semi-lateral aerogram The cystourethrogram shows a small yet abrupt elevation at the posterior vesical lip Most of the prostatic urethra is normal but on the urethral side of the bladder neck a triangular spread is seen with the contrast media The normal vesical uvula is replaced by the fibrous bar which causes an upward angulation from the floor of the vesical end of the posterior urethra This sudden drop from the bladder neck to the normal level of the posterior urethra forms one side of the triangular area seen in these cystourethrograms The posterior urethra may appear to be somewhat shortened in length (Fig 10-12)

A cystourethrogram is a distinct aid in the diagnosis of clinical carcinoma of the prostate In an urethrogram the urethra is elongated and irregularly nar-

rowed by pressure around its circumference by the carcinoma, produced by an uneven encroachment on the prostatic urethra A soft tissue shadow is usually seen at the bladder neck in the aerogram Occasionally, the first suspicion of prostatic carcinoma has followed the characteristic findings in the cystourethrogram of an elongated, narrow and irregular prostatic urethra Since the location of the prostatic carcinoma is responsible for the appearance of the urethrogram,



Fig 7 Age seventy-two, Urinary symptoms six months with damaged kidneys, Rectal, moderate enlargement smooth, sulcus absent, note elongated spread posterior urethra with gradual anterior angle at bladder neck. *Bilateral and Posterior Commissural Hypertrophy*



Fig 9 Age sixty-nine, Urinary symptoms for ten years with intermittent retention but constant residual, rectal, very large smooth prostate, note long spread posterior urethra and rather abrupt anterior angulation of contrast media at bladder neck as rounded soft tissue shadow is outlined, *large lateral and large subcervical lobe hypertrophy*

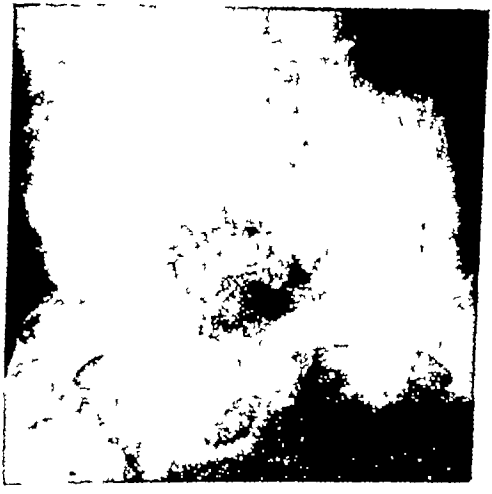


Fig 8 Age forty-nine, Urinary symptoms for one year followed by *Sudden* complete retention, rectal, very slight enlargement, note normal posterior urethra until abrupt anterior angulation is seen at bladder neck as surface of obstructing rounded mass is outlined by contrast jelly *Solitary Subcervical Lobe Hypertrophy*

considerable variation may be noted when the carcinoma is present with hypertrophy or abscess, or when the posterior prostatic lobe only is involved with no extension to the urethra The predominating lesion will be evident in the urethrogram and the presence of carcinoma may not be apparent (Fig 14)

A cystourethrogram of a prostatic abscess, if the abscess cavity communicates with the urethra, shows its size and extent as it fills with the contrast media In prolonged prostatic infections an urethrogram may reveal the presence of a small infected cavity in the prostatic urethra (Fig 13)

I do not wish to suggest that cystourethrograms will take the place of other methods of diagnosis in prostatic enlargement Yet in many patients presenting signs of prostatic obstruction, considerable added information can be obtained by proper semi-lateral aerograms and urethrograms Since this may be so simply done with little discomfort to the patient, it should be more commonly used In approximately ninety per cent of patients with prostatic obstruction, the type and extent of the obstruction may be determined or confirmed with cystourethrograms (Fig 15)

Cystoscopy is often a necessary and distinct aid in the diagnosis of many prostatic obstructions, yet cystourethrograms frequently give as much and occasionally more inforamtion regarding the size, location, and extent of the lesion Patients appreciate the avoidance of cystoscopy whenever it is possible It is neither desirable nor good surgical judgment to cystoscope a patient with complete urinary retention from a large congested prostate unless it is done under anesthesia At times it is impossible to pass a cystoscope into the bladder Bleeding, which occurs frequently with even the slightest trauma, obscures the vision and prevents visualization of the obstruction According to the specimens examined by Randall, cystoscopy would not have been necessary nor desirable in approximately twenty-eight per cent since the correct diagnosis in these cases could have been made with rectal examination and cystourethrograms The judgment to know when and when not to use a cystoscope is a greater asset than the mere ability to know *how* to use it





Fig 10 and 11 Age seventy-four, Urinary symptoms for several years with two to three ounces residual, rectal, irregular from chronic infection, note anterior angulation of catheter with no soft tissue shadow in aerogram, *Triangular Area* in posterior urethra showing verumontanum which seems to be near bladder neck. *Median Bar*

I shall not describe the cystoscopic findings in each individual prostatic lesion It is not unusual for two or more observers to obtain a different mental picture of the size, location, and extent of an obstructing lesion at the bladder neck Two descriptions of the same lesion may disagree in some important points However, whenever cystoscopy is indicated and possible of performance, the type of obstruction can be determined by an experienced cystoscopist

A biopsy of the prostate in a suspected case of carcinoma is often helpful The Lowsley prostatic needle may be employed and enough tissue obtained for pathological study Tissue may also be obtained from a prostatic resection at which time

the bladder neck obstruction can be relieved If a malignancy is discovered from the tissue removed at resection and no extension is demonstrable, a radical perineal prostatectomy may be done If the tissue removed by resection shows no malignancy, the patient requires no further surgery for relief of the bladder neck obstruction

An emergency cystotomy is occasionally required because a catheter for drainage cannot be passed to the bladder Occasionally when a catheter is passed to the bladder, bleeding may be either uncontrollable or may prevent the catheter from draining, requiring the bladder to be opened If this becomes necessary the vesical orifice can be visualized from the cystotomy opening and the diagnosis of the obstructing lesion determined

Treatment

The criterion for proper treatment should not be whether a certain surgical procedure can be done, but rather which surgical procedure is best suited for the



Fig 12. Age forty-three, Urinary symptoms for several years with one to two ounces residual urine, rectal, normal, note *Triangular Area* in prostatic area with anterior angulation of contrast media at bladder neck, note oval shadow behind triangular area, caused by pouch in left lateral lobe of prostate resulting from abscess or false passage. *Median Bar with Pouch in Prostatic Urethra.*

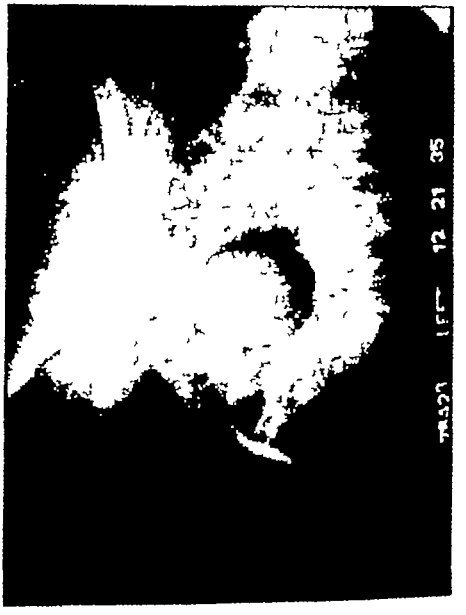


Fig 13 Age fifty, Chronic urinary infection, rectal, rounded firm, no fluctuation, note irregular extravasation of contrast media as it fills cavities in prostate caused by infection. Resulting from *Prostatic Abscess*

removal of the obstructing lesion which will interfere least with the remaining normal tissue and will re-establish normal bladder function We all realize that either prostatic resection, perineal or suprapubic prostatectomy can be performed in almost every case of prostatic obstruction However, a routine surgical procedure for patients presenting so many various pathological lesions does not appear justifiable even though the results and the low mortality from prostatic resection in experienced hands makes this procedure the one of choice in most cases [2 5 21] An intravesical prostatic enlargement can be removed through the perineum but to remove it in this manner is not only more difficult, but it disturbs the normal surrounding tissue and may interfere with the future bladder function A simple bilateral intraurethral hypertrophy may be removed suprapubically, yet because of the location of the enlargement, a perineal prostatectomy should interfere less with the internal sphincter and the trigonal muscle

Most urologists agree that fibrous prostates, median bars, and obstructive prostatic carcinomas with extension are

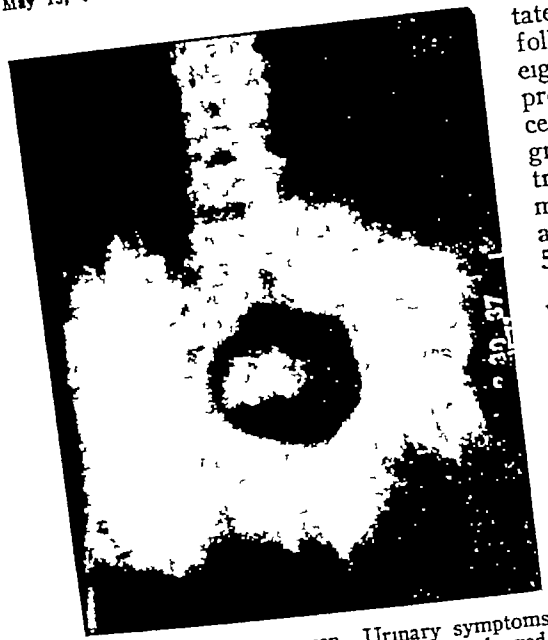


Fig 14 Age sixty-seven, Urinary symptoms for eight months, rectal, moderately enlarged, irregular, stony hard, fixed in position, catheter passes with difficulty releasing six ounces residual urine, note elongated, narrow, irregular posterior urethra with small filling defect at bladder neck. *Carcinoma of Prostate*

preferably treated by transurethral resection [14] However, the functional results from this procedure are not always satisfactory in these cases It is our experience that a certain amount of temporary incontinence is just as frequent in these cases than in transurethral resection for prostatic adenoma This may be explained by the fact that these lesions are intimately attached to the internal vesical sphincter and the trigonal muscle, and when the pathological tissue is removed these muscles are necessarily partially removed with the obstructing tissue. Extreme care must be used to prevent the removal of too much tissue at the vesical orifice in these cases

To properly care for the various types of prostatic enlargement, a urologist should train himself to be capable of doing suprapubic and perineal prostatectomies as well as transurethral resections Both perineal prostatectomy and prostatic resection are fraught with greater possibilities of complications than the suprapubic operation and if one has not had the training or the temperament to do these operations, he will do much better to continue with suprapubic prostatectomies Nevertheless, if this plan is followed there will be more than thirty-eight per cent (Randall's specimens) of prostatic obstructions which will not receive the best form of surgery In this group are included simple bilateral intraurethral hypertrophy, ten per cent, median bars, eighteen per cent, prostatic abscess, five per cent, and carcinoma, 5 5 per cent

For one who has had the training and has the temperament, transurethral prostatic resection is the treatment of choice for many prostatic enlargements It has been amply proved that many complications are possible with such a delicate operation, but it has also been shown that as experience increases, complications decrease The low mortality, morbidity, and short hospitalization reported by Bumpus,[5] Alcock,[2] Thompson, Nesbitt,[21] and others, depends primarily upon the operators skill and the postoperative care Nesbitt believes that postoperative symptoms of frequency, burning, and pyuria are the result of the introduction of infection during or after the operation, or that a portion of devitalized prostatic issue remains as an irritating focus in the prostatic urethra He advocates as

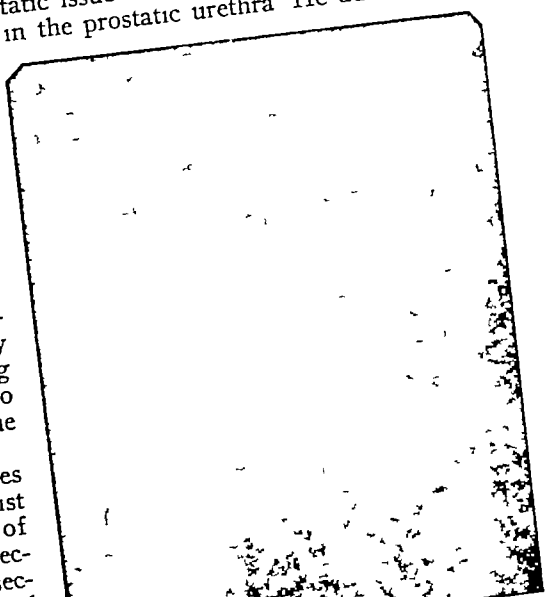


Fig 15 Age fifty-five, Urethrogram following transurethral resection for moderate lateral and posterior commissural hypertrophy Normal bladder outlet yet bladder neck is somewhat enlarged.

complete removal of the prostatic hypertrophy by resection as possible

Only about one-tenth the number of patients require preoperative preparation for resection compared to those requiring preparation for enucleation of the prostate, according to Bumpus [5] Cabot [7] has shown that prolonged urethral catheter drainage changes a dormant prostatic infection into an acute infection which involves the urethra, prostate, bladder, and kidneys Probably the removal of the prostatic obstruction by resection establishes adequate drainage at once and the improvement formerly noted preparatory to surgery is accomplished during the convalescence from resection The mortality reported from cystotomy for drainage alone, occasionally exceeding ten per cent, may be avoided by resection [1] I do not wish to minimize the necessity for preliminary preparation of a certain group of patients with considerable urinary retention and especially with an elevated blood urea nitrogen or nonprotein nitrogen However, it is not uncommon to see a patient's urinary output diminish and his blood urea become elevated during either prolonged drainage from a retention catheter or following a cystotomy for drainage

Recurrences of obstruction following prostatic enucleation have been reported by Young,[30] Lewis,[15] Chute,[8] Illyes, and others There have been reported some recurrent obstructions following resection It is probable that a patient would prefer a repetition of a resection with a relatively short hospital stay than an "open operation"

It would indeed be fortunate if the horror of prostatic enlargement could be expelled from the minds of men in advancing years If they realized that early diagnosis and treatment would require a short hospital stay with no outward or visible evidence of their operation, many would seek advice early The insidious yet permanent damage to the kidneys and cardiovascular system could be prevented

When we are fortunate enough to discover an early carcinoma of the prostate, a radical total perineal prostatectomy, as described by Young,[31] offers the only chance of cure Barringer[3] has stated that prostatic carcinoma for the most part is a fatal disease and this view is almost universally held by those who treat this disease by any palliative means Fully realizing the seriousness of this disease, I believe we are justified in resorting to radical surgery in early cases Randall's series of cases revealed only 5 5 per cent of prostatic carcinoma, but Moore[20] found 16 7 per cent in 375 routine prostates examined Moore also found more than one origin of carcinoma in the same prostate in eleven out of fifty-two cases, yet only four of these fifty-two showed microscopic evidence of invasion outside the prostate Of Moore's cases 73 5 per cent arose in the posterior lobe, 8 8 per cent in the lateral lobes, and 14 8 per cent from the anterior lobe He concludes that metastases and invasion outside the organ is a late manifestation of the disease

Rich[28] found carcinoma in fourteen per cent of 292 prostates in a routine examination of prostates in men over fifty years of age and found most of them situated either laterally or posteriorly near the capsule of the gland In these cases 65 8 per cent were not recognized clinically Caulk and Alcock[1] each found cancer in nineteen per cent of routine surgical prostates, and Young[30] found carcinoma in twenty per cent of obstructive prostates Although early carcinoma of the prostate is essentially a silent disease, since its origin is usually in the posterior lobe which is palpable by rectum, a suspicious nodule felt during routine rectal examination may lead to an early diagnosis

Although early diagnosis of prostatic carcinoma is difficult and often impossible, we should constantly be aware of the frequency with which it occurs and offer early surgery as the only hope of cure Smith,[26] Rolnick,[24] Young,[31] Lowsley, and others have reported successful radical perineal prostatectomies and believe that since other forms of treatment at present offer only palliative relief, the patient is entitled to an opportunity for cure Extension usually first is discovered around the seminal vesicles and frequently can be determined by palpation

When metastases have occurred, prostatic resection for urinary obstruction, radium implanted into the prostate,

and deep x-ray therapy for pain, are valuable adjuncts in relieving the patient

Before any operation is undertaken it is essential to obtain all possible information concerning the type and extent of the obstructing lesion We have found cystourethrograms distinct aids in deciding what surgery should be undertaken When used in conjunction with the other diagnostic information, one can better visualize the pathological process and hence institute proper surgery

Summary

1 Proper diagnosis of the type, location, extent, and character of the obstructing prostate is essential before surgery is instituted

2 Aerograms and cystourethrograms in the semi-lateral position obtaining a contrast between the air in the bladder and an opaque jelly in the prostatic urethra are diagnostic of the prostatic obstruction in most cases, and are a distinct aid in determining the extent, character, and location of the obstructing tissue

3 The lateral spread and increased length of the prostatic urethra is caused by lateral lobe intrusion, an anterior angulation at the bladder neck may be noted by the curve in the catheter in the aerogram or by the opaque jelly in the aerogram and is significant of various changes occurring on the floor of the vesical outlet, stereoscopic x-rays permit one to visualize and differentiate each prostatic lobe protruding into the bladder, some enlargement of the prostate by rectal examination combined with a narrow, irregular, and elongated urethra is very suggestive of prostatic carcinoma

4 Rectal examination reveals little or no enlargement in fifty per cent of patients with prostatic obstructions (From Randall's pathological specimens)

5 Prostatic resection is the procedure of choice in many prostatic obstructions, providing the operator is sufficiently skilled in the technic and postoperative care

6 Radical perineal prostatectomy offers the only hope of cure in early carcinoma of the prostate

7 For those who do not do prostatic resection, perineal is preferable to suprapubic prostatectomy in bilateral intraurethral (extravesical) enlargements and from an anatomical study should give better functional results

8 Suprapubic prostatectomy should be done in those cases which require a preliminary cystotomy for drainage, by the surgeon who occasionally operates upon the prostate and by those urologists who have not become sufficiently familiar with the technic of prostatic resections and perineal prostatectomy

9 Aerograms and cystourethrograms are presented which show the characteristic prostatic enlargements with the realization that various combinations of these lesions are often present in the same patient

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A doctor complains that he had to leave his flat owing to the rowdy parties of the tenants above him A Big Apple a day sent the doctor away —*Punch*

SKELETAL SYSTEM MANIFESTATIONS DURING SECONDARY SYPHILIS

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That syphilis may cause the most bizarre clinical pictures is knowledge so common that the metaphor "Syphilis, the great imitator" has become a trite expression However, certain syndromes occur so infrequently that recognition of their syphilitic nature comes about by chance or only after the late appearance of some pathognomonic clinical sign The unusual features in the case herein described warrant its report and serve as a basis for discussing syphilitic manifestations in the supporting structures of the body during the secondary stage of the infection

Case Report

C T, a married white woman, aged twenty-eight, with two normal children, was admitted to Bellevue Hospital on March 2, 1936 Her present illness began ten weeks previously with loss of weight, malaise, sore throat, and fever On January 9, 1936, she entered an ear, nose and throat hospital She remained there for five weeks, with a temperature of 101 to 102°F, and her symptoms increased in severity Her blood count was reported as normal, Roentgenograms of the chest were normal, and two Wassermann tests were anticomplementary About three weeks after her admission to this hospital a rash appeared on her face and shoulders She left the hospital of her own accord, unimproved, on February 12, with a diagnosis of "Chronic Sinusitis, Acute Infection of the Tonsils, Ulceration of the Left Anterior Pillar, Possible Bronchial Pneumonia" At home her symptoms progressed and finally she was admitted to Bellevue Hospital, suffering from excruciating pains in all the limbs, severe hyperesthesia, numbness and tingling in the feet and hands, and inability to move her legs and arms

Examination revealed a thin, emaciated, acutely ill woman, unable to move any of her limbs or raise her head. Her weight was sixty-seven lbs Her skin was dry and inelastic There was an eruption on her face and left shoulder, located primarily on the cheeks and chin The eruption consisted of about a dozen pea to nickel-sized, discrete, dull red papules The ears and nose were normal Examination of the eyes revealed normal movements of the eyeball and normal fundi The pupils were round and equal and reacted to light and accommodation The posterior pharynx and anterior pillars were injected In the center of the posterior portion of the tongue was a shallow, dime-sized ulcer, surrounded by a zone of erythema and only slightly tender on palpation The ulcer was covered by a greyish, nonadherent, necrotic exudate and had an infiltrated base. The gums were spongy and the submaxillary and anterior cervical glands were considerably enlarged The heart was not enlarged, the sounds were normal, and the rate was 112 per minute. Physical examination of the lungs was normal The abdominal viscera were not palpable nor tender and the pelvic examination revealed no abnormalities other than a slight leukorrhea There was a generalized lymphadenopathy

The skin of the lower extremities was markedly hyperesthetic and there was exquisite tenderness to slight pressure over all the long bones, joints, and muscles The muscular atrophy was striking, the limbs giving the appearance that no soft tissue other than the skin covered the bones There was a bilateral foot drop and only the faintest motion of the fingers could be elicited A provisional diagnosis was made of "Post-infectious Peripheral Neuritis" or "Avitaminosis with Peripheral Neuritis" The patient was placed on a high vitamin diet with ascorbic acid parenterally

The neurologist found all the deep reflexes present and active, no ankle clonus nor Babinski, absent abdominal reflexes, and an intact vibratory sense. He expressed the opinion that the marked generalized muscular atrophy and weakness was of constitutional origin and not a result of a neuritis

After five days of vitamin therapy the

We wish to thank Dr Lewis J Friedman, Director of the Roentgenological Service of Bellevue Hospital, for his many helpful suggestions

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 26, 1937

patient's symptoms were more aggravated A routine Wassermann test gave a four plus reaction and the patient was referred to the service of Dermatology and Syphilology On the basis of the cutaneous and mucous membrane lesions, a diagnosis of secondary syphilis was made.

On March 2, the blood count was Red blood cells, 3,650,000 Hb, sixty per cent. White blood cells, 23,000 The differential count was PMN, forty-one per cent. Meta II, thirty-five per cent, Meta III, two per cent, Lymph, twenty per cent, Eosin, one per cent, Baso, one per cent.

The urine examination was normal and tests for Bence-Jones protein were negative The blood serum calcium content was 14 1 Mg per cent and the phosphorous content was 4.2 Mg per cent. Repeated blood cultures revealed no growth X-ray examination, as reported by Dr L J Friedman, showed multiple areas of bony destruction involving the outer table of the frontal bone of the skull, the corticalis of the right radius, both ulnas, the neck of the left humerus, and both tibias These lesions were purely osteolytic, with no evidence of thickening or periosteal reaction Some of the lesions resembled a metastatic malignancy of tuberculosis (Fig 1)

A subsequent history was obtained from the husband, who, having been estranged from the patient, returned to her only a few weeks before the onset of her illness They had had a single coitus, the first week in December, three weeks before the onset of her illness The husband stated that he developed a penile lesion in November, which he had left untreated. A Wassermann test performed on him was reported four plus The children's Wassermann reports were negative.

Antisyphilitic therapy was started March 7, with two c c sodium bismuth tartrate, intraglutially, every three days for five injections One week after the first injection the patient was able to sit up in bed and move her hands and legs freely, pain and tenderness having greatly diminished After two weeks, neoarsphenamine was started with an initial dose of 0 3 Gm. and maintained at 0 45 Gm. up to the time of discharge Two months after admission the patient had received 4 2 Gm of neoarsphenamine and ten c.c. of water soluble sodium bismuth tartrate and one Gm of bismuth as bismuth salicylate suspended in oil

At the time of discharge her general condition was excellent. She had gained thirty lbs in weight, recovered complete use of all her muscles, pains had entirely disappeared, blood count was normal, and Roentgenograms of the bones showed all the osteolytic areas to be less prominent than previously, with complete healing of some of the smaller lesions The patient was given continuous antisyphilitic therapy in the outpatient department and has remained in excellent health Another Roentgenogram two months later showed complete healing with no evidence of any bone lesions (Fig 2 and 3) Unfortunately, a spinal fluid examination and punch biopsy of the bone were not obtained At no time could we get permission for either procedure

Discussion of Case

This case presented a secondary syphilide of the face and mouth, and a severe myopathia with marked wasting of all the voluntary muscles, associated with widespread destructive bone lesions Modern texts make little or no mention of the myopathies of secondary syphilis, but it is interesting to note that this syndrome regularly appeared in the writings of the syphilologists of the past century However, the destructive bone lesions as described herein have never been considered as manifestations of early syphilis But the widespread appearance of these bone lesions, their lack of resemblance to any known disease (except tuberculosis or yaws), their occurrence during a toxic phase of early cutaneous syphilis, and their prompt response to antisyphilitic therapy, dispel all doubt that this bone destruction was of syphilitic origin

During the past year two cases have been reported that bear upon this type of bone lesion—Tauber and Goldman[1] reported a case of "Syphilitic Anemia with diffuse Osteitis" Their patient had a penile lesion with satellite bubo, from which Spirochete pallida was found on dark-field examination He had a generalized skin eruption, a severe macrocytic anemia and "areas of bone destruction of varying diameter in the skull, in the upper third of the left tibia, and in the left clavicle and scapula. There was very little thickening about these areas and very little periosteal reaction They resembled multiple myeloma" There was a complete response to antisyphilitic therapy The authors stated "if one attempts to classify these various manifestations as syphilitic, one must suppose that the bone involvement and anemia are late reactions, and the acute penile lesion a super infection"

Mandelbaum and Saperstein[2] reported a case of "acute gummatous osteomyelitis" in a case of transfusion syphilis Their patient, a woman of twenty-eight years, was transfused after being delivered of normal twins Eight weeks later she developed severe pains in the bones followed by the development of subcutaneous nodules at these painful sites She was found to have a four plus Wassermann reaction and Roentgen-ray examination showed several "irregular areas of rarefaction in the sternum and skull" At no time had there been lesions of the skin or mucous membranes Roentgenograms made several months after antisyphilitic therapy showed complete healing Examination of the husband and the two children showed no evidence of syphilitic infection but the donor, the patient's brother, was found to have a four plus Wassermann reaction The authors then conclude "this patient thus represents a case in which acute gummatous osteomyelitis was the initial lesion of syphilis transmitted by a blood transfusion" In view of this osteolytic bone lesion (which is not unlike that of the two cases cited above), appearing less than two months after the initial inoculation, we believe that this case should be more popularly described as a rarefying osteitis of early syphilis and classified as a syphilitic osteoperiostitis

Wile and Senear[3] reported a series of sixty cases of secondary syphilis with involvement of the bones and joints Unfortunately their report did not include Roentgen-ray studies, but was based upon symptomatic and objective evidence of skeletal changes Of their sixty cases they reported that in eighteen the general health was severely affected, and in these the patients had anemia, loss of weight and debility, and there was no relationship to skin or central nervous system involvement

This latter evidence of syphilitic toxemia appears to be a common factor in all the cases manifesting lesions of bones during the secondary stages of the infection This debility is also an accompaniment of osseous syphilis of the newborn in which destructive bone lesions are a common occurrence (Fig 4) On this evidence one cannot help but feel that

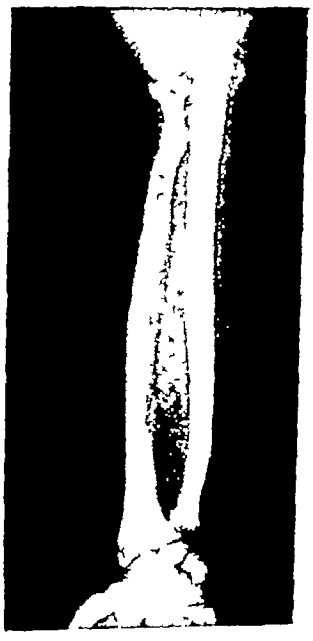


Fig 1 Osteolytic lesions of secondary syphilis Multiple areas of bone destruction involving corticalis of right radius and ulna

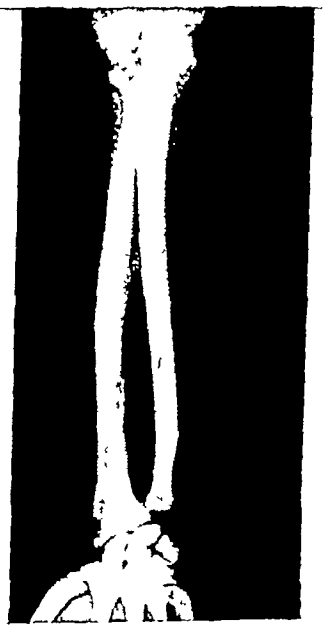


Fig 2 Right radius and ulna three weeks after initiation of antisyphilitic therapy Beginning healing of lesions

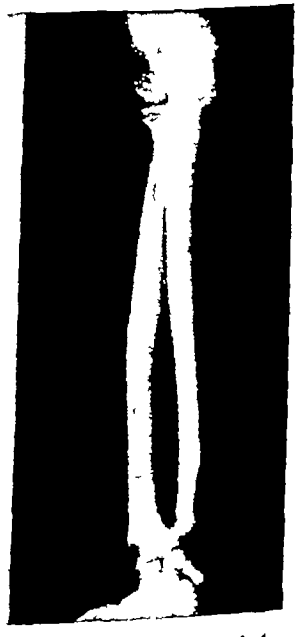


Fig 3 Right radius and ulna four months after initiation of antisyphilitic therapy Lesions completely healed

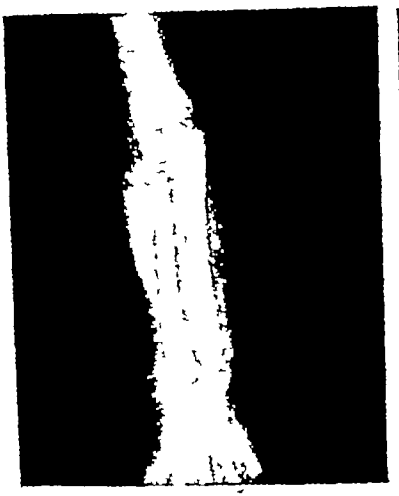


Fig 4 Osseous syphilis of the newborn Note destructive areas of radius, ulna, and distal end of humerus In addition, this demonstrates other features of osseous syphilis of the newborn—periostitis, submetaphyseal rarefaction, and widening of provisional zone of calcification

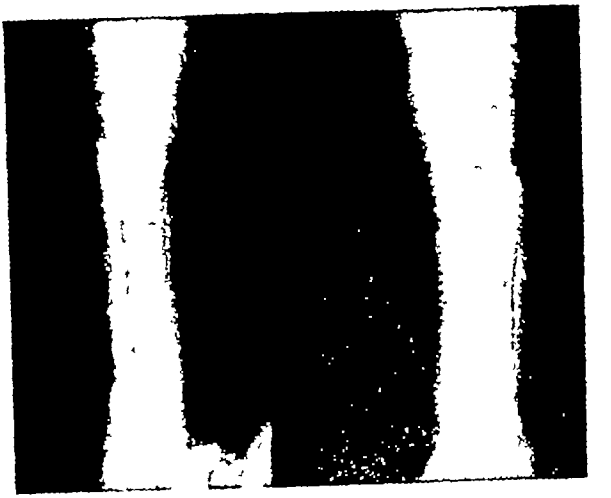


Fig 5 Osseous syphilis of the newborn Serration of distal ends of femurs, destruction of proximal ends of tibiae, with epiphyseal separation and impaction, and medial displacement. Note symmetry of these lesions

Roentgen-ray studies of the bones should be made in those patients with signs of toxemia, during the early stages of their infection

Early Syphilitic Involvement of the Skeletal System

Muscles In early syphilis, a myositis not infrequently causes a diffuse, aching pain This occurs just before the appearance of the rash and is characterized by being more severe at night and by being localized chiefly in the flexor muscles and in the erector spinae muscles of the back Many years ago Fournier described two types of muscular involvement during early syphilis, a progressive weakening of the muscular power with intermittent trembling, and a progressive wasting of the muscles It is noteworthy that this latter manifestation, which is a prominent feature in our case report above, does not appear in the literature of the past few decades

Late syphilitic involvement of the muscular system is not uncommon and has been observed by most syphilologists The inflammation may be of three types (1) a generalized infiltration of the muscular tissue, (2) localized gummata, or (3) a combination of the two When the inflammation is in the form of a localized gummata, the individual swellings are the prominent symptoms, but when, as is more common, the combination of diffuse myositis and gummata exists, the muscles become increased in size, firm and resistant to the touch The swellings may increase in size until entire muscular groups are involved and after a time, become adherent to the surrounding tissue, interfering with their function Some gummata may soften and break through the skin, producing the typical gummatous ulcer This same type of gummatous involvement of the muscle may also appear as a late manifestation of congenital syphilis, between the fifth and twentieth years

The prognosis in all these types is excellent

Tendons and tendon sheaths The tendons, being avascular structures, are rarely involved alone The tendon sheaths may be affected separately, but eventually both are involved Tenosynovitis may occur during secondary syphilis as a simple serous inflammation with effusion which, after a period, may lead to adhesions The swelling appears rapidly, is painless, and does not materially affect the movements of the adjacent joints These have been most frequently observed in the tendon sheaths at the back of the wrist, the ankle, hamstrings, and biceps This condition must be distinguished from

tuberculosis and often a therapeutic test is necessary to confirm the diagnosis

Gummatous tenosynovitis, which should be more accurately named a perisynovitis, is a more common occurrence than the secondary form and is usually found in debilitated patients It may begin as a solitary mass or as multiple small nodules, fusing to form an irregular tumor and adhering to the skin The mass may then soften, ulcerate, and break through the skin, presenting the usual tertiary syphilitic ulcer with the typical serpiginous border

Bursae Occasionally there occurs a generalized toxemia in secondary syphilis, which leads to serous effusions distributed through the body The bursae are often involved during this process Fournier applied the name "Syphilitic Pseudorheumatism" to the process, because the patient is generally treated with salicylates The swelling and tenderness of the bursae is transient and disappears spontaneously

A gummatous inflammation may appear as an early or late tertiary manifestation, usually in patients who show other evidence of the disease The lesion begins with a sharply defined, painless, sluggish swelling, which later becomes very hard and tense and may reach to an enormous mass It may remain in this form indefinitely or the tumor may soften and ulcerate Any bursa may be affected The affection is usually symmetrical and usually involves those bursae most exposed to trauma The name "Syphilitic Bursapathy of Verneuil," after one of the first to describe this process, has been applied to this gummatous infilteration The response to therapy is excellent

Joints Involvement of the joints in early syphilis is manifested as an arthralgia or synovitis, which may be of an intermittent or chronic nature.

Arthralgia The larger joints are most frequently attacked The patient complains of nocturnal pains in several joints, with no evidence of inflammatory signs such as redness, swelling, heat, tenderness or limitation of motion This may take place very early in the disease, even preceding the secondary rash

Synovitis Intermittent synovitis occurs as a rapid effusion of fluid into one of the larger joints and accompanied by moderate pain, which is more severe at night. Here also there are no signs of inflammation. There may be multiple joint involvement or a progressive involvement, the swelling disappearing from the joint as rapidly as it appears in another But confusion with rheumatic fever should never arise because of the absence of inflammatory signs in the joint and because intermittent synovitis is always associated with other signs of secondary syphilis The prognosis is excellent and the lesions disappear rapidly under therapy

Chronic synovitis, however, is an entirely painless process and it is only after long duration of the asymptomatic swelling that the patient seeks the advice of the physician. It is usually a late secondary manifestation, and occurs most frequently in women It is symmetrical and the knees are most frequently involved There is a marked effusion but there are no inflammatory signs nor any limitation of motion nor impairment of function. The course is chronic and the prognosis is not as good as in the intermittent form Under antisyphilitic therapy the improvement may only be partial and orthopedic care will be required to prevent the deformities and ankylosis

Bones Bone syphilis has been classified as follows

Osteocopic pains	Osteitis
Periostitis	Epiphsitis
Osteoperiostitis	Osteochondritis

Gummatous osteomyelitis

Although this classification is convenient for clinical and roentgenologic descriptions, one must bear in mind that the type of lesions so specified are not static but are various clinical manifestations of different stages of the syphilitic process The literature and most teaching of syphilis have arbitrarily divided the above classification into early and late syphilis, the periostitis and osteocopic pains being considered as manifestation of secondary syphilis and the remainder, as well as periostitis, as manifestations of tertiary syphilis But if one remembers that the bone changes in the syphilitic newborn are usually in the nature of secondary syphilis and that these changes may include any one or all of the lesions listed above, then one must appreciate the futility of such an arbitrary classification This is further borne out by the cases cited herein, of destructive bone lesions in acquired secondary syphilis, hitherto referred to as gummatous osteitis It would be better to regard this as a severe toxic spirochetal infection, for in

both the congenital and acquired manifestations the patient is very ill.

All evidence points to the initial syphilitic bone lesion arising in the medulla and spreading by way of the Haversian canals to the cortex and periosteum This is truly a syphilitic osteomyelitis, the extent of the process depending upon the virulence of the organism and the resistance and age of the patient More than fifty per cent of patients with congenital syphilis (according to some authors up to one hundred per cent) will show osseous lesions at some stage of the disease and the Spirocheta pallida can usually be demonstrated in the medullary canal of every syphilitic fetus The syphilitic osteomyelitis may be diffuse or circumscribed and may be evidenced by any of the pathologic responses to bone infection —periosteal or cortical bone proliferation and destruction, sclerosis, sequestration, epiphyseal separation or pathologic fracture

Roentgenologically, two types of pathologic alteration are distinguished—bone production and bone destruction The earliest changes are usually production, which is later accompanied by, or replaced by, bone destruction Some Roentgenologic pictures are characteristic of syphilis, of which may be mentioned the worm-eaten areas of the outer table of the skull, the periosteal and cortical thickening of the anterior tibia, and the osteochondritis of the newborn However, in more than fifty per cent of acquired bone syphilis, the diagnosis can be made without the aid of the clinical picture (Pyogenic osteomyelitis, yaws, and occasionally tuberculous osteomyelitis may present similar roentgenographic changes)

Bone Lesions of Early Congenital syphilis (The first year) The osseous lesions appear during intrauterine life or soon after birth, usually within the first six months The primary lesion is at the end of the shaft, adjacent to the epiphyseal line hence it is described as an osteochondritis or epiphysitis The lesion is a diffuse infiltration in the bone-marrow, with fatty degeneration and necrosis of their cells and the blood vessels, which produces a yellowish color The most common sites are at the ends of the long bones The granulation tissue extends from the medulla and infiltration into the epiphyseal cartilage, replacing both the calcified and noncalcified cartilage matrix Tongue-like projections of granulation tissue, accompanied by blood vessels, extend between the cartilage columns, distending their orderly arrangement and transforming the narrow, straight, gray line of the epiphysis into a thickened, irregular, yellowish-white band The effect of this inflammatory process on the epiphysis is to produce an increased but irregular activity of growth The Roentgen ray appearance, while characteristic, does not show the full extent of the pathologic process as the epiphysis are not yet calcified at this age

Clinically, the most common symptom is pain and loss of function, the infant having the appearance of being paralyzed Examination shows a slight swelling around the joint and tenderness, but no true paralysis, hence the name pseudoparalysis has been applied

On roentgen ray examination this appears as a serration or irregularity of the epiphyseal line on the cartilaginous side, with a widening of the provisional zone of calcification and submetaphyseal rarefaction Accompanying this picture may be a circumscribed or diffuse osteomyelitis, appearing as punched-out areas of cortical necrosis, or the cortex of the shaft may show periosteal proliferation and thickening The bilateral appearance and symmetry of these lesions are the characteristic features, and epiphyseal separation and dislocation are not infrequent occurrences (Fig 5)

Bone lesions in acquired early syphilis or delayed congenital syphilis As the bones become more calcified and more mature, the epiphyses become more resistant to infection and hence the lesions will usually be found in the shaft of the long bones The lesion may be localized to one portion of the bone, it may be diffuse, or several bones may be involved The most common, earliest lesions are those of periosteal inflammation The outer layer of the cortex acquires a fuzziness because of the periosteal reaction, in which new bone is deposited to form a thickening of the shaft,

When the disease is of long-standing, the new bone can completely fill the medullary cavity and there may be fuzzy, radiating trabeculae along the periosteal

surface There may be destructive lesions along the outer surface of the cortex with extension through to the medullary cavity, producing a picture of irregular areas of decreased density in a field of increased density from periosteal new bone formation In late syphilis any type or combination of the above mentioned lesions may occur We do not wish to enter into a detailed discussion of these later lesions, except to point out that on occasion they may occur as a manifestation of early syphilis

Summary and Comment

We have reported a case of early syphilis with severe myopathia and osteolytic bone lesions, as manifestations of a severe syphilitic toxemia Two cases with similar bone lesions have been cited as appearing in the literature

We have given a brief review of early syphilitic involvement of the entire skeletal system

In this discussion of early skeletal syphilis, we have attempted to demonstrate that syphilis may be responsible not only for unusual, divers syndromes, but also for multiform lesions appearing most capriciously, without regard for time or place

32 E. 64 St
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Discussion

DR. RICHARD L SAUNDERS, *Buffalo*—May I congratulate the authors for an able presentation of a case of early bone syphilis This patient was extremely ill with an apparent low resistance factor Unless the diagnosis had been made or the miracle had happened with the mobilization of her resistance mechanism, she would have probably died of secondary syphilis

Bone destruction in early syphilis is unusual The presence of the spirochete in the bone-marrow is probably not Neisser found them as early as a few hours after the initial entrance of the organism Destruction of well-calcified bone requires time The Spirochete in the early case is content to flow down the Haversian canals to the periosteum, where it creates the usual bone manifestation of early syphilis, a periostitis This is characterized by local areas of tenderness and perhaps some slight swelling The x-ray picture at this stage usually reveals nothing Another symptom related to the skeletal structures in early syphilis which has been mentioned, is bone pain Stokes states that secondary syphilis headache belongs under this heading There is no pathological basis for this pain

The second unusual feature of this case was the muscle atrophy I think that most of us have seen early cases complaining of muscle pain, but I know that I have never seen muscle atrophy The same I think is true of the joints Arthralgia is occasionally elicited as part of general aching pains of early syphilis, but bursitis or synovitis must be extremely rare.

I think that the authors have proven beyond doubt that although bone destruction is extremely rare in early syphilis, it did occur in this case The eruption, mucous membrane lesion, generalized adenopathy and positive blood, clinched the diagnosis of secondary syphilis The fact that these bone lesions occurred during this phase of the disease and responded to its therapy, proves beyond doubt that these bones were syphilitic

The authors have drawn a parallel of their case to that of bone involvement of the newborn, where destructive bone lesions are not infrequent I believe that they have every right to do this They are both caused by mass invasion of Spirochetes in the same structure.

The reason, however, that destruction of the skeletal system is more frequent in the newborn is that these structures have less resistance than mature bones I do not think that it can be explained on the fact that adult bones are better calcified, although this might have something to do with their immunity It is true that the bulk of the bone pathology of newborn syphilitics centers around the diaphyseal-epiphyseal junction where calcification is not complete

The authors have also shown that the usual teaching that periostitis is the lesion of early syphilis and that osteitis, osteomyelitis, osteochondritis, etc., are late syphilitic lesions, by bringing out the fact that all of these so-called late manifestations occur in

early congenital syphilis, which is really a spirochetemia, the same as secondary syphilis I feel however, that for purposes of teaching that congenital syphilis should be kept separated from acquired syphilis and that this arbitrary classification should stand

DR. DAVID BLOOM, *New York City*—In connection with the most interesting case reported by the authors I wish to mention a case which I have presented before the Section of Dermatology and Syphilology of the New York Academy of Medicine (*Arch Dermat & Syph*, 29 940, 1934)

It was the case of a colored girl, aged twenty, who came to Bellevue Hospital with a generalized, rather profuse eruption diagnosed as miliary papular syphilid and confirmed by a strongly positive Wassermann reaction of the blood The exact time of the exposure could not be ascertained Following two injections of a bismuth compound and one of neoarsphenamine the patient complained of pain in the left acromioclavicular joint, over which there were seen an almond-sized, moderately firm swelling, erythematous, tender to pressure and painful on motion of the arm She complained of spontaneous pain in the left shoulder which was most pronounced at night A roentgenogram revealed "destruction" of the acromial end of the clavicle On further antisyphilitic treatment, after four injections of neoarsphenamine and five of a bismuth compound, a second roentgenogram was taken which showed distinct regeneration of the bone After several more injections the patient was discharged from the hospital and referred to the dermatologic clinic The patient soon discontinued attendance at the clinic but returned two months later with a right facial paralysis Following further antisyphilitic treatment the facial paralysis improved rapidly A roentgenogram of the acromioclavicular joint taken at that time (about 3½ months following the appearance of the bone lesion) showed "progressive regeneration of the acromioclavicular end of the clavicle," and the roentgenogram taken one month later reported as showing "an arrested pathologic process" The combination of bone destruction with nerve involvement in the early secondary stage in spite of antisyphilitic therapy would indicate possibly a low immunity of the patient towards the Spirochete

I believe that if syphilitic patients were observed closely and roentgenograms taken of clinically affected bones there would be found destruction of the bone in secondary syphilis more frequently than it is believed at the present

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Transference of tissue from one human being to another is now conceded to be a worthless procedure in most instances, regardless of blood matching, says *Colorado Medicine* Two exceptions have been found advantageous cartilage as an homogenous (from another individual) graft, and the use of skin from an identical twin Instances in which an identical twin is available when needed as a skin donor are rare indeed In the former, cartilage is usually taken directly from the right costochondral junction of the donor or from a bed of cartilage hoarded beneath the skin of his abdominal wall at a previous operation Cartilage preserved in some antiseptic solution such as alcohol, merthiolate, or boric acid and refrigerated may keep for many months There are, however, limitations to homogenous cartilage grafting If the perichondrium is left on, the graft is more apt to twist or curl, and if it is removed the cartilage is in greater danger of absorption than when it is autogenous (from the patient himself) In cases with extensive denudation of the body surface—wherein there is no available autogenous skin, or the shock of cutting it would aggregate the dangerous situation—life may be saved by temporary "taking" of homogenous grafts

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Housewife Did you kill all the germs in the baby's milk?

Maid I hope so, I put it through the meat-chopper twice.—*Boy's Life*

"I believe," declared the Irishman, "that me youngest son is born to be a surgeon"

"Phwat leads you to say that?" inquired the hod-carrier

"Oi caught him usin' th' scissors on a book Oi'd lately bought, and before Oi could stop him he cut out the appendix"—*Nebr State Med Jour*

It is alleged, remarks the *AMA Journal*, that a considerable amount of money now available for malaria, through various governmental sources, is being spent for the elimination of mosquitoes in areas where there is no malaria

THE SCOPE AND FORM OF LOCAL OFFICIAL HEALTH SERVICES

With Particular Reference to the City of New York

HAVEN EMERSON, M D, *New York City*

Agreement on definitions gives the best prospect of rational discussion and an intelligent conclusion on almost any topic

Official public health services are properly described as those applications of preventive medicine which are authorized by law as a function of government for social ends Not theory of public health but its practice, not curative but preventive medicine, not voluntary or unofficial but governmental agencies, services not for the individual but for the community

By community we mean any political unit within a state which is required or authorized to maintain a department of civil government for the purpose of protecting its health whether this be urban or rural, a city, a county, or a district embracing city and county or parts or all of one or more counties

It is well to keep in mind the organic structure of health administration created in the past hundred years out of almost nothing, into the most altruistic, and almost complete in scope and range of human application, among the functions of modern society I am aware that there were water conduits in Minoan Crete, and sewers in Rome, and quarantine in Venice of the Doges, but public health in the modern social sense began in England in 1842 From the international agencies concerned with health, by treaty, volunteer cooperation or mutual self-interest, through the federal or national health ministries or services of the respective central governments, down through the departmental, provincial, and state health service to the ultimate responsible unit of city, county, town, village or district, there is not only a remarkable similarity of object and function but a high degree of uniformity in method and accomplishment of official health services all over the world

It may be considered a truism of public health practice that the smaller the population unit capable of supporting a full-time staff of competent and professionally trained health workers, including at least a physician as health officer, the public health nurse, the sanitary inspector, and the statistical clerk or secretary, the more intimate, responsive to local needs and effective will be the character of public health work

Also it must be taken for granted that the lower the economic level of any population group the larger it must be, or the heavier its per capita tax, to support a minimum essential staff of competent persons, and the more likely it will need financial assistance from the state or national government in grants of money or personnel for its health services

Further to clarify the meaning of the term "preventive medicine" as employed by government for social ends, let me say that the more public health services are distinguished and kept apart from public care of the sick, the better will be the quality of the health services of the community

Let us understand that within the ample and beneficent tabernacle of the medical sciences there are the practices of individual and administrative medicine and both of these are employed for both treatment of the sick, so-called curative medicine, personal or organized care of the sick, and prevention of disease, or so-called preventive medicine, *i e*, personal and public health We are for the moment concerned only with administrative medicine, and with that aspect of medical administration which under the authority of laws and with the resources of appropriated tax money, attempts to raise the level of the health of the people of a given local political unit, largely though not exclusively, by prevention of disease, so that more of those born alive shall survive and achieve such quality

Read before the New York County Medical Society, February 28, 1938

and duration of life as their inherited qualities and personal conduct permit

May I call your attention to a significant omission from the definition I ask you to accept? It is not advisable, in my opinion at least, at the outset of a discussion of public health, to include among the functions of a local health department the care of the sick, with the single proviso that if the prevalent or available care of communicable disease is insufficient in amount or quality to protect the community, and to deal humanely with the sick who must be isolated, then the health officer may properly assume responsibility for treatment of the patient

It is obvious that in rural, economically dependent communities where even the most elementary provision for diagnosis and treatment of disease may be difficult to obtain, it is likely that the health officer will be called upon as the most competent representative of local government to organize such services for the sick as the government can afford, and human need and consideration demand Even in such communities the health officer should make every effort to place the responsibility for care of the sick, except in emergencies, on the practitioners of medicine of the vicinity, subsidized if necessary by public funds I know few health officers of states or cities who are sufficiently experienced in care of the sick to be accepted as leaders in this particular field of medical practice

In cities and most of the more populous rural counties, at least in northeastern United States where there have developed over the generations such institutions and agencies for the sick as seem best to meet the needs of the locality and the standards of good medical care, the functions, scope, personnel, authority, and appropriations for the local health department do not properly include or provide for care of the sick The more health departments intrude on care of the sick in general, the less effective and attentive are they to health, or vice versa The health department may properly set high standards for outpatient or bed care of patients with communicable diseases, and must, if needs be, demonstrate superior diagnostic and treatment procedures to be followed by hospitals, dispensaries, and physicians under other auspices

May we pause a moment further at the word *official,* which implies services derived from government as distinct from those provided by voluntary agencies supported by philanthropy or cooperative effort, and contributions or earnings Under our laws there is almost no limit to the range of activities permitted under voluntary auspices, save only those which involve the right of entry into private premises or the violation of confidential relationship between physician and patient

The less well government serves the people, be it in police or fire protection, in education, health or recreation, in culture and the arts, the more abundant are the expressions of private initiative in an endeavor to supplement the inadequacies of civil government, to initiate new or promising innovations in health services or to demonstrate the possibilities of benefit from expenditures or experiments which a cautious and thrifty or ill-informed government hesitates to incur It must be obvious to those who follow the trends in legislation, and in state and local public health, that there are serious potential hazards to representative government, to social representation, and to the prestige of official health agencies in the dominance by lobbying and by other forms of political influence of large wealthy unofficial agencies in the State and City of New York If the nonofficial agencies and their contributors devoted but a modest fraction of their energies, influence, and funds to making our civil government do a first class job of health protection, and insisted upon economical and efficient use of public funds for this purpose, their operation of auxiliary and often duplicating health services and the costly process of raising money by public appeal, would be largely unnecessary

The prestige and appreciation of official health services would be vastly increased if they alone had the public's attention, and their scope of service were comprehensive and wholly competent

We are not concerned with the functions of non-official or so-called voluntary health agencies, even though by one device or another most of our northern

urban communities are persuaded to pay about two dollars towards the support of non-official health agencies for every dollar of tax money appropriated for official health work A fair index of the adequacy, efficiency, and public confidence in official health services might well be the absence of non-official or quasi-government health services supported by private funds Voluntary health agencies should study, watch, stimulate, and gain public support for, but not conduct essential health services The sums available to the Commissioner of Health of New York City are ample for the highest grade of official municipal health services In addition to the seventy-four cents per capita provided in the regular budget of the City of New York for the Department of Health, there is another sixty-three cents per capita now available for purposes determined by the Commissioner of Health, from federal grants and from foundations and individuals Certainly no necessary health function of government need be neglected where $10,258,000 is available for seven and a half million people who are at the same time provided with more abundant and competent institutions for the care of the sick and for medical care and popular education than can be found among any similar population elsewhere in this country or abroad

Accepting then, if you will please, the definition that local official health services are those which apply the science and art of preventive medicine through government for social ends, let us consider the scope and form of the functions of the local health department They are six in number and hardly need naming to any body of physicians today anywhere on this continent

1 Chronologically, and in modern public health elemental in importance, is the registration of births, deaths, and notifiable diseases

2 Historically is environmental sanitation typified by control over all potable water, disposal of human waste, particularly household sewage, safeguarding perishable foods and particularly milk and dairy products, interest in cleanliness of air, abatement of sanitary nuisances, and prevention of overcrowding in homes, work, travel, and enclosed places of recreation

3 Control of communicable diseases including tuberculosis and the venereal diseases

4 Diagnostic laboratory services, including immunology, biotherapy, analytical tests of water, milk, etc, and research

5 Maternity, infancy, and child hygiene from the prenatal period until the end of the continuation school or high school

6 Health information

At least one other major function which should appear as a separate division of work or be included as a specialized subdivision under Sanitation is Industrial Sanitation and Hygiene, the control of occupational hazards

It *may* be that some knowledge and procedure will develop out of the welter of words and the muddled thinking of the psychiatrists and their would-be colleagues, the psychologists, which will offer a hope of prevention of a part at least of the disturbances of mentality, emotion, personality, and behavior, and that Mental Hygiene in the public health sense, not Child Guidance for problem children, may find a place among the indispensables of public health practice At present mental hygiene is either diagnosis and treatment of the sick or it is a slogan for propaganda lacking precise objectives

A word might be said for local health services in the field of cancer, heart disease, and diabetes, but up to the present time only through analysis of vital statistics and the use of the informational resources of the health department are these matters included among the functions of local public health work

The scope of most of the six usual functions of local health departments depends upon the goal so far reached by the private practitioner of medicine in translating into a self-supporting occupation his personal knowledge of individual preventive medicine The methods used must also vary in proportion to the emphasis required to persuade the public to employ their own physicians for health protection, or the necessity to offer to the public what the average physician either does not know how to do or does not care to undertake

How then can we arrive at the minimum necessary scope and the most effective method of public health services at a cost within the money appropriated?

1 Vital Statistics

There is little room for doubt as to the activities carried on by bureaus or divisions of vital statistics The facts of births and deaths and the incidence of notifiable disease must be recorded, tabulated, analyzed, made available for official use, and published at suitable intervals for public information and record American municipal experience has been from the time of Durgan and Davis in Boston, Snow and Chapin in Providence, and Tracy and Guilfoy in New York that responsible filing, effective analysis, and official interpretation of local vital statistics are of greatest use and interest to the medical profession when done with medical collaboration and guidance It will be noted that since the retirement of Dr Guilfoy as Registrar of Records of the City of New York, there has been no annual publication with analysis and interpretation of the vital statistics of the city There was a descriptive report of the activities of the Department of Health without any tables of mortality, morbidity or natality, for each of the years 1929 and 1930 There was a summary of statistical tables for the years 1930, 1931, and 1932 without interpretation or analysis There is in preparation a summary of statistical tables for 1933-1936, also without textual interpretation Few factors are so influential in encouraging the physicians of a city to concern themselves in progressive reduction of preventable diseases as annual and preferably monthly publication of the significant trends in birth, death, and sick rates In spite of the technical excellence, and vigorous initiative in new and improved methods of registration practice, by the present Registrar of Vital Statistics in New York City, we have a starved and unproductive service, because of lack of personnel capable of analysis interpretation and publication of the facts collected

2 Sanitation

The functions usually assigned to a municipal bureau of sanitation are in the main thoroughly and competently carried out, but there are two serious inadequacies in the protection of the people of New York City against hazards of environment which should be included in the functions of the Department of Health

Both of the functions I refer to have occupied the serious attention of the Health Officers of this city in previous years, first as long ago as 1867-1880, and more recently between 1914 and 1917 Both were discontinued during the immediate postwar decennium of maladministration under Tammany Both should be resumed now and made permanent in the organization of the department of health of each large city in the country I refer to industrial sanitation and the protection of the public health against such harmful and fraudulently promoted products as lead to substantial damage to health by proprietary drugs, foods, and cosmetics exploited by misleading advertising to a gullible and too trusting public

It is not enough that the State Department of Labor should operate an inspectorial service which reaches some of the larger industrial concerns New York City needs at least as effective local interest in the sanitary hazards of its wage earners in all shops and industries, large and small, as has been developed effectively in Detroit and to some extent in San Francisco, St. Louis, Baltimore, and Newark

It is not sufficient for New York City to be told that a good federal food, drugs, and cosmetics law would make a city ordinance confusing and superfluous The people of New York City should be *better* protected than is the nation New Yorkers consume ten per cent of all proprietary and secret formula medicaments sold in the United States

If the New York City Board of Health is released from the request of the Mayor to refrain from action, and the trifling sum needed for enforcement were obtained, an important advance would be made in protection of the health of New Yorkers for which ample authority was provided by action of the Board of Health as much as twenty and more years ago State legislation to the same effect has been unwelcome to the State Department of Health and seems likely to be no more helpful to the people of this city than the pending food and drug bills before Congress

3 Control of Communicable Diseases

The control of communicable disease is a function with which we have been so long familiar that it is only in details that there is question or comment New York City is not yet well-protected against diphtheria in children under school age The medical profession, particularly the pediatricians of the city, are properly chargeable with the responsibility of seeing that every infant brought to their notice for any purpose is actively immunized before it reaches the end of its first year of life It would be a marked advance in policy and practice if New York took a leaf from Detroit's book of experience and enlisted the practitioners in its program, paying them where necessary for immunizations done in a reliable manner in their own offices for children under school age whose parents are not in a position to pay New York City's present program against diphtheria is not entirely adequate to the situation

With regard to tuberculosis and syphilis and gonorrhea, there are elements in the situation beyond the control of the City Department of Health However, beds for the tuberculous will ultimately, though after shockingly long delay, be provided, again a penalty we pay for wastage and neglect by a series of Tammany administrations

With full-time divisional chiefs for the tuberculosis and venereal disease bureaus, the major point upon which success of the present programs may depend is the location and adequacy of the outpatient services for diagnosis and treatment of these diseases The responsible informed opinion of all professional bodies in this city is that outpatient services should be integral parts of hospital services and not be operated independently, apart from the records and staff organization of a general or special hospital Only when all the outpatient services for those diseases are operated on this basis can we expect uniformly high professional standards and attention to all needs of the patients at a level now available in many general hospitals throughout the city The New York City Department of Health should withdraw from the operation of all outpatient services in favor of the Department of Hospitals That this can be done without loss of facilities for the epidemiological and sanitary control of the diseases in question necessary for the Department of Health is quite certain

Not only should the City Health Department withdraw from its present involvement in the practice of medicine in the field of maternity, tuberculosis, and venereal disease in favor of the Department of Hospitals, but in the matter of pneumonia it is obvious from even the brief experience of the past two years that the bulk of the problem, and certainly by far the largest share in the cost and need of specific type diagnosis and therapy will always fall upon the municipal and voluntary hospitals of the city, where if at all the supplementary personnel and services and biological resources of the Department of Health should be available In one borough in 1937 there were 238 patients with lobar pneumonia admitted to the municipal hospital requiring type diagnosis and serum therapy, the hospital laboratory being overwhelmed by the demand for its services, while in the same borough, in the same period, the typing diagnostic station of the Health Department was called upon for diagnosis in but five instances (In the city as a whole, 304 typings)

4 Diagnostic Laboratory Services

If there is any comment upon the scope, quality or quantity of activities of the New York City Bureau of Laboratories, it must be that time, personnel, encouragement, and channels for publication of researches in the biology of disease have been lacking or but insufficiently supplied When one looks back at the great volume of original research with which we were favored over the names of Park, Williams, Krumwiede, Zingher, Solly, Banzhaf, and many others and we note that there has been no contribution in this field issued as a publication of the Department of Health since 1929, we can only hope that when the new organization and personnel and duties are all developed into a smoothly working machine there may be a renewed

output of scientific contributions The last monograph appeared in 1920 The last reprint appeared in July 1929 The last volume of collected studies covered the years 1920-26 For it is as true now as ever that inquiry, research, and investigation are the very life of any administration of public health, if a city department is to escape the mental atrophy of bureaucracy

5 Maternity, Infancy, and Child Hygiene

This is the largest field of all, and is closest and of most concern to the private practitioner of medicine In no other specialties of medicine have the contributions been greater in the saving of lives than in obstetrics and pediatrics The records of performance of New York City in these fields have been notable, and promise of even better appears to be within our grasp The same comment that has been made with regard to independent dispensaries for syphilis and tuberculosis applies also to the conduct of independent prenatal dispensary services These should be operated only in connection with maternity services of hospitals, by members of an organized hospital staff, and so far as municipal services are concerned by the Department of Hospitals and not the Department of Health In no aspect of work of the Department of Health has the cooperation between the organized medical and nursing services been closer than in the field of maternity, particularly through the Advisory Obstetrical Council of the Department of Health and the Maternity Center Association and the Visiting Nurse Services of all Boroughs

6 Public Information

So-called public health education has been for years hamstrung by parsimony Lack of imagination in the appropriating body and resulting starvation of the educational resources of the Bureau of Public Health Education have been of long-standing It is not publicity, nor propaganda, nor promotion, nor advertising, that is wanted or should be paid for by the city, but education, first of physicians, then of school teachers, editors, ministers, public officers, employers of labor, of special groups of employees in hazardous trades, and lastly and least profitably, the indiscriminate and undiscriminating general public which is largely uneducable by any such broadcast methods as the Health Department can afford

The people of New York and particularly the medical profession have a right to expect that those who speak or write of health should be themselves by education and experience competent in human biology and medicine It is not enough that an employe within the Department of Health has a glib facility in speech or a journalistic knack with headings and slogans If he ventures to give health instruction he must know more than what he gives word to, and he must be responsible as a member of a disciplined profession for the contents of his teaching

Let it be borne in mind always that the most effective permanent educational service for health is that delivered in person and by word of mouth by the public health nurse to the family in the home It must be apparent to any thoughtful student of that engrossing and ever more exacting specialty of medicine, health education, that success will depend upon the intensity and competence of its specialization as a product of our knowledge of human biology

Summary

Progress in public health will not follow a policy of expansion into the field of organized care of the sick, nor will it gain credit for competent performance if it becomes the stubby tail wagged by the big hybrid dog of relief and social uplift

The "philanthropoid" who wishes to help others as well as himself by distributing other people's money to the deserving public, is always with us, but the future of public health, as I have defined it, depends upon the professional competence and responsibility of officers of civil government serving their local communities with resources provided by taxation

Public health training and experience are disciplines in the medical sciences to

be engaged in by physicians, sanitary engineers and their associates in the technical fields of vital statistics, laboratory work, and educational psychology

Public health work in this and in most other cities of the United States is on the whole so incomplete and so crudely done that it will take all the determination of such nonpartisan civil governments as our present one in New York City, and all the art, ingenuity, and science of the staff of the Department of Health of the city strictly applied to the standard functions and pressing problems of local public health, to bring the performance up to the highly creditable level which the medical profession and the informed public of this city expect.

To arrive at this point all activities not strictly of a public health nature as above defined should be turned over to governmental and voluntary agencies for care of the sick and to the practitioners of medicine in their private capacities

630 W 168 St

WE ARE GLAD TO PUBLISH THIS REQUEST IN THE EFFORT TO FORWARD ITS PURPOSE—*Editor*

All Physicians living in New York State *during any part of the World War and serving* in the Army, Navy, Red Cross, Draft Board or in any other capacity pertaining to the War, are requested to fill out this questionnaire and return it to Academy of Medicine, *13 Prince Street, Rochester, N Y* The information will be used in a history to be written on the work of physicians of New York State in the World War

Name Address

Date and Place of Birth

College and year of graduation

Other degrees or special study

Rank, Organization and Station in World War

Citations or Decorations

Date of Commission and Discharge

If not in military service, give type of other service in connection with the World War, with length of period and other particulars

Write any data, bits of information or true story, which will be of interest in this history

TINEA CAPITIS IN AN ADULT

H V MENDELSOHN, M D and E MUSKATBLITT, M D, *New York City*

From the Department of Dermatology and Syphilology, New York University and Bellevue Hospital Medical School service of Dr Howard Fox and Dr Edward Maloney, and from the Department of Dermatology and Syphilology, Sydenham Hospital, service of Dr Theodore Rosenthal

Cases of ringworm infection of the scalp in adults are sufficiently rare to justify the report of the following case

Case Report

T B, a white American houseworker, aged fifty-one, complained of pruritus of the scalp with some loss of hair of five months duration Eight months ago she acquired a dog and shortly prior to the onset of her condition, the dog developed "bald spots" on the ears which were completely cured with a "sulphur" salve She had had no previous cutaneous disease and her general past history was irrelevant.

Examination In the midoccipital region, longitudinally, were two discrete, nickel-sized, round, slightly elevated, scaly patches, with no evidence of central clearing The scales were of dirty grayish color and moderately adherent to the skin The hairs in the patches were irregularly "clipped" short near the scalp or had fallen out producing the effect of partial baldness The stumps were easily epilated. There were also a few lustreless, dry, long hairs which broke upon slight traction The follicular openings, more especially those from which the hairs had fallen, were elevated and prominent. On gently scraping the scales, a slightly hyperemic area was presented. On the vertex of the scalp there was an oval, kidney-bean sized similar patch and along side of it was a tuft of hairs encircled by gray scales and debris

Microscopic examination of a broken hair from one of the lesions prepared in a thirty per cent solution of potassium hydroxide showed it to be covered by a grayish mass of closely packed, small, polygonal spores, which were of uniform size and shape No mycelial filaments were seen This was the typical picture of a microsporon

Cultures were made in tubes and flasks on Sabouraud's medium (using original French glucose and peptone) In the beginning the cultures in the tubes were white and downy, with a central button from which a few deep grooves radiated to the periphery, dividing the surface into convex sectors These sectors were further subdivided by shorter and more shallow grooves Later an abundant white down developed at the periphery forming an elevated



Fig 1 Tinea capitis in a woman aged fifty-one two discrete, nickel-sized, scaly patches with no central clearing



Fig 2 Photomicrograph showing portion of a hair invaded by microsporon lanosum. Spores are not within the hair, but form a spore-case around it

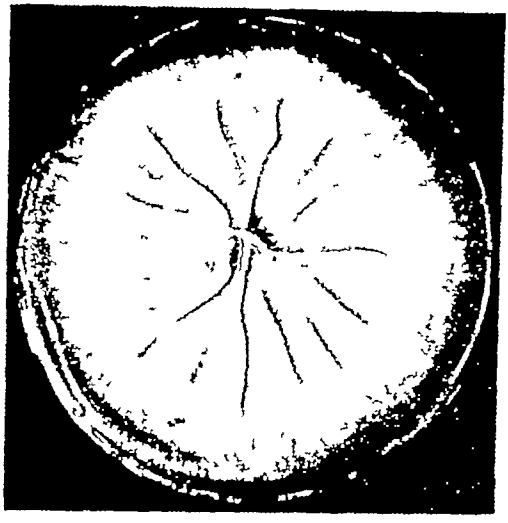


Fig 3 Culture of microsporon lanosum on Sabouraud's medium—at thirty days Periphery white and downy, center brownish and powdery Deep grooves divide surface into convex sectors which are further subdivided by shorter and more shallow grooves



Fig 4 Photomicrograph of teased culture preparation, stained and mounted in lacto-phenol-blue, showing large multiocular, spindle-shaped spores with thick walls. Dots on surface indicate spiny protuberances

ring around the central area which became brownish and powdery The growth in the flasks was eight cm in diameter at the end of one month

Microscopic examination of the culture showed a network of septate and branched mycelia and three types of spores including (1) chlamydospores—large globular or ovoid cells with a heavy membrane situated along or at the tips of mycelial hyphae, (2) small lateral conidia, attached to simple or slightly branched hyphae, (3) large multilocular, spindle-shaped spores with thick walls, studded with spiny protuberances

Comment

There are two distinct and unrelated forms of organisms capable of producing ringworm in the scalp—the microsporons and trichophytons The former are responsible for about ninety per cent of cases in this country The microsporons are of human or animal origin, the microsporon Audouini being the most important organism in the group of human origin and the microsporon lanosum is the outstanding representative of animal origin

The patient having been exposed to a dog with "bald spots" on both ears, this pointed to the likely source of infection The microsporon demonstrated on microscopic examination of an infected hair, suggested a variety of animal origin This was proven by the gross and microscopic findings of the cultures The morphology established the fungus as microsporon lanosum

Summary

A case of tinea capitis in a woman aged fifty-one, is here presented The patient had been exposed for some time to a dog with "bald spots" on the ears The causative organism was the microsporon lanosum which was identified by microscopic examination of an infected hair and by culture

175 W 79 St
113 W 42 St

The Supreme Court of Indiana has ended the "gin marriage racket" described in these pages in the March 1 issue. It is "the most pleasing bit of news we have read in recent weeks," says the state medical organ

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"Every time I have caught hell it has been the result of pursuing it."—*Ed Howe*

The law requiring prenuptial medical examinations in Illinois was followed by a drop in marriage licenses of seventy-four per cent in the downstate counties in the last half of 1937 as compared with the same period in 1936 In Cook County (Chicago) the reduction was forty-nine per cent. Many couples went to neighboring states to wed.

Preventive Medicine

ANTISYPHILIS PROGRAM IN NEW YORK CITY

Enlisting the Cooperation of the Private Physician

THEODORE ROSENTHAL, M D and JOSEPH WEINSTEIN, M D
M S P H, *New York City*
Director (TR) and Epidemiologist (JW) Bureau of Social Hygiene Department of Health, City of New York

The interdependence of the Health Department and the medical profession in the successful prosecution of a plan for syphilis control cannot be overemphasized United and sustained efforts of both groups are necessary if permanent gains are to be made. Due to the widespread publicity given the venereal diseases, the private practitioner is probably seeing a larger number of syphilis patients than he had previously seen Since a considerable proportion of afflicted individuals are cared for in private practice and because of the important part of treatment as a factor in control, the cooperation and participation of the medical profession is urgently needed if syphilis is to be eradicated

Indeed, the importance of such relationship has received primary consideration in the antisyphilis drive under the present health administration in New York City Diagnostic, consultation, treatment, and epidemiologic services as well as antiluetic drugs have been made freely available to practicing physicians wishing to cooperate with the Health Department. Physicians reporting cases of early syphilis, syphilis in pregnancy and congenital syphilis, and those desiring to utilize the Health Department facilities, are contacted by medical epidemiologists These men acting as liaison officers, are responsible for the promotion of cooperative relationships between the Health Department and the individual medical practitioners A brief description of the activities of the medical epidemiologist in relation to private physicians will be of interest.

On the first interview with a private physician, an effort is made to secure the desired information on the case in question and to outline to him the Health Department facilities in connection with the control of venereal disease The physician is informed of the free dark-field, blood and spinal fluid examinations, the consultation service, lumbar punctures, and the supply of antisyphilitic drugs He is urged to utilize the epidemiologic services for the investigation of sources of infection and the follow-up of contacts and lapsed cases He is invited to take advantage of the clinical conferences held at intervals during the year and to avail himself of the opportunities for postgraduate training, offered by the Health Department Attention is called to his responsibility of reporting all cases of syphilis coming under his care, including new cases, delinquents, and sources of infection, his duty of furnishing all affected individuals with circulars of instruction regarding the nature of the disease, the importance of adequate treatment, and the precautions to be taken against the spread of infection to others is pointed out. The importance of routine Wassermanns on all pregnant women in the prevention of prenatal syphilis is strongly emphasized. While advice on different phases of syphilis is generally given when requested, every opportunity is taken to stimulate a demand for such advice Interviews are conducted at convenient hours in doctors' offices, in hospitals and clinics, and at the Bureau of Social Hygiene.

In order to procure antiluetic drugs, a physician is required to apply to the Bureau of Social Hygiene on a prescribed form, giving the name and address of the patient and the stage of the disease Following the receipt of this requisition, an epidemiologist is assigned to interview the doctor The conduct of such an interview has already been described Standard preparations of an arsenical and heavy metal (neoarsphenamine and bismuth subsalicylate in oil) are furnished in four allotments

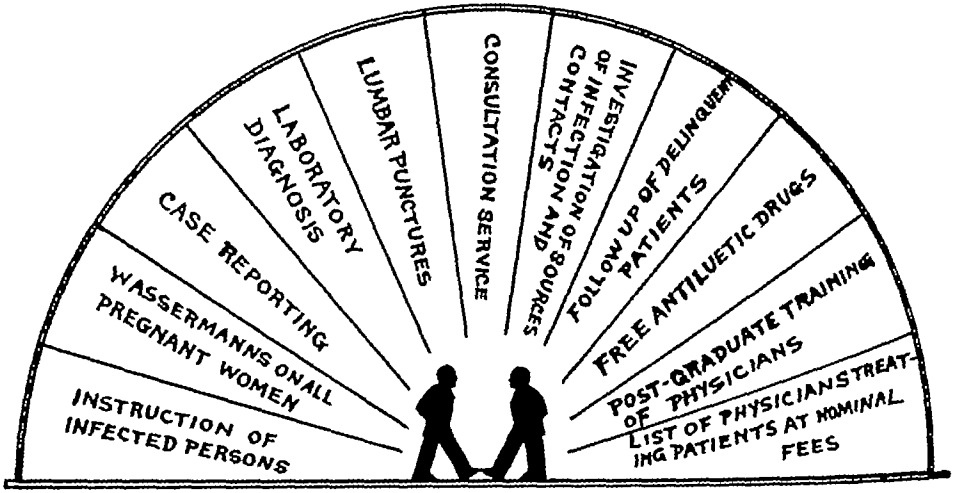
sufficient for one year of treatment and free of cost to the physician for all cases of syphilis regardless of the economic status of the patient Physicians are thus enabled to care for a larger number of persons at reduced fees and maintain contact with many individuals who otherwise would be lost to public clinics

Much of the success in the control of syphilis by epidemiologic methods depends upon how much of this work will be done by the private physician in cooperation with the Health Department When contact is made with a practicing physician, his cooperation is sought in identifying, examining, and reporting sources of infection and contacts to cases of syphilis coming to his attention Special emphasis is placed on early syphilis, syphilis in pregnancy, and congenital syphilis The epidemiologist offers his services, but no investigation is undertaken without the specific approval and consent of the doctor Practitioners often request epidemiological investigations at the time they report their cases to the Health Department. In every instance, the physician is assured of the confidential nature of the information given by him or by his patient, so that there is no possibility of endangering the reputation or character of the patient or his contacts

Not infrequently, the physician will arrange for the epidemiologist to interview the patient at home or at the doctor's office Some cooperating physicians prefer to introduce the epidemiologist as a personal friend called in consultation at his office. Whatever the method used, the patient is approached in a tactful and kindly manner The importance of identifying suspected sources of infection and the examination of family contacts is carefully explained to him, regularity and adequacy of treatment is stressed, and the dangers of lapses in treatment are pointed out The confidential nature of the information given by the patient is always stressed Every effort is made to conserve the relationship between the physician and his patient.

Practical experience has shown that patients in private practice welcome a sympathetic interview with an epidemiologist. They consider the action on the part of their doctor as unusual interest in the welfare of the patient and his family The trustworthiness and confidence in the family physician is thereby greatly increased It is a matter of record that each case thus investigated, has always resulted in the examination of family contacts and in the prevention of lapses in treatment Furthermore, such cooperation has caused the examination and treatment of identifiable sources of infection by private practitioners to the complete satisfaction of the Health Department and the cooperating physicians

The follow-up of lapsed cases upon request of private physicians is usually carried out by nurse epidemiologists Special cases however, are referred to medical epidemiologists for investigation. Every



DEPARTMENT OF HEALTH AND PRIVATE PHYSICIAN INTERRELATIONSHIP IN SYPHILIS CONTROL

effort is made to return these delinquents to the referring physicians for further treatment.

Consultation services are provided to private physicians through the medical epidemiologists and through specially qualified clinicians-in-charge of Health Department diagnostic and treatment centers Requests for consultations are daily received by the Bureau of Social Hygiene pertaining to matters of diagnosis, treatment, prognosis, and public health aspects of syphilis Advice is given by epidemiologists at doctors' offices or at the headquarters of the Health Department, and occasionally by telephone Certain cases which in the judgment of the epidemiologist require special skill in differential diagnosis or expert advice on treatment are referred to the physician-in-charge of the Central Syphilis Clinic of the Health Department. The clinician and epidemiologist meet with the private physician and his patient, by appointment, at the Clinic The patient is examined, the case is carefully reviewed, and an opinion is rendered by the consulting physician

It is too early to quote statistics, but it can be stated that definite progress in the participation of the private practitioner in the syphilis control program has been made. This may be seen from the increasing numbers of physicians reporting cases of syphilis by name and address and requesting antiluetic drugs and epidemiologic investigations With the free supply of drugs, many physicians have generously given their services gratis to persons lacking funds for medical care. The respect and confidence of the medical profession in the Health Department is indicated by the numerous requests for consultations on matters of diagnosis, treatment and social aspects of syphilis, and by the large numbers of practitioners eager to enroll in the classes for postgraduate instruction given by the Department of Health in the modern methods of diagnosis and management of this disease.

Case Reports

The following cases are cited because they illustrate the importance of cooperation and participation of the private practitioner in the war on syphilis·

CASE 1 Dr M.L. was visited in response to a request for antiluetic drugs for a case of primary syphilis The following information was of interest The patient had a sore on his buttock and enlarged inguinal glands stated to have developed several weeks after exposure to an out-of-town prostitute Because of the suspicious character of the lesion, a darkfield examination of the serum from the sore was made, which proved to be positive for the Spirochete pallida The blood Wassermann had a four plus reaction

This case is quoted because it indicates the importance of a darkfield examination of every suspicious lesion in the diagnosis of early syphilis

CASE 2 A private physician was contacted following a request for consultation on the treatment of a case of syphilis in pregnancy The patient, then seven months gravid, had been for five months under prenatal care of another doctor, and not until she came to the attention of the second physician referred to above, had her blood been examined for syphilis She had a strongly positive Wasserman reaction and admitted antiluetic treatment several years previously She subsequently gave birth to a premature syphilitic baby

This case points to the necessity of routine Wasserman testing of all pregnant women Had the expectant mother been investigated for syphilis early during pregnancy and treatment been instituted in time, congenital syphilis in the baby probably would have been prevented

CASE 3 Dr E H. requested investigation of a patient who discontinued treatment for syphilis while still infectious The patient was contacted, the necessity for continuous and adequate treatment was explained to him, the dangers associated with lapses in treatment were emphasized, and the possibility of spreading the infection to others was pointed out. He returned to his physician for further treatment and brought his wife for a physical and serological examination She was found to be syphilitic and was placed under care of the same physician.

Proper instruction of the patient with syphilis is necessary to insure continuity in treatment and the examination of family contacts

CASE 4 Dr C B requested investigation of a case of syphilis with secondary manifestations alleged to have been caused by bites of bed infesting insects After the patient had been carefully and tactfully interviewed by one of the writers, he finally admitted sex relations with a girl in Pennsylvania, about six weeks prior to the appearance of his skin eruption He was persuaded to correspond with his girl friend, urging her to undergo a thorough medical examination. A communication from a private physician in Pennsylvania to the doctor referred to above, showed that the girl was found

to have syphilis and that she had placed herself under his care and supervision

Thus, a tactful and time-consuming interview with a patient in private practice was necessary in order to elicit the desired information for the identity of a source of infection.

CASE 5 Dr D reported a case of primary syphilis to the Health Department and requested a supply of free antiluetic drugs The family contacts showed no evidence of venereal disease. The source of infection had been examined by the doctor and found to have syphilis in the secondary stage. As she failed to return for treatment, she was further investigated by one of the writers with the consent of the referring physician A communication from the Health Officer in Hoboken, N J, indicated that she was then under medical care in that city

A good example of case investigation in private practice on a cooperative basis is thus apparent.

CASE 6 Dr M.E transmitted the following information by telephone to the Health Department. A sixteen year old girl who had been diagnosed by him as a case of secondary syphilis with active skin lesions, was employed as a nursemaid for a five year old female child and was to leave the City on a long trip with the family, on that night

Immediate action was taken by the Health Department. The patient was removed to a hospital for isolation and proper medical care. The household contacts were induced to be examined by their family physician, they were found to be free from evidence of venereal disease. The alleged source of infection, unfortunately, could not be located on account of insufficient identification. Thus, through the cooperation of a private physician a highly infectious case of syphilis and a potential source of infection was isolated and brought to proper medical treatment.

CASE 7 Dr B J reported a case of syphilis with secondary manifestations in a young female who had had five blood transfusions because of a puerperal septicemia. Ten persons, including the blood donors and other family contacts, were investigated and examined—with the consent of the attending physician The patient's husband, who acted as the last donor, was found to have a strongly positive Wassermann reaction and was considered to be the source of her infection. The doctor offered to treat both husband and wife at a nominal fee in line with the economic status of the family and to keep their six months' old baby under close observation until the danger of syphilitic infection from the mother had passed. The Health Department furnished a supply of free antiluetic drugs. This case illustrates the combined efforts of the Health Department and the family physician in the investigation of a source of infection, the examination of contacts, and the institution of proper treatment.

Summary

Contact relationships of the Health Department with private physicians on a cooperative basis are valuable in an antisyphilis campaign. They fully justify the expenditure of time, efforts, and public funds, because they aid in case finding, case holding, case treatment, and case prevention A start in this direction has been made Further and continuous efforts are needed in order to accomplish measurable results

The Health Department has provided special services to help the private physicians in their problems of diagnosis, of keeping their patients under treatment, and in identifying and bringing to medical attention contacts and sources of infection. While the medical profession is greatly encouraged to utilize all the available facilities, the cooperation of the practicing physician is particularly needed in the following activities

The general use of the darkfield examination of all suspicious lesions on the skin or mucous membranes, genital or extragenital, in the diagnosis of early syphilis, routine Wassermanns on all pregnant women, regardless of social status, complete case reporting and a more widespread use of the epidemiologic services of the Health Department This would result in the discovery of many more cases of syphilis and the elimination of more sources of infection The vast majority of the cases thus uncovered would place themselves under the care and supervision of these practitioners Not only the infected public, but the medical profession would greatly benefit by such procedure

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Levity greeted Dr Rollo N Harger of the Indiana University Medical School several years ago when he exhibited his "drunkometer" at a state medical meeting Now it has been accepted in court, its findings have been admitted as evidence, and Dr Harger has the laugh on his skeptical confreres



William Avery Groat, M D

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EDITORIALS

Dr William A Groat

The Medical Society of the State of New York, through the arrangements of its executive machinery, elects a President-Elect who, during a sabbatical year, familiarizes himself with the actual workings of the Society

Last year the State Society gave this honor to Dr William A Groat. That our members may know something of the man who now takes the lead as our Chief Executive, it is well to know that he has been in practice in Syracuse since 1901, and is a member of the College of Medicine of Syracuse University He has belonged to this group since 1902 He has been professor of clinical pathology since 1911, and he has very many other professional connections

During the War Dr Groat served in the Medical Corps of the Army, and is now a Lieutenant Colonel in the Medical Reserves He has been a contributor to medical literature within the medical field of his particular interest He has served the Medical Society of the State of New York in various capacities He has been in charge of the fifth District Branch, he has been in charge of our scientific programs and exhibits, and he is well-known to those who have worked with him for seasoned judgment and philosophical consideration of matters that come to him for survey and decision

The Medical Society of the State of New York may feel sure that under his guidance our prestige and progress will continue

Another Health Survey

To physicians there seems little need of another health survey in this state Federal investigators, medical societies, public health agencies, and welfare groups have accumulated enough up-to-date information in the past few years to furnish an accurate picture of the health of the people of New York

Apparently Albany wants to see for itself, however Governor Lehman's signature of the Wagner bill creates a temporay commission to study state health and formulate a long range program to maintain and improve it

On the basis of experience and fitness one would expect a body investigating health conditions to consist principally of physicians Not so the Wagner commission, however Of thirteen members only one must be a medical man This does not promise well for the technical background of any recommendations made

Fortunately the commission has other sources of information and guidance if it chooses to draw on them The Medical Society of the State of New York has enunciated principles of medical care

which would provide adequate, high grade service for all the people of the state without drastic changes in our present system of practice or impairment of professional standards

Assemblyman Wagner, like his father, has leanings toward compulsory sickness insurance It is to be hoped that this will not color the findings and recommendations of the commission of his creation

There can be no better antidote to such a tendency than Surgeon General Parran's recent address before the American College of Physicians Dr Parran speaks on public health and its attainment with an authority equalled by few other persons in this country Like organized medicine, he objects that sickness insurance extends inadequate protection at exorbitant cost to the small wage-earner It neither prevents disease nor improves the quality of medical care

An adequate solution of the health problems of this state must include the unemployed and nonindustrial workers as well as those employed in industry It must provide for protracted illnesses as well as the acute infectious and surgical diseases Above all, it must respect the paramountcy of medical considerations in the distribution of medical service

Summer Study

Summer, with its usual slackening of practice, is an ideal time for graduate medical education Practitioners who cannot spare time for intensive study during the busy winter months should start now to plan "refresher" courses

The ideal graduate work is formal—classroom or clinical instruction or preferably both combined In formal courses attendance is fixed for a regular hour and there are no distractions of telephone or doorbell Unfortunately opportunities for this type of study are not easily accessible to practitioners in remote districts

In Illinois the State Department of Public Health, in cooperation with the Educational Committee of the State Medical Society, offers a one-week summer course in obstetrics and pediatrics at the University of Illinois College of Medicine The course is repeated seven times during the summer to enable practitioners from all parts of the state to select a convenient time This idea could easily be adapted to the local needs of other states and of smaller units within a given state

For the physician unable to leave his practice for the time required for a regular course, the printed word must take the place of other instruction The development of library facilities is a prime duty of every county society

The package service of the Library of the American Medical Association is open to all members and to subscribers to any of the Association's publications New York medical men account for over a hundred packages each year Illinois takes four times as many This apparent disproportion is largely due to the Library of the New York Academy of Medicine, which supplies the needs of the physicians of the Metropolitan Area

This is a good time for the doctor to start planning his summer study Decide on the subject which interests you most and lay out a schedule of warm weather reading After a day's fishing or a good game of golf a textbook may not be as enjoyable as a detective story but it will prove a great deal more profitable in the long run!

More About Tobacco

There has been a great deal written concerning the effects of tobacco and nicotine on the organs of circulation A close analysis of a considerable amount of the literature reveals that much of the work was not subjected to adequate control The prevalent conception that nicotine is responsible for the production of lasting lesions of the heart and blood vessels seems to be refuted by the recent experiments of Thienes and Butt[1]

Rats and rabbits were divided into two

1 Thienes, C. H. and Butt, E. M., et al *Am. J Med Sc*, 195 522, 1938

equal groups, one receiving injections of nicotine, the other injections of saline solution This was continued for a period of from three to six months, at the end of which time the animals were killed and the tissues examined histologically Lesions were found in the media of the aorta in two nicotine-injected rabbits, two control rabbits, and one control rat, and a thickening of the coronary artery was found in one control rabbit. No other lesions were noted throughout the circulatory system The fact that degenerative changes occurred in both the control and test groups—but more so in the former—would indicate that nicotine in itself does not produce organic cardiovascular disease.

In this connection, the observations of Silbert[2] anent the deleterious effect of smoking on thromboangiitis obliterans deserves mention From the work of Thienes and Butt, it seems that tobacco is not the inciting causative factor of the disease but rather, because of its vasoconstricting action, tends to aggravate a previously existing vascular disease of other etiology Hence the beneficial results notedly following the withdrawal of tobacco in cases of thromboangiitis obliterans

Beyond the known tissue reactions of the upper respiratory tract to the inhalation of tobacco smoke, its role as an etiological factor in the appearance of organic disease remains doubtful It is highly probable that by its transient action on the peripheral circulation it exaggerates the effects of an existing poor blood supply This, in short, is the substance of our knowledge of the pathological effects of tobacco at the present time

Thrombocytopenia A Step Forward

One of the most severe forms of purpura is that which is commonly known as purpura hemorrhagica, or *morbus maculosus* of Werlhof It manifests itself most frequently in adolescent females as a disease characterized by debility, bleeding from one or more of the mucous surfaces, and numerous purpuric spots distributed over the entire skin It is distinguished by the marked decrease in the number of blood platelets, a prolongation of the bleeding time and a blood clot which is soft and non-retractile These factors serve to differentiate this disease from hemophilia for which no cure is known However, a successful remedy for thrombocytopenia (purpura hemorrhagica) is available by the surgical removal of the spleen

Why splenectomy should influence favorably the course of this affliction with its malignant possibilities has until now not had adequate scientific explanation Clinical proof of the value of this surgical procedure has been abundant, but it is only recently that definite evidence has been presented to establish the rationale of this surgery for the relief of hemorrhagic purpura Troland and Lee[1] subjected the spleens removed from cases of thrombocytopenia to maceration in a food-chopper, extraction with acetone, distillation of the fluid, and the solution of the yellowish-brown precipitate in distilled water This substance which was finally recovered from the spleens of thrombocytopenic patients, and which the investigators allude to as "thrombocytopen," is able to reduce the platelet count of a normal rabbit by as much as 90 per cent, following injection into the blood stream Within twenty-four hours, a count of 620,000 platelets was reduced to 58,000 after injection of the splenic extract The amount of the dose administered was not the responsible factor since small quantities yielded the same results as those obtained by the use of twenty c c of the splenic extract

Troland and Lee have subjected control animals to identical extracts obtained from the spleens removed from patients suffering with Banti's disease and hemolytic jaundice None of these experimen-

[2] Silbert S *S G&O* 61 214, 1935

[1] Troland, C. E. and Lee, E. C. *Bull Johns Hopkins Hospital* January 1938

tal animals showed a decrease in the platelet content It seems evident therefore that the splenic tissue in cases of purpura hemorrhagica contains some substance which either destroys the available platelets or inhibits their formation While chemically the substance as yet has not been identified, this pioneer study affords substantiation of our clinical experience in the recommendation of operating for thrombocytopenia

CURRENT COMMENT

"IT IS A GLOOMY MOMENT in history Not for many years—not in the lifetime of most men who read this—has there been so much grave and deep apprehension, never has the future seemed so incalculable as at this time. In our own country there is universal commercial prostration and panic, and thousands of our poorest fellow-citizens are turned out without employment, and without the prospect of it. " When worrying too much about today remember that the following article is reprinted from *Harpers Weekly* of the issue dated October 10, 1857, 81 years ago—The Saint Louis County Medical Society *Bulletin* of April 22, brought the above to our attention

"WE STARTED OUT WITH A constitution that was brief, pithy, to the point and flexible, asserting that God had created all men free and equal This almost sacred document so arranged its provisions that a man was given a chance to prove himself capable of being a respected member of a group of self-respecting, sane men

"And the whole experiment started, constitution and all, if memory reminds aright because a short-sighted British king wanted his peaceful colonists to pay a tax on tea And that small, almost casual levy was the last straw the patient colonists could stand

"What, in the name of all common sense, would Patrick Henry say if he came back to earth today?

"He would find not only tea taxed but the very country that he and his associates sought to rid of imposts, staggering under more laws, more levies, more handicaps and more bureaucracy than did France itself when the streets ran red and Mirabeau and Danton called the turn on a situation that made France the keystone of European governmental crisis "—One way of looking at it, as expressed by the April issue of the *Illinois Medical Journal*

A NEWS NOTE from Czechoslovakia tells us that "The Institute of Social Medicine of the University of Prague, has made known its program for the complete teaching of social medicine Whereas this was done only in parts, the curriculum now calls for two full semesters Five hours a week are devoted to fundamental teaching two hours to lectures, and three hours to the visiting of institutions, factories and public service institutes Pathology, social hygiene, public health, and curative medicine are taught by professors selected for their experience in social medicine.

"In the first semester the students are taught the elements of general statistics, physical training, foods, and housing Prenatal and postnatal care, child-welfare, school problems, deafness, blindness, and industrial hygiene are completely covered by the program. Besides, the students receive instruction in the problems of social insurance, hospital organization, accidental invalidity, and homes for the aged

"If all these things are more or less familiar to Americans, it is to be pointed out that such courses are rare even in this part of highly civilized Europe"—*Medical Record* for April 6, 1938

" WHATEVER HAS BEEN GOOD for the health needs of the people has come forth from within the ranks of the profession, and never from outside agencies Whatever progress has been made has been inspired and developed by our own students, men of research, investigators and members Whatever were the medical needs of any emergency in any community, county, state of the nation, accredited representatives from within the profession formulated and applied the solution When, a few years ago, there were some who asserted that people were in want of medical care the investigations and inquiries revealed that such assertions were unfounded and without warrant "—Part of a discussion of "What's Wrong" contained in the April *California and Western Medicine*

"What have you done for my wife?"
"She has an imaginary ailment"
"What did you give her?"
"An imaginary medicine"
"Then I will send you an imaginary check"—*Medical Record*

Public Health News

Your Correspondent Visits Washington

J Rosslyn Earp, L R C P , Dr P H
New York State Department of Health

The A.M.A Journal (p 652, February 26, 1938) introduces its editorial on "A National Health Program" by pointing out that the names of the committee members who are responsible therefor have not been supplied. More than one member of our own State Society in conversation has assumed that the report was prepared by lay members of the Interdepartmental Committee While in Washington for the meetings of the State Health Officers last month I secured the names of the Technical Committee on Medical Care, which are as follows Martha Eliot, M D (Children's Bureau), *Chairman*, C E Waller, M D , J Mountin, M D and G St. John Perrot, Ph D (U S Public Health Service), and I S Falk, Ph.D (Social Security Board) It is true that none of the physicians on this committee are engaged in the practice of medicine but then it is difficult to see how a committee derived from government employees could include such practitioners It is expected that an opportunity will occur shortly for the presentation of the practitioner's viewpoint when at the President's request Miss Roche will call a conference in Washington for the discussion of a plan to implement a program of national health

At the opening session of the State and Territorial Health Officers' conference with the Surgeon General, a reference was made to the subject of health insurance by Dr Earl B McKinley, Dean of the School of Medicine of George Washington University His discussion on medical economics came rather unexpectedly at the end of a paper on the cartography of disease. The experiment in group health, which was promoted by the Home Owners Loan Corporation last year came in for his special castigation Such schemes, he said, will fail of their own inadequacy because of their ultimate inefficiency and the impossibility of enlisting professional personnel of high quality to carry on such work. As an alternative to health insurance he proposes the extension of public health He mentions medical subsidy to the indigent and the desirability of a national health program

At the time of his attack on Group Health Association, Dr McKinley might well have been taken to represent the physicians of the organized profession in the District of Columbia At least the Washington newspapers have reported what they had assumed to be a controversy between the Medical Society and the Association ever since the beginning of November last year Oddly enough, however, on the very day after Dean McKinley's address the newspapers made public a letter by Dr Thomas E Neill, President of the District Medical Society to the president of Group Health Association, in which he wrote

> These statements suggest that the Medical Society is opposed to such programs and has adopted obstructionist tactics, has refused to cooperate and is trying to block such programs On the contrary, the Society has long recognized the need for better medical care for persons of low income and we are earnestly seeking a sound, safe, satisfactory solution of the problem
>
> The Society is willing to cooperate with any lay group, including Group Health Association, in setting up and carrying out a program to this end. The only conditions are that the programs must be legal, ethical, economically sound and provide service in conformance with recognized medical standards
>
> We sincerely believe a program can be worked out under these conditions, which will provide adequate medical care for persons of low income, free choice of physician and a system of regular monthly payments, in the nature of insurance premiums

Whether or not Dean McKinley represented the District Medical Society, there was no doubt that the American Medical Association was represented at our Washington conference by Drs Leland and Woodward Dr Woodward has a very simple solution for the problem of providing medical care to the indigent he would abolish indigency If people had enough money, they would have less disease and would be able to pay for adequate care of such disease as remained Dr Parran acknowledged the truth in this contention "The inter-relationship between poverty and disease is well known," he said, but he added "Our ability to prevent disease far exceeds our ability to control causes of poverty" Medical care can be made available to all and the quality of medical care improved without any basic change in our present system of medical practice What he recommends is "only an extension on a scale adequate to meet the needs, of methods and actions that now are in operation"

Difficulties Encountered in Industry

Tubercle, the British journal of tuberculosis, has been published continuously for about two decades Its first editor was Dr J Rosslyn Earp, who has for the past several years distinguished himself in the field of tuberculosis and public health in the United States With the December 1937 issue, Tubercle has put on a new and beautiful typographical dress and added the subtitle "A Journal of Diseases of the Chest" Tubercle has many appreciative readers in this country, for the practical problems of tuberculosis control in the two countries are almost identical Tuberculosis Abstracts congratulates Tubercle from which it has, in the past, drawn aid, and presents in this issue brief abstracts of a symposium on the difficulties encountered in dealing with the tuberculosis problem

Enlightened industry nowadays realizes that it must carry a certain number of subnormal individuals In the long run this is sound economic policy, for industry cannot afford to lose trained employees nor to breed psychological unrest of workers caused by the knowledge that loss of employment will follow serious or prolonged illness Yet the employment of workers who have tuberculosis, or have recovered from the disease, is an exceedingly awkward problem for tuberculosis is insidious and infectious and leaves its sufferers incapable of normal physical effort for long periods

Economic difficulties experienced by the tuberculous wage earner are serious They are partially relieved by continuing part wages Treatment in the sanatorium is rendered easier and more effective if the worker is relieved of immediate worry and is given hope for the future. It reduces the temptation to return to work too soon

Environmental difficulties are particularly acute in working-class areas The problems of slums, overcrowding and undernourishment are being solved by the slow social evolution now going on.

Difficulties arising out of the patient's own attitude include, (a) fear of losing his income, (b) his job, and (c) fear of the sanatorium These fears can be greatly allayed if the policy of the firm is to take back employees when they have recovered The dread of the sanatorium can usually be overcome by education and wise propaganda

The difficulty of returning to a different kind of work than that to which they have been accustomed must be faced by some workers A man must know that his job is a real one and not one created merely to find him employment.

The employer's difficulties must be faced squarely The returning tuberculous patient has usually a greatly reduced efficiency He is inferior to the normal worker and this inferiority is likely to persist for a few years If he attempts to keep pace with fellow workmen he invites early breakdown Industry quite naturally, is not likely to welcome the worker who needs a sheltered life if he is a new entrant but most employers will take back old employees if the prospect of eventual return to reasonably good health exists Of course, industry has to deal with many employees disabled by conditions other than tuberculosis With these "crocks" the returning tuberculous worker has to compete for the suitable jobs Many are the employer's problems in adapting the needs of industry to the employee who cannot be subjected to strains such as overtime work, shift and night work, and competition with more vigorous workers.

It is, of course, not possible to pay higher wages to the tuberculous patient than to other workers In fact he must often be satisfied with a lesser wage This means that at the very time he needs a higher and better standard of living, he actually has to be content with a much lower one. This situation calls for generous cooperation between the employer and the Care Committee (well organized in England) The tuberculous patient returning to industry should be subsidized until he is able to earn a reasonable wage Industry cannot be expected to make the subsidy directly

The danger of infecting other employees must also receive attention A patient with a positive sputum should not be allowed to return to surrounding where he may infect others Certainly he should not be permitted to engage in industry involving the handling or packing of food or which requires him to come into contact with the public

The author urges close liaison between the tuberculosis service and industry Small firms find it particularly difficult to deal with recovered tuberculous patients but can do much if the facts about tuberculosis are carefully explained to them by the medical officer or doctor The doctor must not only be conversant with the disease but must also possess an intimate knowledge of the industry and requirements of the workers if he is to talk reasonably and convincingly with the management.

Reprinted by permission of *Tuberculosis Abstracts*, May 1938

Medical News

Chemung County

Resolutions of regret and tribute to Dr Carl G Zimmerman, of Elmira, who died on April 7, were adopted at a special meeting of the Chemung County Medical Society

Dutchess County

Dr. Will Cook Spain, chief in allergy, Post Graduate hospital, New York city, was the speaker at a meeting of the Dutchess County Medical society on April 13

His topic was "Upper Respiratory Allergy"

Members of the Society joined with the Dutchess County Psychiatrical society in its meeting April 21 at the Wassaic State school. The speaker, Dr Charles G Kerley, consulting pediatrician in a number of metropolitan hospitals, discussed "Varied Manifestations of Thyroid Gland Derangements in Children."

Erie County

The Buffalo Academy of Medicine on April 27 listened to an address on "Some Immunologic and Serologic Aspects in Malignant and Chronic Infectious Diseases," by Dr Ernest Witebsky, Associate Professor of Bacteriology, University of Buffalo

A symposium on endocrinology was presented at a special meeting on May 4 by Drs D K. Kitchen and R. L Schaefer

Franklin County

Continuing the drive to reduce relief costs in Malone, the town board will inaugurate the last of the recommendations of the Malone Taxpayers' association, which was to establish a staff of doctors who will have complete charge of all medical and surgical work in the town

The cost of medical and surgical relief in Malone last year was $13,766 50 exclusive of hospitalization

The town board has engaged Dr H W Stoughton to take charge of all medical care of relief clients, including operations for tonsillitis at a salary of $3,000 per year

Dr John E. White will take charge of all surgical relief cases, his compensation to be at the regular schedule of fees for welfare patients Dr F E. Finney will take charge of all obstetrical cases at the regular welfare fee schedule.

Greene County

A special meeting of the Medical Society of the County of Greene was held at the Memorial Hospital of Greene County, April 28, to act on a resolution adopted by the Herkimer County Society to request the Board of Regents to adopt rules governing the granting of licenses to foreign physicians that shall be at least as rigid as those rules which would apply to American physicians should they attempt to obtain a license in those countries from which these men come

Kings County

The program of the Medical Society of the County of Kings on April 19 included

Presentation of portrait of Dr Luther Fiske Warren by the staff of the Long Island College Hospital and the Faculty of the Long Island College of Medicine through the Warren Society Presentation address John H Lathrop, D D Unveiling Charles Ford Warren, M D Acceptance Edwin P Maynard, Jr, M D, Associate Directing Librarian and Curator of the Medical Society of the County of Kings

Address "Allergic Manifestations of the Nervous System," Foster Kennedy, M D

Address "Modern Concepts of Mental Disorder," George S Sprague, M D

The concluding "Friday afternoon lectures" of the spring series at the MacNaughton auditorium were

Apr 22, "Friedländer's Bacillus Infections in Medical and Surgical Conditions," George Baehr, M D Apr 29, "The Proptosed Eye as a Diagnostic Problem," Ralph I Lloyd, M D May 6, "Recent Progress in Circulatory Failure," Arthur M Fishberg, M D

The Brooklyn Thoracic Society on April 14 listened to papers on "Hemoptysis of Obscure Etiology A Study of 145 Cases," Dr N M Levin, Associate in the Chevalier Jackson Bronchoscopic Clinic, Temple University Medical School Philadelphia, Pa and "The Pathology of Various Pneumoconioses," Dr Leroy U Gardner, Director, Saranac Laboratory for the Study of Tuberculosis, Saranac Lake, N Y

Dr. Harold R Merwarth, neurologist, and Dr Raymond L Pfeiffer nerve specialist, addressed members of the Kings County Medical Society on April 21 on

nerve disorders Dr Walter V Moore presided

Dr Harriet Alexander and Dr Sidney V Hass spoke on April 11 before the Williamsburgh Medical Society in the Leon Louria Memorial Auditorium of the Jewish Hospital.

Montgomery County

At the Meeting of the Medical Society of the County of Montgomery on Mar 31 in St Mary's Hospital, Amsterdam, Dr A L Soresi gave a lecture, illustrated with lantern slides, on cancer of the large intestine

Following the lecture, the meeting was thrown open to discussion in which the following physicians took part J B Conant, H M Hicks, W H Seward, E A Bogdan, L H Finch, and E G Gillmore

Monroe County

Doctors of Western New York and Northern Pennsylvania, alumni of the University of Rochester School of Medicine and Dentistry and former members of Strong Memorial Hospital house staff completed a two-day conference there on April 9

Discussions were led by Drs Clyde A Heatly, George Whipple, David A Haller, Willard Allen and Samuel W Clausen Colored motion pictures of the larynx were shown by Dr William A Lell of Philadelphia, a graduate of the school On April 8 the physicians and surgeons heard Dr C Sidney Burwell, dean of the Harvard Medical School and professor of research medicine, give the Eastman Memorial lecture at the hospital In his talk on "Factors in the Course and Prognosis of Heart Disease" he told of the advance being made in the battle against the many heart ailments

Nassau County

Formation of the Nassau Surgical Society, the first of its kind in the county's history, was announced on April 14 following a meeting at the Meadowbrook Hospital Dr Benjamin W Seaman is head of the organization, which is planning a program of activity independent of that carried on by the County Medical Society

Dr Richard Derby, a member of the County Board of Health, is vice president, and Dr Otto C Hudson is secretary Among the other surgeons active in forming the group are Drs Wesley Bulmer and Joseph B Conolly

The constitution, patterned after those of leading surgical organizations, provides that the purposes of the society shall be "the advancement of all branches of surgery in the county" The membership will determine at future meetings the methods of presenting interesting and informative discussions

Dr Seaman stated applications for membership will be received by invitation only, these to be extended to surgeons interested in all branches of the profession in Nassau County, whenever authorized by the society

Dr William J Steele, prominent South Shore physician, president of the Baldwin National Bank & Trust Company and formerly for more than thirty years president of the Baldwin School Board, died on April 21, at his home after a week's illness of pneumonia He was seventy-three.

Dr Steele, who had practiced there for thirty-nine years, had taken a leading part in the business, fraternal and civic life of his community He had served twelve years as postmaster of Baldwin and was prominent as a realty developer

He was one of the organizers of the Baldwin National Bank and Trust Company and was president since its organization

He was a member of the staffs of the Nassau Hospital, the South Nassau Communities Hospital and of Mercy Hospital, and is said to have officiated at the births of 5,000 children

New York County

Dr Bela Schick, discoverer of the Schick test for susceptibility to diphtheria, chief of the Pediatrics Department of Mount Sinai Hospital, New York, has received the award of the Addingham Gold Medal, a British honor for "the most valuable discovery for relieving pain and suffering in humanity," it was announced by Mount Sinai on April 11

The medal was presented on April 12 at Leeds, England, in absentia, by the Lord Mayor of Leeds, as Dr Schick was unable to go abroad for the ceremonies The medalist was selected by the dean and others of the Faculty of Medicine of Leeds University

While the award is scheduled to be given annually, this is the first time it has been given since 1935 The last recipient was Sir Henry Dale of London co-winner with Professor Otto Loewi of Vienna of the Nobel Prize in Medicine and Physiology in 1936 for his pioneer discoveries of the chemical activity of nerve impulses

Dr Schick received the gold medal of the New York Academy of Medicine on March 3 at special ceremonies commemorating the twenty-fifth anniversary of the announcement of the Schick test The British and American honors were conferred independently

THE CONCLUDING LECTURE on "The Art and Romance of Medicine" at the New York Academy will be given on May 26, at 8 15 P M on "X-Ray within the Memory of Man," by Lewis Gregory Cole, M D, consulting Roentgenologist, Fifth Avenue Hospital

Niagara County

A SPECIAL COMMITTEE of five physicians to make a thorough survey of the medical needs in the county was appointed by Dr Vincent Leone, president, at the monthly meeting of the County Medical society on April 12

Dr Grant Guillemont was appointed chairman of the committee Other members are Drs Oscar Baer, George Stoll, Wilfrid Anna, and Julius T Markowitz

The committee will cooperate with the American Medical association which recently recommended that the medical societies of each county take steps to determine whether there is a satisfactory balance between the medical needs or demands and the medical services supplied One of the main objectives will be to find whether adequate medical services are available to the indigent and the low-income group

Dr E Perry McCullough, Cleveland, was guest speaker at the meeting

Onondaga County

BETWEEN 400 AND 500 representatives of Syracuse's civic, religious and professional life gathered in the Onondaga hotel on April 5 to pay tribute to Dr H Burton Doust, commissioner of health, on the thirtieth anniversary of the establishment of the first upstate municipal tuberculosis clinic

Dr J Arthur Myers of Minneapolis, professor of medicine at the University of Minnesota, and president of the National Tuberculosis Association, was principal speaker at the luncheon He paid tribute to Dr Doust and the health facilities of Syracuse when he said

During the thirty years that Dr Doust has been in charge of the clinic, more has been accomplished by way of controlling tuberculosis than in all of the centuries past

We now have all the information that is necessary in order to bring tuberculosis under control, that is to reduce it to a disease of minor significance, as has been done with typhoid fever and diphtheria

Every phase of tuberculosis control work that has been found of value is being carried on in Syracuse and vicinity From now on it is simply a matter of intensifying the programs

J F Sabine Meachem vice president of the Onondaga Health Association, which sponsored the luncheon, presided at the program, and brief addresses were given by Mayor Rolland B Marvin, Dr William A Groat, president-elect of the New York State Medical Society, George J Nelbach, secretary of the New York State tuberculosis committee, New York City, and Dr Doust

It was on April 2, 1908, that Dr Doust opened the present Syracuse chest clinic in the former Jaloneck homestead, 508 E Fayette street

Queens County

AN ADDRESS WAS GIVEN at the meeting of the Medical Society of the County of Queens on April 26 on "Some Prostatic Problems, Including Prostates in Females"—with motion picture in color "Genital and Adrenal Operations in Hermaphrodites"—by Hugh Young, M D, of Johns Hopkins Hospital, with discussion by Drs Benjamin Derrah, Francis Riley and Elias Rubin

On May 31 at 8 30 P M, the regular stated meeting will be devoted to Forensic Medical subjects This will be a joint meeting of the Society and the Queens County Bar Association

AN OPEN MEETING of the Queensboro Surgical Society was held on April 28 at the County Medical Society building The guest speaker was John E Jennings, M D, F A C S His subject was "Modern Management of Cancer of the Breast"

A JOINT MEETING of the Medical Society of the County of Queens, Inc, and the Dental Societies of Queens was held on May 4 at the Medical Society's building Subject "Interesting Phases of Oral Surgery of Importance to the Medical and Dental Practitioner" 1 Oral Infections 2 Neoplasms, 3 Maxillary sinus complications, 4 Cleft palate, 5 Cooperation of general surgeon and oral surgeon in injuries of the jaws Essayist Henry Sage Dunning B S M D, D D S, F.A C S Professor of Oral Surgery Columbia University Subject "Procedures and Results in Plastic Surgery," illustrated with motion picture and slides essayist Gustave Aufricht, M D, Associate Professor Clinical Surgery, Post-Graduate Medical School of Columbia University

Rensselaer County

DR. DONALD G BUCHANAN, who died in Troy Feb 22 left a gross estate of $48,-101 82, according to inheritance tax report filed on April 12 by Transfer Tax Examiner Thomas F Phelan in Rensselaer County Surrogate's Court. There are deductions allowed by law of $1,926 37

St. Lawrence County

FORTY PHYSICIANS were present at the lecture given by Dr K. R McAlpin before the St Lawrence County Medical Society at the Hepburn hospital auditorium in Ogdensburg on April 14 The lecture was preceded by a luncheon at the Crescent Hotel Dr McAlpin spoke on "The Modern Treatment of Anemias"

WELFARE COMMISSIONER Charles S Hubbard was notified by the Ogdensburg Medical Society on April 14 that in the future fees for welfare obstetrical cases would be $25, an increase of $10 It was learned, however, that $10 of the fee was for prenatal care

Mayor John J Livingston, when he learned of the increase in fee, hinted that the Welfare Board might seek the services of a physician who would give all of his time to relief cases Under previous fees physicians were caring for obstetrical cases at $15 and at the same time assuming pre-natal care

Saratoga County

SARATOGA COUNTY PARTICIPATION in the nationwide syphilis control movement was furthered at a community meeting on April 7 in Skidmore College Hall under the auspices of the Saratoga County Medical Society and its auxiliary

Dr Walter S McClellan, president of the society, presided and Dr Charles R. Rein, dermatologist and syphilologist at the postgraduate medical school and hospital, Columbia University, spoke on "Syphilis—Public Health Enemy No 1"

Participating in the discussion were Assemblyman Richard J Sherman of Troy, Rev Charles C Noble, pastor of Christ Methodist Church, Glens Falls, and Dr William A Brumfield, jr, director of the division of syphilis control of the State Health Department.

Suffolk County

DR ALBERT F BARRY, a member of the staff of the Brunswick Hospital, Amityville, for ten years, was honored on March 31 at a dinner at LaGrange Inn, West Islip, attended by sixty-five doctors and friends in celebration of the completion of fifty years of practice in medicine

DR. WILLIAM A HULSE, retired physician, former vice-president of the South Side Bank of Bay Shore, died on April 8 at his home after an illness of three years He was seventy-nine.

Westchester County

THE PUBLIC HEALTH COMMITTEE of the Medical Society of the County of Westchester points out in a resolution that school authorities are led to encourage the attendance of children having minor non-disabling contagious physical conditions because state funds are allotted to the schools on the basis of daily attendance The resolution states that "the consequences of children being in school who are afflicted with these conditions, principally of the respiratory tract, are dangerous from the standpoint of public health both for the child afflicted and for his school mates"

Enrollment as a basis for allotments is suggested

Dr Ralph Pemberton, of Philadelphia, professor of medicine at the Graduate School of Jefferson Medical College, was guest speaker at the meeting of the society on April 19, on the topic of arthritis

Arrangement of two more post-graduate "refresher" sessions was announced. "Gonorrhea in the male" was the topic at Grasslands Hospital, April 27 A "refresher" session is to be presented on May 24 at Mount Vernon Hospital by the special commission of maternal welfare under the chairmanship of Dr Julian Hawthorne This session will be devoted to "modern obstetrical practice."

The Public Health Committee is cooperating with PTA units in the annual "Summer Round-up" of pre-school children The purpose is to make certain every child about to enter school for the first time in the Fall shall have a physical examination and remediable defects attended to before school opens

DR WALTER SPENCER FLEMING, a practicing physician since 1892, died on April 5 at his home, of coronary thrombosis He was seventy-five

Dr Fleming was highly esteemed by the thousands of persons with whom he was associated during his long medical career, says the *Mount Vernon Argus*

In 1933 he was honored when a bronze tablet inscribed with the quotation "He gave of himself freely," was hung at Mount Vernon Hospital

In conjunction with the tablet dedication a dinner was given for him at the Westchester Country Club, under the sponsorship of the Mount Vernon Medical Society, of which he was a charter member

Prominent figures in the world of medicine and surgery, public officials and members of the clergy turned out by the hundreds to pay their tribute to a man who placed service above everything

Hospital News

Newspaper Story of a Hospital Operation

THE PUBLIC FORM THEIR IDEAS largely on what they read in the newspapers, and the newspaper stories are lurid and distorted so often that it is refreshing to find one that clearly inspires public confidence in the hospitals and in the skillful work of the physicians and surgeons there. True, it is not at all the cool, scientific account that would appear in another part of this journal, but it is given here as a slice of today's newspaper writing—and, after all, it has a real story behind it We may say if we like that the color is laid on the canvas in chunks, but don't Mr and Mrs John Public like it that way? It is in the New York *Evening Journal* of April 13, the writer is John Harrington, and it is captioned in big type "Doctor Takes Out Heart of Officer—Amazing Feat—Patient on Way to Recovery" It runs like this

Patrolman William Manning was practically dead when they got him on the operating table at Fordham Hospital

He had no pulse at all His body was already cold. His heart was just a feeble flicker In five minutes it would go out altogether

He had been almost as bad when they brought him into the hospital a few minutes before

The knife had gone deep in his chest, then twisted, cutting off a part of his lung, and the back of the knife had scraped his heart

Dr Alexander Nicoll, director of surgery, looked at him and said

"I've been waiting for years for this Get him on the table!'

They had him on the operating table in two minutes The room was filling fast with doctors For word had flashed through the hospital that Dr Nicoll was going to do a pericardiorrhaphy

He was going to take out a man's heart and see what was wrong with it

In his thirty odd years of surgery he'd never seen it done Nobody in the hospital had ever seen it done. It was one of those things worked out on surgical blueprints—one of those things that science said could be done

Gets Lucky Break

But nobody had seen it done because, when a man needs an operation like that, he's five minutes from death

And, unless there's a surgeon standing right there, unless there is an anesthetist and an operating room, it's all over But Manning had been lucky The surgery director had studied that operation from charts

So there were fifty people or more in the operating room when Dr Nicoll made the sweeping incision, from the side to the breastbone, and along the breastbone for eight inches

"Rib shears," he called, dropping his knife.

The shears were in his hand He cut through the third, fourth, fifth and sixth ribs at the sternum

"Rib retractor!"

He clasped the shiny steel hooks onto the severed ribs A trapdoor, a big trapdoor, opened in Manning's chest

The left lung was collapsed, the cavity filled with blood That was one of the reasons the heart was stopping—but not the only reason

Picks Up the Heart

While the humming little apparatus, a glorified little vacuum cleaner, sucked up the blood, Dr Nicoll, reached down and picked up the heart He could see then what was wrong with it—the pericardium—the membranous sac covering the heart, was battered and bruised

There was a big lump in it where blood had collected—blood that was pressing on the heart and stopping it, blood that was killing the man on the table.

Dr Nicoll slit through the sac, through the outer covering of the heart, and the blood dripped out.

Instantly that feeble, fluttering organ became a leaping, pulsing thing in Dr Nicoll's hands

"Like a fish out of water," explained a doctor who saw it all "Once that pressure was relieved, it was almost impossible to hold it. But Dr Nicoll had handled hearts before He knew how"

Patient Sewed Up

Dr Nicoll was sewing up the slit pericardium now Eight stitches and it was not quite closed. There was still a small opening There had to be—for there would still be bleeding inside the heart, and closed up tight the blood pool and the pressure would soon occur again.

The surgeon took a little silver tube and fitted the end in that little pericardium opening The other end protruded from the breast, alongside the breastbone The rib retractor came out, the ribs fell back into place, and the stitches held it there

Before the last stitch was in place, the blood donor was standing beside the table. Manning needed it His heart was all right now, but he had lost most of his blood. He got a pint of a fellow patrolman's blood before he was off the table.

This happened seven days ago

Today the tube was out of Manning's chest Nicoll took it out and asked him how he felt.

"No complaints, doc. No complaints at all."

"Wanted—A Code for Trustees"

HOSPITAL TRUSTEES LIVE IN a sort of "Twilight zone," no one seems to know exactly where their powers begin or where they end This misty, not to say murky, state of atmosphere is apt to lead to collisions, or at least brushes, of rival claims of authority and charges of blame for this and that A code is needed to clear the air and show everybody where he stands, thinks the *Modern Hospital*

Executives and their superiors, the members of the governing board, do not always agree on the cause for unsatisfactory hospital conditions Trustees are wont to claim that it is necessary for them to administer because the superintendent is ineffective The superintendent is inclined to state that boards of directors meddle because their members do not recognize the duties or possess the requisites for good hospital trustees

The fact remains that hospital executives are inclined either to genuflect too much or else to look with pitying gaze upon their trustees as persons wholly uninformed as to the methods of conducting a hospital On the other hand, if executives are inclined to be positive in their attitude toward administrative problems, they are sometimes considered as defiant or insubordinate A search for a middle ground upon which each may meet and understand the other is often unsuccessful The result is an impassé, which results in the administrator seeking other fields in which to labor

Would it not be possible for a code of relationships to be so thoughtfully conceived and so concisely set down, that it might serve as a document to guide boards and administrators and thus avoid harmful misunderstandings? It could cover such matters as a definition of the policy-making activity of the board as distinguished from the administrative function of the superintendent, the relationship of board committees to the executive and to the board as a whole, the deprecation of surprise visits by inspecting committees, and the procedure regarding the origination and routing of orders When left uncertain these matters serve to agitate the calm waters of everyday hospital living

If no other purposes were served than properly to place women's committees within the organization, to decide the method of expenditure of funds coming into their hands, to arrange for the audit of these funds and to fix the relationship of such a group to the nursing staff and to the patient, it would be well worth while.

Too long have good administrators been distressed by attempts to obtain from board committees a proper evaluation of reports as to unclean linen, floors and walls, foreign bodies in food, petty complaints of patients and matters of like ilk. The answer appears to lie in the formation and general adoption of a code of professional and administrative relationships, written in a cool, straight-forward manner, fraught with common sense and yet wholly devoid of personalities

A Parents and Nurses' Association

AN INTERESTING AND FRUITFUL plan is in operation at the St Joseph Hospital School of Nursing at Fort Wayne, Ind, where a Parent-Nurse Association has been formed and is "functioning effectively," according to reports from there It has brought "such a wealth of social and financial benefit" that inquiries about it are coming in from every direction The idea "came almost overnight," we are told in *Hospital Progress*

It all began with inviting mothers and fathers of the students to be chaperons at a dance They came, enjoyed the evening, and were determined, as the ensuing days showed, to become more interested in not only such evenings, but in all the social and recreational affairs of their daughters Right then and there, it was suggested that all parents in the city and environs should be contacted and asked if they would be interested in forming a club, one to sponsor the new-born idea Letters were sent to every parent and the response was most gratifying Many attended the first meeting, plans were made for an organization, officers were elected and meetings have been held bimonthly ever since. Now we have many out-of-town members sending their contributions whenever they are unable to attend functions The membership fee is $1 a year for each family and the money is used for the nursing school and its students only The Organization is so active now that the people of Fort Wayne in general are becoming interested enough to

attend public parties and helping in many ways, by donating their halls, giving prizes for games, etc.

Through the ever-progressive efforts of the superintendent (mother of all the students) who is the secretary of the Association, a precedent was established in the fostering of a Christmas Party for Nurses and Parents It was a very enjoyable event, elaborate in preparation, and set forth more than ever the conviction that the Parent Nurses' Association isn't only a "hapstance" organization, but a necessary asset to the good-will and fellowship of the students, for their happiness and pleasure and to the school, materially We wonder now what we ever did before this organization began!

To show how much the Parent Nurses' Association really has done in the course of one year, we wish to point out these major benefits, a talking moving picture machine has been purchased, new furnishings have been added to the nurses' home, a ping-pong table has been built—all this from the proceeds derived from roller-skating parties, bridges, teas, bingo evenings, and dances These entertainments are all free of charge to the nurse and add to her recreation It is the interested public who have helped through the efforts of the mothers and fathers

Newsy Notes

THE ANNUAL CONVENTION of the Hospital Association of New York State will be held in Buffalo on May 18, 19 and 20, attracting hospital superintendents, trustees and others of the hospital fraternity from all parts of the state

The State Association of Medical Board Librarians and of Nurse Anesthetists will meet concurrently with the Hospital Association and join in the discussion of common problems

Skits on current topics are being arranged, together with roundtable discussions and officers' reports

Included among guest speakers will be L A Harding, former professor of engineering at Lehigh University and Commissioner of Public Works in Buffalo, who will discuss "Power Plant Problems" in connection with hospitals Other guests will speak in connection with material questions in hospital operation

Many of the discussions will deal with "bones of contention" that have affected public relations These will include "Why internes should not be paid", "Should nurses pay for their education?", "The meaning of the New Nurse Practice Act," and "Public Relations of a hospital in a small community"

NEW YORK'S THREE-CENTS-A-DAY hospitalization plan received the official stamp of approval on April 18 of the American Hospital Association, which represents 7,000 hospitals in the United States and Canada At the same time "Approval Day" ceremonies were held in thirty-nine other cities throughout the country at which similar plans were approved

It was the first time that the association had officially designated the non-profit hospital service plans which met its approval The forty approved plans, scattered through nineteen States and the District of Columbia, have a combined membership of more than 1,600,000 More than half the members are residents of New York State and 41 3 per cent are members of the Associated Hospital Service of New York.

There are in addition about thirty-five single hospital plans and others not officially approved by the Association which have a total enrollment of 200,000

The certificate of approval was presented to Karl Eilers, president of the Associated Hospital Service, at a luncheon in the Hotel Commodore attended by more than 300 public health officers, hospital administrators, doctors and business executives, at which Frank Van Dyk, executive director of the service, announced that 99 9 per cent of all hospital admissions of subscribers who sought benefits under the plan received full approval

"Approval Day" ceremonies were held in eight other cities in New York State where the hospital plans have been approved They are Albany, Buffalo, Geneva, Jamestown, Rochester, Syracuse, Utica and Watertown Their plans have more than 200,000 members

Subscribers to the three-cents-a-day hospital plan of the Associated Hospital Service of New York, will receive increased benefits, it is announced by Frank Van Dyk, executive director

Under the new policy, thirty days of semi-private hospital care will be provided instead of twenty-one, and the subscribers will re-

ceive a 33⅓ per cent discount off semi-private hospital charges after thirty days instead of the former twenty-five per cent discount after twenty-one days All present and future subscribers will benefit by these changes

THE HOSPITAL NUMBER OF THE *Journal of the American Medical Association* reports occupancy in American hospitals last year at the highest figure ever recorded by the association Every important category of hospital showed an increase in use

This growth in occupancy is uneven Certain communities still have more than ample provision for the care of bed patients while others have found their overcrowding almost unbearable An excess of beds 100 or more miles away is of little value to the hospital that finds the demand in its own community greater than its facilities

As pointed out in the statement by the technical committee on medical care, there is now a deficiency of about 400,000 hospital beds according to present standards "Measures to fill this need would include the construction of at least 500 hospitals of from thirty to sixty-bed capacity in rural and sparsely settled regions that have inadequate hospital facilities," the committee states

FLUSHING HOSPITAL RECEIVES $10,000 under the will of Marie Louise Williams, who died in January

SEVEN HUNDRED PERSONS including Nassau county officials and leaders in the medical profession will honor George L Hubbell of Garden City for his more than a quarter century of service in promotion of public health in the county at a testimonial dinner to be given at the Garden City hotel May 25

The dinner will particularly mark Mr Hubbell's twentieth year as president of the board of managers of Nassau County Tuberculosis hospital at Farmingdale It is sponsored by the Plainview club, composed principally of employees of the hospital Speakers will represent the county government and other groups in which Mr Hubbell has been interested Attendance will be limited to 700

Mr Hubbell was a moving force in founding the original Nassau County sanatorium in the days when little recognition was given the need for public health service Under his direction as president of the board of managers, the institution has grown in twenty years to nine large buildings housing 430 patients, a competent staff of physicians specializing in tuberculosis treatment, and the most modern equipment known to medical science His service has been given without financial compensation

In addition to his work at the tuberculosis hospital, Mr Hubbell is president of the board of managers of Meadowbrook hospital, general county hospital He was an energetic worker in the campaign that preceded authorization of funds for the hospital, now recognized as one of the county's greatest assets

Improvements

THE NEW $284,000 PLANT of the Homestead Sanitarium, the Saratoga County tuberculosis hospital, was officially opened on April 11

This new sanitarium has been under construction for the last year and a half and now is complete The building alone cost $250,000 and the furniture and equipment an additional $34,000

The hospital is situated about twelve miles west of Saratoga Springs about three miles north of the main highway from the Spa to Gloversville

The building is beautifully situated in the foothills of the Adirondacks and from the windows of the second story the State Office Building at Albany may be seen, forty miles away

The sanitarium will accommodate one hundred patients Each room is painted and decorated differently from all the others There are no wards, rooms being for one or two patients

Dr Asa R. Dimock is the superintendent and has had charge of the plans for the erection of the new building

NIAGARA FALLS CITY AUTHORITIES are preparing plans for extensive improvements to the municipal hospital The project, which proposes alterations to the existing hospital building and an addition to increase its capacity by about twenty beds, is being prepared for submission to the Works Progress Administration at the present time City Manager Robbins said, however, that it would probably be set up for submission to

the Public Work Administration should it be revived, since the city's share of the cost of the work would be smaller under that agency

Estimates made in preparing the project for submission to the WPA set the total cost at between $100,000 and $115,000 The city's share under the WPA would be between $65,000 and $70,000, while under the PWA forty-five per cent grant plan it would run less than $60,000

•

WORK ON THE NEW addition and alterations to the Lockport City hospital, which is a Public Works Administration project, is rapidly nearing completion, L W Van Ore, resident P W A. engineer, announced on April 14

According to the terms of the contract, the building was to have been ready by Jan 30, but a three-month extension was granted by the P W A Mr Van Ore said the project is now about seventy-two per cent completed

The third floor addition to the west wing, which contains additional private rooms and wards, has been in service about five months

•

WHEN MAYOR E H ETHRIDGE, of Rome, saw in the morning paper that more money might be available for PWA work, he wrote at once to Mr E Gilmore, New York, regional PWA director, for a slice of it to help build a city hospital He said

In this morning's paper I noted that there would undoubtedly be a large appropriation made in Washington to resume certain PWA projects

The hospital situation in Rome is most unsatisfactory and in fact in my opinion, it is practically an emergency, as the patients are so crowded at times in our hospital it is necessary to have some of the patients occupy beds placed in the hallways

The original hospital building was built in 1888 and since that time many additions have been added and the present hospital is not fireproof in any sense of the word.

If there is any possibility of the City of Rome securing federal funds for such a project, we are most anxious to take advantage of the same.

Possibly this letter is a little premature, but we wish to leave no stone unturned to secure federal funds, if there is a possibility of securing such funds in the near future.

•

SEALED PROPOSALS covering construction, heating, sanitary, electrical, refrigeration and other work on the $450,000 hospital building at the New York State Institute for the Study of Malignant Diseases, in Buffalo, were opened at the state department of health, Albany, on April 14, and it is expected that contracts will be awarded and construction will begin at an early date

COMPLETED PLANS FOR THE new White Plains Hospital building are in the hands of the various contractors for bids The date for breaking ground has not yet been set

A SURGICAL INSTRUMENT ROOM at the Staten Island Hospital has been named "The Dr Alfred H Thomas Room" and a fund has been raised, the income to go for the purchase of surgical instruments

WELLSVILLE'S MUNICIPALLY-OPERATED Jones Memorial hospital now has an addition long-sought as necessary adjunct to the institution which in 1937 admitted 1,365 patients—virtually one-fourth of the population of the village.

The addition is a well-equipped laboratory in the basement of Tullar Maternity annex in charge of a trained technician

Our medical staff has been handicapped for a long period of years by the lack of laboratory facilities at the hospital," says Alwin W Schaller, chairman of the hospital board of managers "We now feel we have made an important and essential addition to our equipment and one which will certainly prove its worth We should have had it long ago"

The hospital and Wellsville doctors in the past have been obliged to use the county laboratory at Belmont, which in emergency cases has involved loss of valuable time

With the enthusiastic endorsement of physicians, a plan was evolved in cooperation with Eugene Brace, medical technologist, of Mayville, whereby a laboratory could be provided Under the arrangement, the hospital provides quarters for the laboratory, furnishing light, heat, water, plumbing, work benches and cabinets, while Mr Brace, the laboratory technician, supplies all of the lab equipment and supplies All fees for both in and outpatients go to the technician

LITTLE is the Cost *GREAT* is the Satisfaction

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Medicolegal

LORENZ J BROSNAN, ESQ
Counsel, Medical Society of the State of New York

Physician's Contract Restricting Practice

Recently a final judgment was directed by the Appellate Division of the Supreme Court in favor of a physician in a case of considerable interest which has been working its way through the Courts of this State for many months *

The plaintiffs in the action, Drs A and B were engaged in practice as copartners, and conducted a so-called medical center and clinic in and about the Village of Y They brought an action in equity against Dr C who was also engaged in the practice of medicine seeking a perpetual injunction under the terms of a written contract by virtue of which Dr C had been employed by them

The complaint charged that the plaintiffs had spent large sums of money setting up their practice, having purchased a building, remodelled and equipped it. They claimed that they had employed the defendant beginning in December 1932, and that he had worked with them under his contract until August 1935, when he quit During that period he was paid various sums of money as wages and bonus Subsequent to August 1935, plaintiffs complained Dr C had continued to practice in the County of Y (in which Drs A and B conducted their practice) without their written consent. Dr C, it seems, did not live in Y County prior to his employment by the plaintiffs, and they contended that his conduct in setting up a competing business violated the contract, injured their property rights and destroyed the value of their good will

The complaint further alleged that the contract of employment provided among other things that Dr C would never engage in the practice of his profession in the County of Y, except in the employ of or in association with the group headed by Drs A and B unless the plaintiffs gave consent in writing It was charged that the contract stipulated that in the event of a breach of the covenant by Dr C he should pay the sum of $10,000, as liquidated damages, and not as a penalty

The defendant, Dr C, applied by motion at Special Term for judgment dismissing the complaint on the grounds that it did not state facts sufficient to constitute a cause of action It was argued by defendant that the agreement was void as against public policy and that its enforcement was unreasonable, harsh, and oppressive

The Court at Special Term dismissed the complaint, but plaintiffs appealed to the Appellate Division That Court determined that the complaint was on its face valid and reversed the order of the lower Court ** In so ruling the Court said in the opinion

> It is fundamental that the test to be applied in cases of this sort is, first, is the injunction proposed necessary and reasonable for the protection of the plaintiff's property and good will, and second, is it unreasonable, unjust or oppressive to defendant?
>
> In the ordinary employment equity will not restrain a breach of a covenant for personal services unless the services are of peculiar merit or character This principle is without application in a suit to restrain an employee from violating an agreement not to engage in the same line of business, either for himself or in behalf of, or in conjunction with, others, after his employment under the contract containing such restrictive covenant has been terminated In the one case it is the damage suffered by the loss of the services of the exceptionally skilled employee, in the other it is the damage to the employer's business by the setting up of a competitive business by a former employee.
>
> Agreements imposing restraints upon the right of an employee to engage in competitive service after the termination of the contract of service are analogous to and governed by, the same general rules applicable to restrictive covenants in the sales of business and good will The dictates of fair dealing, and the requirements of good faith, will at once engage equity whatever may be the relationship of the parties or the nature of the transaction, where fraud or dishonesty threaten unlawful or irreparable injury to the property of a suitor
>
> It is manifest that the physician employed as an assistant to another must in the course of his duties become acquainted with the clientele of his employer and acquire their confidence and good will. It is clear that this precise situation was contemplated by the parties to this contract, and that it was drawn to provide against the business and good will of the plaintiffs being lost to them in case of the severance of the

*Foster v White, 248 App Div 451

**253 App Div 448

employment, and defendant's locating in Y county Defendant's establishing himself in Y county for the practice of medicine was a deliberate choice on his part to disregard and violate his solemn bond not to compete with his former employers In such circumstances courts of equity will extend the arm of injunction where the interests of justice require such a drastic remedy for the protection of a physician's business, practice and good will

Following that ruling the defendant, Dr C, carried to Court of Appeals, a so-called certified question, as follows

"Does the complaint state facts sufficient to constitute a cause of action?"

The Court of Appeals answered that question in the affirmative and affirmed the order of the Appellate Division, but wrote no formal opinion ***

The controversy then was in the position that it went back to the Trial Court for disposition After a hearing before a referee the plaintiffs obtained their desired perpetual injunction preventing Dr C from ever practicing medicine in Y County But at this point Dr C carried the case again to the Appellate Division and succeeded in obtaining a reversal of the judgment granting the injunction

It appeared upon the hearing of the appeal that the proof before the referee had led to the conclusion that defendant had performed services satisfactorily under the contract, and that instead of quitting his contract or voluntarily leaving Drs A and B, he had been discharged from their employment by the plaintiffs, merely for the reason that he refused to execute a new contract requested by them It also appeared that the contract when made called for employment for a year "at a weekly salary of not less than fifteen dollars" No other written contract was ever entered into but the employment continued until August 1935 with salary increases and bonuses paid to Dr C from time to time The proof was susceptible of the interpretation that the written agreement of December 1932, was "by consent of the parties carried over, extended and continued" until August 1935

The Appellate Division in reversing the judgment, and ordering the dismissal of the complaint made a specific finding that the defendant had been discharged for an insufficient and invalid reason, and said in its opinion

The acquiescence of the parties here in operating year after year under the 1932 contract is equivalent to an express agreement to a continuance, or renewal from year to year, of the original contract

Plaintiffs having discharged defendant for no reason other than that he refused to enter into a different contract with them, one which he did not like, are in no position to seek the aid of equity to enforce what seems like a harsh provision of the contract. For, if we take the view which plaintiffs urge in their brief, that the contract of December, 1932, was never renewed, that no contract between the parties existed after December 31, 1933, that thereafter defendant's employment continued merely by sufferance of the plaintiffs, then the contract was an exceedingly harsh one, by which, for the salary of fifteen dollars a week, for a period of one year, defendant has sold his right ever to practice his profession within the county where his entire professional life has been spent. We prefer the view that plaintiffs by terminating defendant's employment for an improper reason have deprived themselves of the aid of equity

It is not possible to say as yet whether this judgment of dismissal may not again be taken up to the Court of Appeals However, the last ruling in no way affects the importance of the earlier decision The ruling still stands that the complaint stated facts which if proved constituted grounds for injunction The last decision constitutes a ruling that the plaintiffs failed to support their charges when the actual proof was brought forth

Alleged Injury Caused By X-Ray Machine

A young man who had received an injury to his ankle in falling from a moving car, consulted a physician with respect to that condition and an x-ray was promptly suggested The doctor requested another physician, with whom he was associated, to take the necessary x-rays The patient was placed on a table in proper position and just as the current was turned on the patient moved his other leg touching the metal wheel of the table and caused a short circuit. The patient fell or jumped from the table striking the floor Upon examination, made by both physicians, it was found that he had a small superficial burn on his right knee and a similar one on his left calf The burns were treated the same day and the patient was told to return for observation and further treatment if necessary The patient, however, never returned

Sometime later he brought an action against both of the physicians in which he made the claim that during the course of the taking of x-rays there was an explosion causing him to suffer severe injuries

The case came on for trial without a jury and the defendants denied that the alleged explosion ever took place and explained what had happened At the conclusion of all the testimony judgment was directed in favor of the defendants

***273 N Y 596

Across the Desk

Ignorance that Kills

'How do babies come, mothaw ?"

'Hush, my dawling, the nice doctor-man brings them in his little black satchel"

But the "little dawling" has heard a different story from her playmates, and she keeps on acquiring so much information and misinformation, hopelessly mixed, that when her own time comes, the doctor-man faces a bad and perhaps tragic problem The mother missed a golden opportunity This was forcibly put a few days ago by Dr Howard W Haggard, of Yale "I believe,' he declared, "that the parent—or the educator—who does not teach the child the knowledge of maternity is reprehensible And I believe further that those individuals who stand in the way, either by indifference or by active opposition, of the full dissemination of such information bear a heavy responsibility—the responsibility for the ignorance that breeds the indifference, that leads to the loss of life."

Hope Dispelling Pessimism

Dr Haggard was speaking to some 400 doctors, health workers and civic leaders at the eighth annual Mother's Day luncheon of the Maternity Center Association at the Hotel Park Lane, in New York City He confessed that he had mistakenly thought eight or ten years ago that if the facts and figures about safe maternity were brought before the American people, a change in the maternal death rate would appear at once, that "old prejudice would crumble away, that the ignorance that fathered indifference would be dispelled, that children would be educated for parenthood, and that mothers would be protected and saved"

But this did not happen Maternal mortality in these years has declined "pitifully little," and "the results, as judged from the figures, are discouraging" Many have felt a certain hopelessness, but despite all gloomy statistics, there is good ground for optimism, "soundly based," believes the Yale physiologist Ignorance and indifference are disappearing and public opinion is arousing in a remarkable way Indeed

Customs are changing with a rapidity that is amazing And the change that breaks down old prejudices, old pruderies, that makes us a people more willing to face facts frankly, is the initial step toward the results you seek There is, unquestionably, a growing but tardy realization in this country that there can be no wrong in any fact honestly, sincerely, and fearlessly presented What I call the cult of cultivated ignorance, evasion of facts, is, I think, now fortunately doomed in this country, it will give way to the freedom of knowledge, it will pass when the older generation is replaced by the younger, a more fearless—a franker—essentially a better generation And that younger generation is solving its problems for itself with, unfortunately, little aid from those of the older generation

The Change in Eight Years

Only eight years back Dr Haggard was actually refused permission on the radio to say simply that measurement of the pelvis by the physician was an essential prenatal procedure. The word "pelvis" was believed to be offensive to the public Now the situation is fast changing

Our newspapers, our magazines—even our pictorial magazines—are discussing with utmost frankness matters considered completely unmentionable only two or three years ago The prohibitions of the radio are relaxing Moving pictures even are appearing to tell the facts of safe maternity In an increasing number of cities fathers classes are being formed where with medical lectures and demonstrations expectant fathers can learn the requirements of the new safe maternity

We all remember the hubbub raised a few years ago when reports revealed that maternal mortality in this state was rising, instead of falling The number of puerperal deaths per thousand live births rose from 5 6 in 1929 to 6 2 in 1933, and everybody began asking who or what was to blame Rather heated language, perhaps, was used here and there, but it was all in the best of causes, and the result was apparently also all to the good, for figures just out in *Public Health Reports* (April 22) show that the rate has dropped to 4 9 in 1936, the latest year given This is excellent, and would warrant a lot of self-congratulation if the eye did not

wander along the table and note that our neighbor states are doing quite a bit better than we are New Jersey, for instance, has brought its rate down from 6 3 in 1927 to 4 0 in 1936, and Connecticut, on the other side, has had for years a lower rate than New York, and appears with 4 1 for 1936 Fifteen states have rates lower than ours So there is still room for improvement

Home Thrust at the Young Doctors

The importance of this matter "leaps to the eye," as the British say, when we remember that every fourteen seconds on the average, in this country, a baby is born Another speaker at the Maternity Center luncheon, who evidently had been eating with one eye on his wrist-watch, announced that "while we were eating our lunch today there were about 250 babies born in the United States' He was Dr Edwin F Daily, of the U S Children's Bureau at Washington, and his address was naturally in part a plea for more funds for his bureau, to help extend their service to mothers and babies Of more interest here, however, is his statement that the young doctors of today are not fully prepared to treat the emergencies likely to arise in obstetrical cases He declared (italics in press report)

With a medical profession in the United States generally acknowledged throughout the world as second to none, it would hardly seem necessary to question the quality of medical care available to maternity patients *Yet there are serious doubts that the average physician in the United States has sufficient training to practice obstetrics* I recently received answers to certain questions about their training in obstetrics from over 2,500 young physicians who graduated in 1936 and who had completed their intern year As students, twenty per cent had never delivered a patient in a hospital, and twenty-six per cent had never delivered a patient at home. As interns, fifteen per cent had not delivered a patient in a hospital, and eighty-three per cent had never delivered a patient at home. Yet seventy-two per cent of these doctors stated that they planned to include obstetrics in their practice There are relatively few places in the United States where these physicians can receive further training and experience in obstetrics Obviously few physicians entering practice today have sufficient clinical training in obstetrics to recognize and treat competently the many complications which may arise during pregnancy and labor Numerous maternal mortality studies have shown that lack of judgment or experience on the part of the physician is one of the major factors in maintaining the high maternal death rate. *It is the obstetric education and training provided by medical schools and hospitals that should receive the major blame, for certainly doctors provide their patients with the best possible service within the limits of their ability*

"Picayune Minds"

Echoes of old-time conservatism appear in the ban of the movie censors on the "Birth of a Baby," and the prohibition of the sale of the magazine carrying scenes from it in some communities A forthright editorial on such attempts to blindfold the eyes of the public is published in the *Bulletin* of the Medical Society of the County of Queens, written by the Editor, Dr Ezra A Wolff It reads

It was recently the privilege of this Society to present a preview of the film "The Birth of a Baby" to an audience composed of the families of physicians The film is educational in purpose and depicts the conduct of a normal pregnancy and labor, including details of prenatal care as well as those of the actual delivery A poll of those who had seen the picture showed that upward of ninety per cent were favorably impressed and thought it in no way obscene or objectionable

A wide storm of protest has followed the publication in *Life*, the weekly picture magazine, *of a pictorial synopsis of this same picture.* Local officials in a considerable number of communities have banned the sale of this issue, a number of newsdealers have been arrested for displaying it, and demands have been made to have it barred from the mails as "lewd" and "disgraceful"

During the past year or so we have witnessed the inauguration of another educational campaign—the drive against syphilis Here again, there were cries of 'lewd," "obscene," "disgraceful" Today the syphilis problem is accepted at face value by the vast majority of *the population From an ultra-conservative viewpoint* it might be premature at this time to deny categorically that this campaign has caused an increase in immorality, yet it is safe to assert that there are few who would maintain that such an increase has occurred or will occur

It is hardly a flattering commentary on this "enlightened" age that the reins of government are placed in the hands of people who can attribute any possible immoral significance to a clear and straightforward exposition of the process of procreation Factual knowledge concerning a mechanism which affects every being on the face of the earth can be construed as immoral only in picayune minds of those who would cloak morality in a veil of mystery and ignorance.

Books

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and the interest to our readers

RECEIVED

The Biology of Pneumococcus The Bacteriological, Biochemical, and Immunological Characters and Activities of Diplococcus Pneumoniae By Benjamin White, Ph D Octavo of 799 pages New York, The Commonwealth Fund, 1938 Cloth, $4 50

X-Rays and Radium in the Treatment of Diseases of the Skin. By George M MacKee, M D Third edition Octavo of 830 pages, illustrated Philadelphia, Lea & Febiger, 1938 Cloth, $10 00

The Diagnosis and Treatment of Diseases of the Blood. By Thomas Ordway, M D and L Whittington Gorham, M D Octavo of 605 pages, illustrated. New York, Oxford University Press, 1938 Cloth

Handbook on Social Hygiene Edited by W Bayard Long, M D and Jacob A Goldberg, M A Octavo of 442 pages, illustrated Philadelphia, Lea & Febiger, 1938 Cloth, $4 00

A Textbook of Ophthalmology By Sanford R. Gifford, M D Octavo of 492 pages, illustrated Philadelphia, W B Saunders Company, 1938. Cloth, $4 00

Treatment in General Practice By Harry Beckman, M D Third edition Octavo of 787 pages Philadelphia, W B Saunders Company, 1938 Cloth, $10 00

Pneumonia and Serum Therapy By Frederick T Lord, M D and Roderick Heffron M D Revised edition Octavo of 148 pages, illustrated New York, The Commonwealth Fund, 1938 Cloth, $1 00

Introduction to Ophthalmology By Peter C Kronfeld, M D Octavo of 331 pages, illustrated Springfield, Charles C Thomas, 1938 Cloth, $3 50

Nutrition of the Infant and Child. By Julian D Boyd, M D Edited by Morris Fishbein, M D (National Medical Monographs) Duodecimo of 198 pages, illustrated. New York, National Medical Book Co, Inc, 1937 Cloth, $3 00

Fractures and Dislocations Volumes I & II by Philip Lewin, M D Edited by Morris Fishbein, M D (National Medical Monographs) Duodecimo of 698 pages, illustrated New York, National Medical Book Co, Inc, 1937 Cloth, $6 00

REVIEWED

Essentials of Prescription Writing By Cary Eggleston, M D Sixth Edition, Revised 16mo of 155 pages Philadelphia, W B Saunders Company, 1938 Cloth, $1 50

The sixth edition of this pocket-sized handbook of practical prescription writing is not vastly different from its predecessors It contains a great deal of helpful information for the general practitioner who wishes to use a variety of tasty, palatable and efficient mixtures

ANDREW M BABEY

Synopsis of Obstetrics and Gynaecology By Aleck W Bourne, M A Seventh edition. Duodecimo of 452 pages, illustrated Baltimore, William Wood and Company, 1937 Cloth, $4 00

This is the seventh edition of a little book first published in 1913 Very similar to a quiz compend, it covers with remarkable brevity and clarity the entire domain of obstetrics and gynecology It is designed primarily to assist students in preparing for examinations, and for that purpose it is excellent, and can be heartily recommended It is not a textbook.

CHARLES A GORDON

The Diary of a Surgeon in the Year 1751-1752. By John Knyveton, M D Octavo of 322 pages, illustrated New York, D Appleton-Century Co, 1937 Cloth, $2 50

The diary of a surgeon in 1751–52 is a robust tale of medicine and society in the eighteenth century

The diarist is a young man from the village of Hestley in Kent The diary begins with his last day of apprenticeship to his uncle He lodges with Mr Hunt who takes him to church on his first Sunday in London "A wearisome sermon of some hour and a quarter upon the spiritual elements of man, the which I beguiled may Heaven forgive me in quizzing, a pretty wench who sat in the musicians' gallery and led the singing with a fair sweet voice, and she proving demure, to sleep"

He joins an anatomy class, attends a hanging, "of a woman who stole three loaves" and a boy "who is to be half hanged and whipped through the town as a warning against begging" Then follows the gruesome and vivid description of the event Later he takes part in the expedition which steals the body at midnight from the graveyard, behind his tutor's house.

John Knyveton is a serious young man

not without a sense of humor, a born story-teller With a few bold strokes, he sketches a whole scene of an operation with its blood and agony, a brawl between students, body snatching at midnight, a storm at sea, the horrors of yellow fever, a battle with pirates

Listen to him philosophising on "The Puerperal Fever" "This is a Queer and Mysterious Complaint, I am almost tempted to desert my Principles, and think it in the nature of a Visitation It cannot always be a Wrath of Nature at Man's interference, especially through the use of instruments, for I have in my studies here seen it occur both after a Gentle Labour and in one attended with difficulty, where there was much interference with the woman, and with the child."

The diary is an absorbing and thrilling narrative of an entertaining age.

FRANCIS B DOYLE

Genital Abnormalities, Hermaphroditism & Related Adrenal Diseases By Hugh Hampton Young, M D Quarto of 649 pages, illustrated. Baltimore, Williams & Wilkins Company, 1937 Cloth, $10 00

This is a remarkable book written by a man who is not only a master of urology but a master of plastic surgery as well, and is profusely illustrated by a superb artist

The first third of the book is devoted to hermaphroditism in all of its various phases, history, embryology, numerous case reports and the various surgical measures employed in an effort to restore these unfortunate individuals to a reasonably normal state The various types of this deformity are thoroughly discussed, and many remarkable and ingenious operative procedures are described and illustrated in detail The results which Dr Young has obtained from his operations on many of these cases reads almost like a fairy tale

There is an important chapter on the adrenogenital syndrome which includes a detailed description of the author's original method of simultaneous approach to both adrenals

The chapter on hypospadias describes only a few of the many operations devised for the relief of this condition, but they are thoroughly done The reviewer regrets that the Ombredanne operation was not included

The chapter on exstrophy of the bladder is short The author stresses the importance of plastic procedures in an effort to preserve the bladder, and criticizes the present wave of enthusiasm for ureter transplant and cystectomy which he thinks should only be considered as a last resort

There are several other chapters dealing with various congenital deformities These, too, are excellent.

We are sure this book will be carefully read by every urologist and general surgeon. The illustrations throughout are superb

NATHANIEL P RATHBUN

Diseases of the Skin. A Manual for Students and Practitioners By the late Robert W MacKenna, M D Fourth edition revised and enlarged by Robert M B MacKenna, M D Quarto of 557 pages, illustrated Baltimore, William Wood and Company, 1937 Cloth, $7 00

The author states in his preface that this is primarily a book for students and practitioners, and he has, therefore, omitted description of some of the rarer skin diseases, and has not given a complete bibliography This book is particularly well suited to just such readers

The description of all the diseases is concise yet adequate, and includes complete differential diagnosis and complete and plain directions for treatment. Most of the prescriptions are given in both the Metric and Apothecaries System

The author has not adhered to the old classification of skin diseases, but has tried to classify them according to etiology While this is perhaps not an important matter to the student or practitioner we believe the old classification is more simple and easier to master No classification is as yet satisfactory

This edition has been thoroughly revised and brought up to date and includes all the recent discoveries and theories in Dermatology

The chapter on Drug Eruptions is too short, and many common drugs causing skin eruptions have been omitted Occupational dermatoses is also an important subject which receives too little attention. The introductory chapter includes no discussion of general pathology This was perhaps done purposely but we believe it should be included The chapter on diseases due to Vegetable Fungi is remarkably full of valuable information

The chapter on syphilis is as complete as can be expected in a book on dermatology alone The author advises the intermittent method of treatment whereas most syphilologists in this country use the continuous method of treatment.

The illustrations are numerous, good and remarkably clear We recommend the book highly to students and general practitioners

ALFRED POTTER

ORDERING BOOKS

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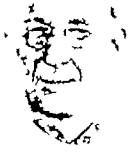
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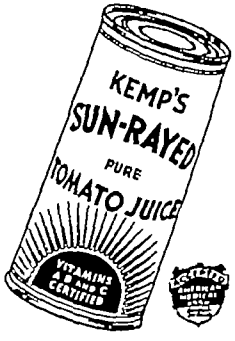


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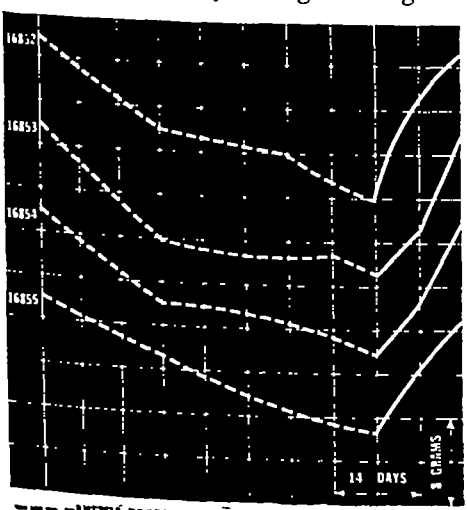




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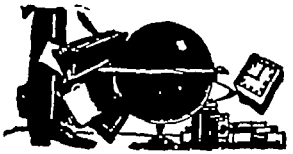
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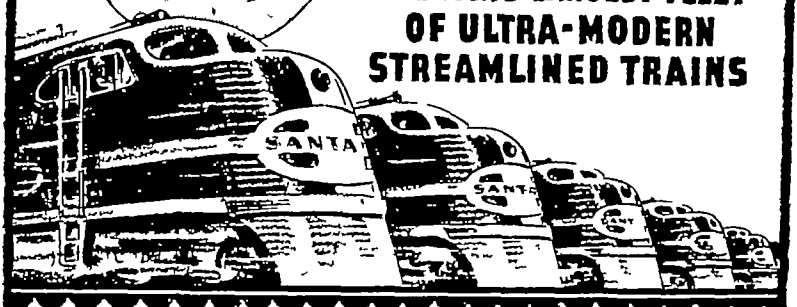
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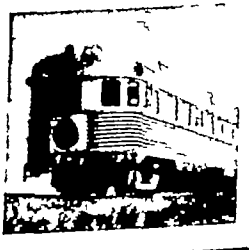












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For those who plan to make a little more of an excursion of their western trip, both the Santa Fe and the Canadian Pacific railroads offer many pleasant sidetrips and opportunity to see the wonders of the Rockies The Santa Fe features special train convention parties leaving Chicago on June 6th, with sightseeing in the Indian country at Old Santa Fe, New Mexico, on the 8th On the 9th, time will be spent viewing the Grand Canyon The 10th and 11th will be spent "doing" Los Angeles and its vicinity The 12th will be spent on a trip to beautiful Santa Catalina Island—and the arrival in San Francisco is scheduled for 9 00 A M of the 13th These convention

(Continued on page xlvi)



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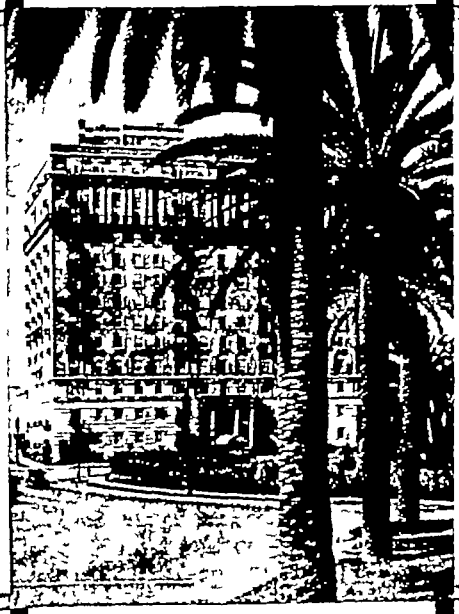
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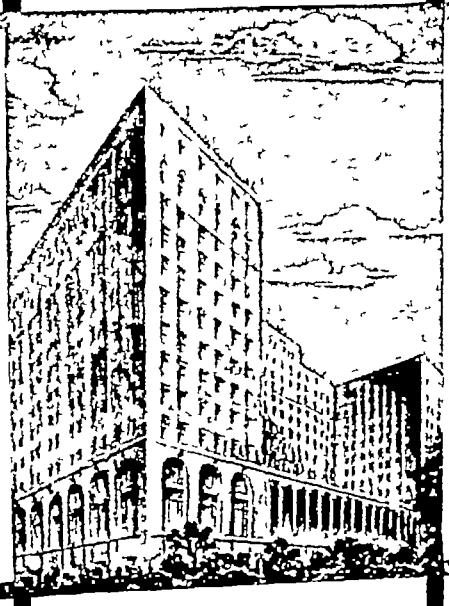
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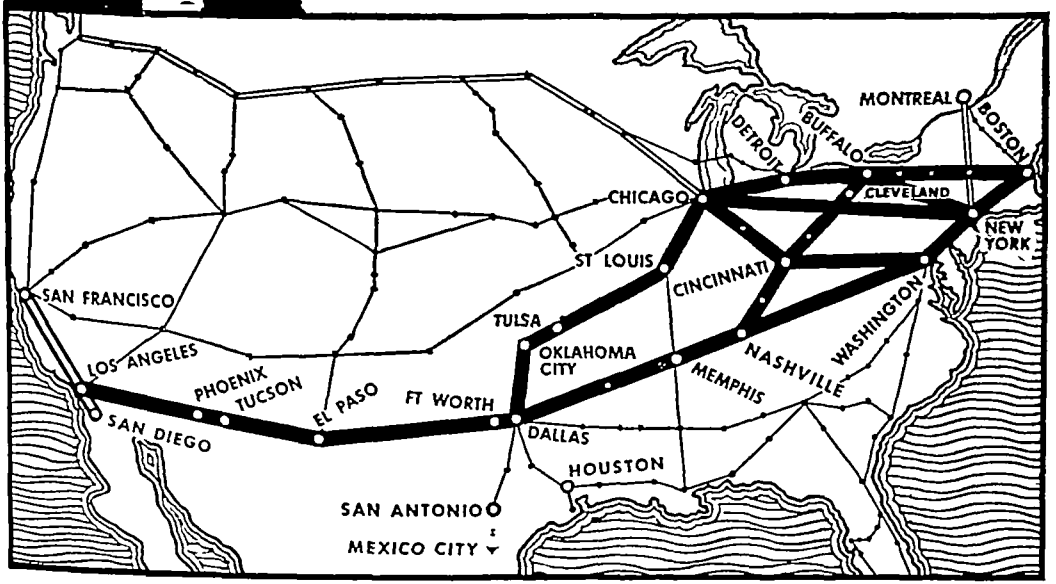
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(Continued on page xlviii)



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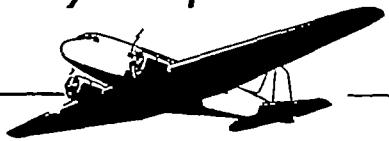
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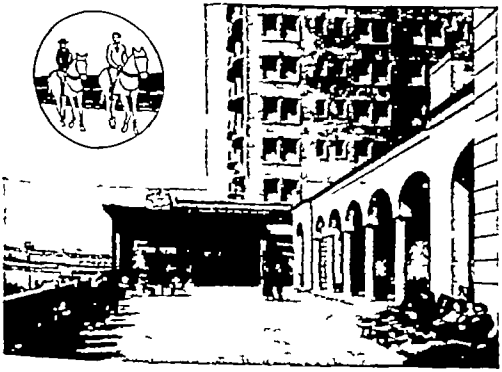
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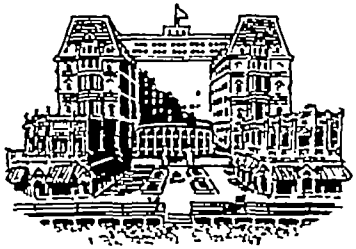


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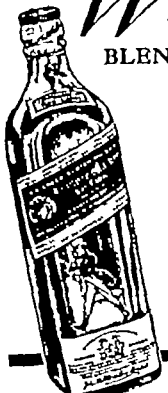
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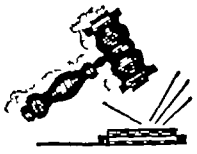
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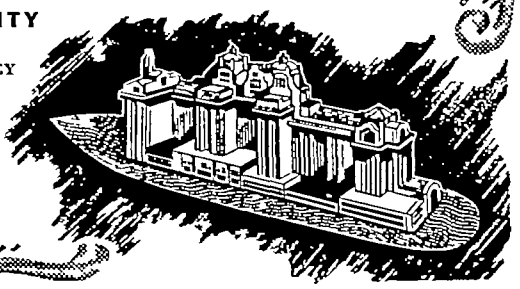
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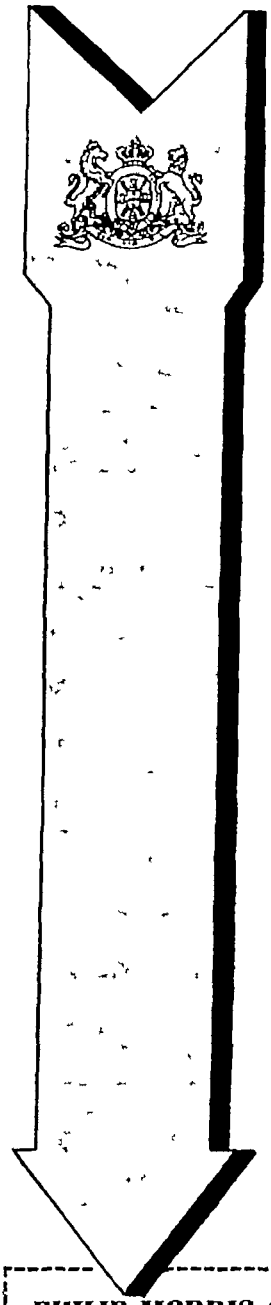
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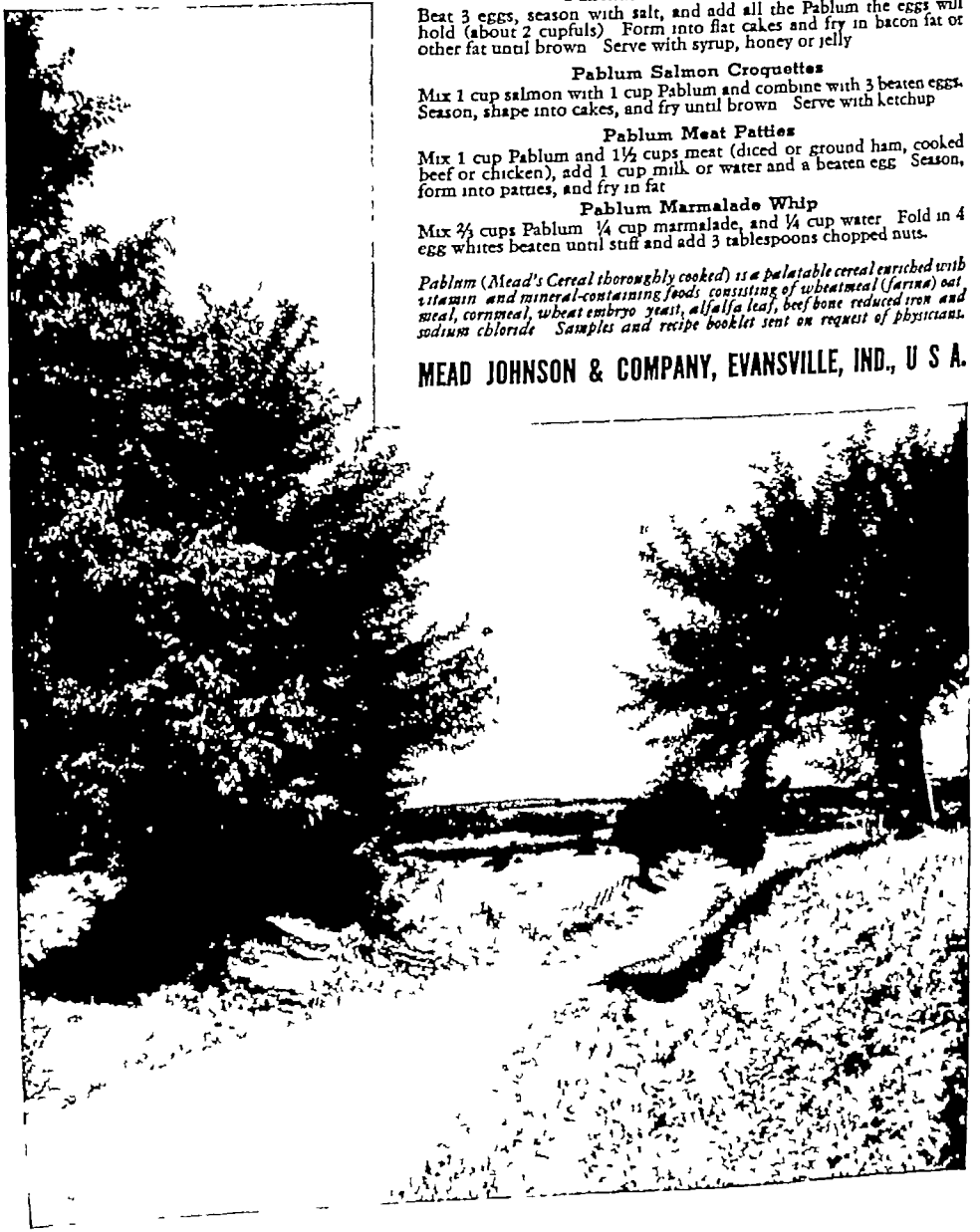
Mix 1 cup Pablum and 1½ cups meat (diced or ground ham, cooked beef or chicken), add 1 cup milk or water and a beaten egg Season, form into patties, and fry in fat

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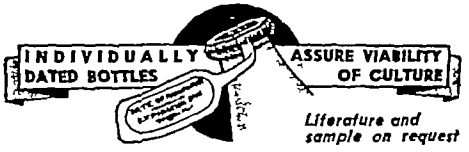
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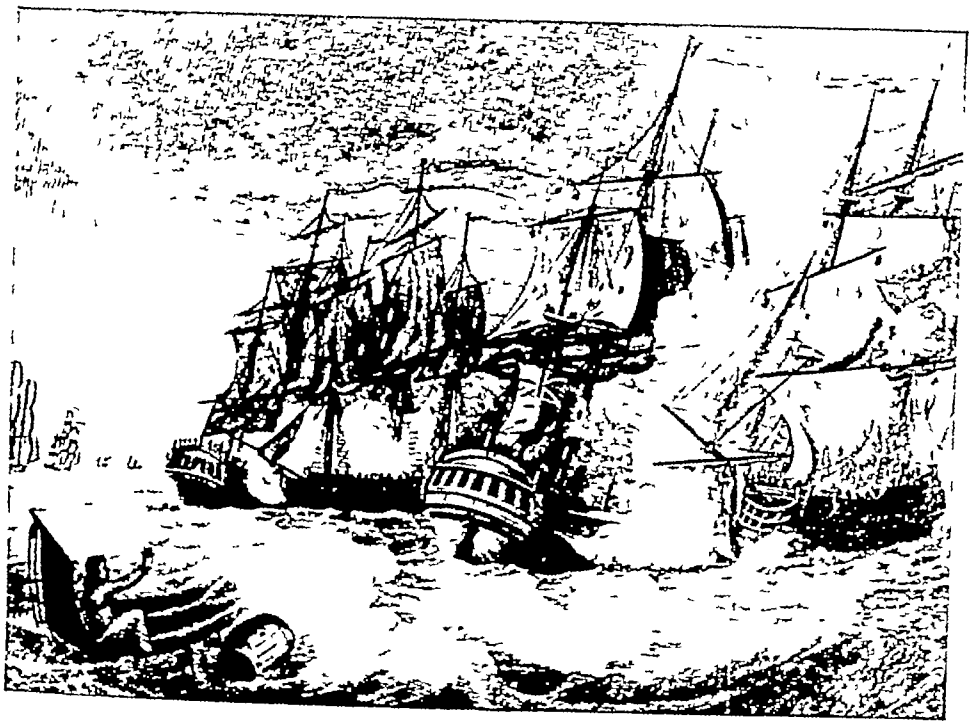
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Vitamin C deficiency

comparable to the severe scurvy which ravaged the British Navy prior to 1804, when Sir Gilbert Blaine secured the adoption of regulations enforcing the daily ingestion of lemon juice as a preventive measure, is seldom encountered at the present time

Recently, however, several investigators have called attention to the existing widespread occurrence of mild vitamin C deficient states which, if unrecognized and untreated, may progress to clinical, and even frank scurvy

Such states of vitamin C deficiency may result from stringent adherence to restricted diets in the treatment of peptic ulcer, colitis, urticaria, and other affections, or may be precipitated by increased requirements during infections and febrile conditions Abnormalities of absorption conditioned by gastro-intestinal disease may necessitate the parenteral administration of cevitamic acid

Vitamin C deficiency, whether due to an inadequate intake of the vitamin or a pathologic interference with its assimilation, may be corrected and prevented by the administration of

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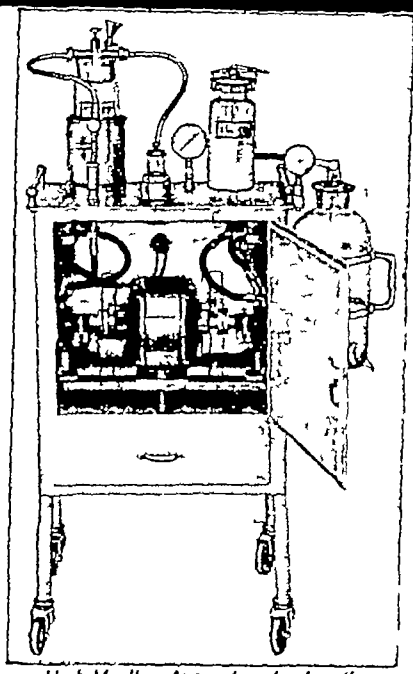
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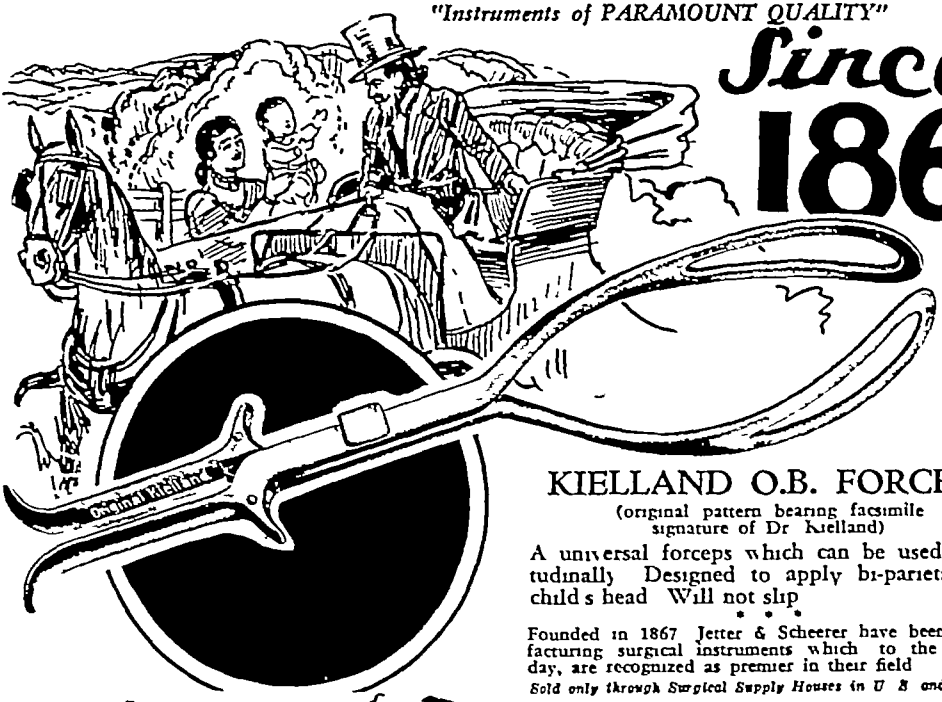
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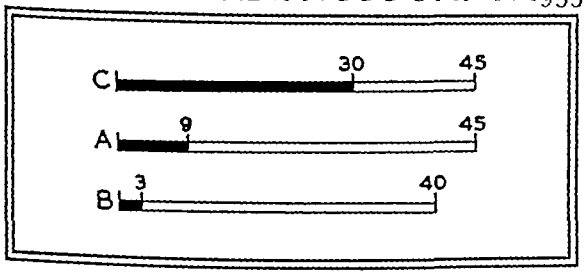


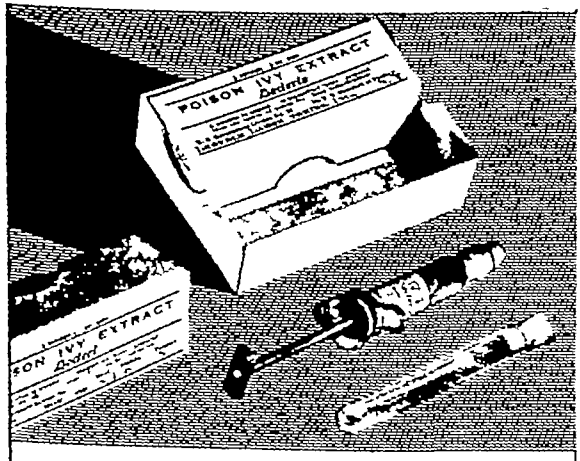
Chart shown at left covers a 6 week period following the first prophylactic dose One hundred and thirty men were divided into three groups A B C All intermingled in their work in clearing ivy infested areas

Group C received no previous injections

Group A received four weekly injections of 1 1 *regular dose of* "Poison Ivy Extract *Lederle*

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The shaded areas represent the number of exposed men affected with ivy dermatitis in the 6 week period



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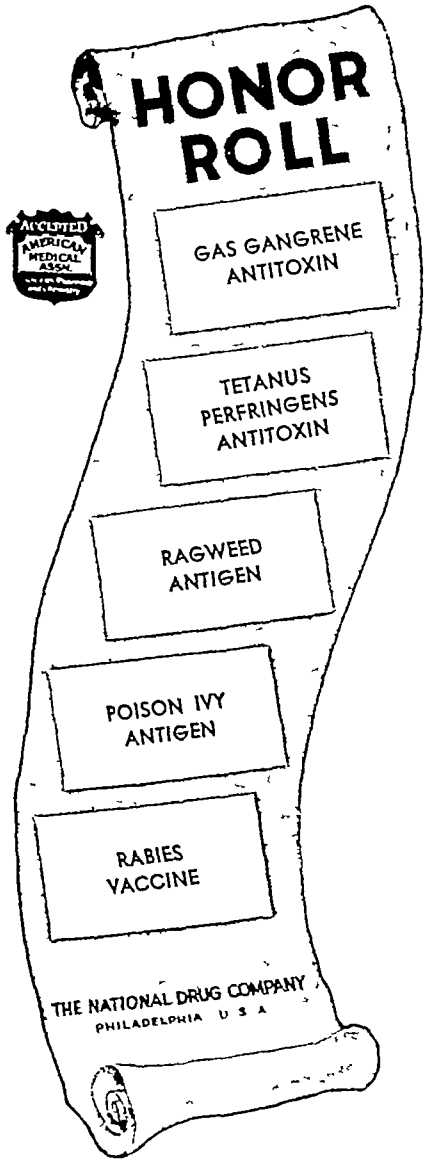
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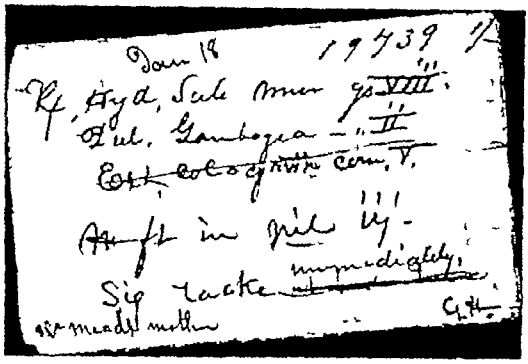
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(in this issue—Page xxxv)

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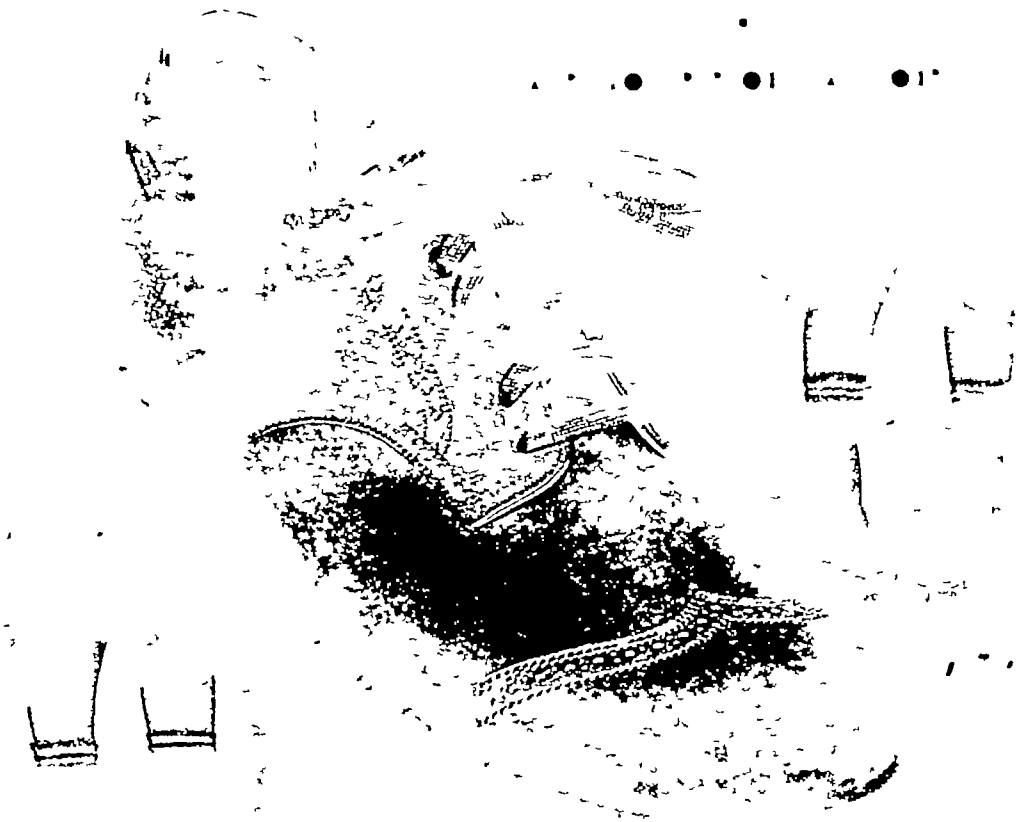
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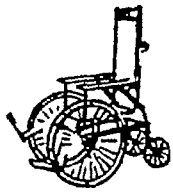
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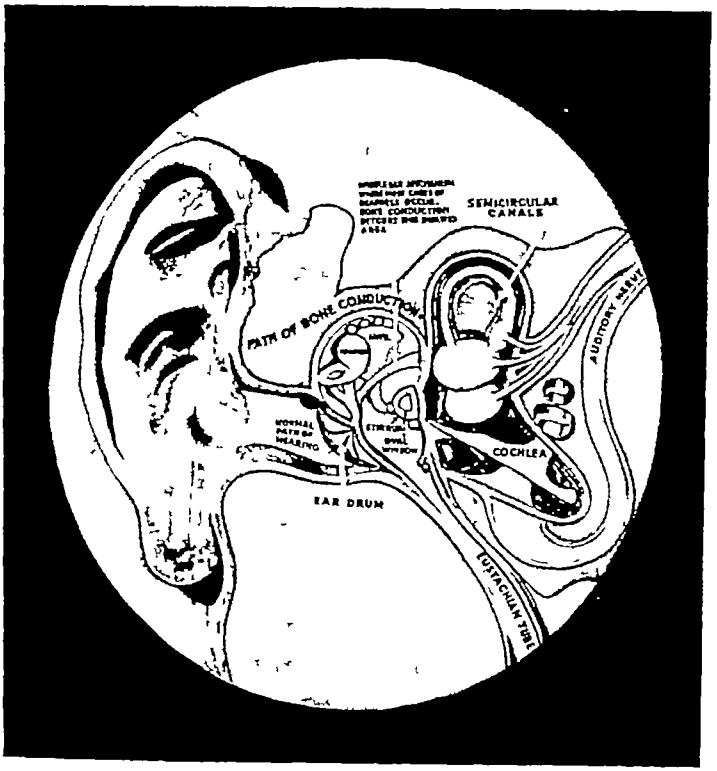
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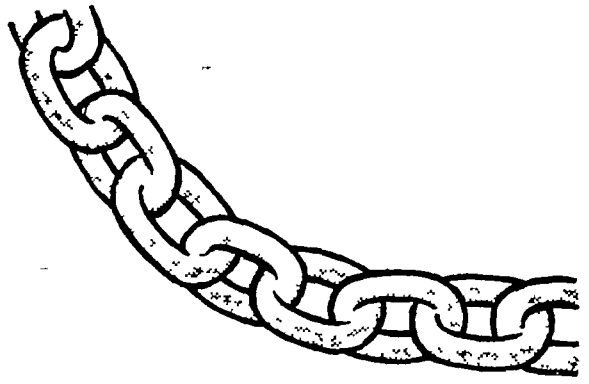
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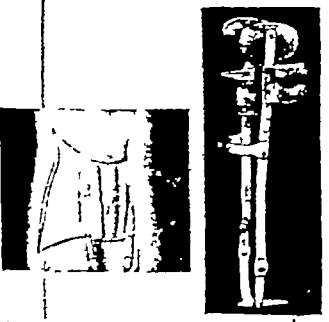
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From the clinician· Dr. Anthony T. Privatera tested 100 school children—part on a diet supplemented with cod liver oil, part on the same diet, but with a vitamin-*mineral* supplement (Vi-Syneral) Those receiving multiple vitamins *with* minerals over a six-months' period achieved a superior increase in weight, accompanied by a greater freedom from dental caries.

From the practicing physician: To reproduce all the reports from physicians would require a book. One Pennsylvania physician typically writes: "I think Vi-Syneral is the best balanced preparation on the market, and find therefore that it gives better results."

Vi-Syneral supplies all the definitely recognized vitamins fortified *with eight essential minerals*—in standardized potencies for each age group The preponderance of evidence endorses its prescription as a protective diet supplement, and as an adjuvant to other treatment, for the achievement of optimum good health

Write for complete literature and clinical samples

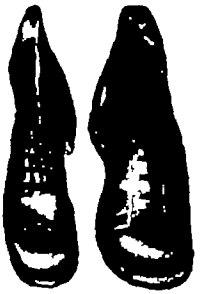
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BASIC OPERATIONS IN COMMERCIAL CANNING PROCEDURES

IV. SEALING THE TIN CONTAINER

BRIEFLY, the method of food preservation commonly known as "canning" involves subjecting food in a permanently sealed container to a heat process The heat process destroys spoilage organisms present on the raw food material, the seal on the container prevents reinfection of the food by such organisms It is, therefore, obvious that the sealing operation—"closing" or "double seaming" as it is known in the industry—is one of the most important in the canning procedure

The manufacture of tinplate and "sanitary" cans is described elsewhere (1)

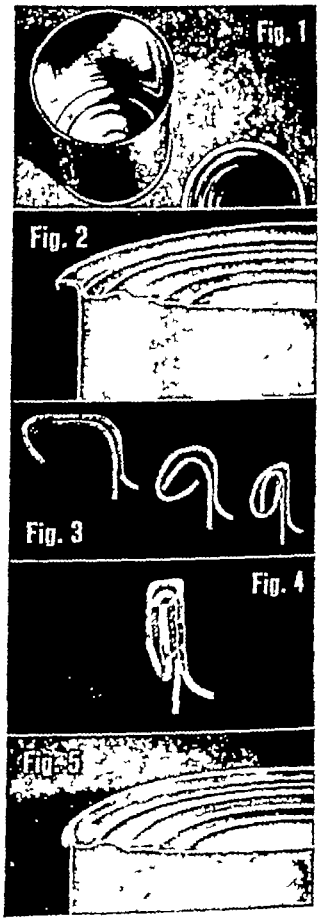
The open cans are received at the cannery in paper cartons or in washed paper lined box cars, together with the covers which are contained in fiber shipping tubes Figure 1 shows a can and end ready for use

In modern canning practice, the cans are first conveyed by automatic runways to can washers, and thence to the filling tables or fillers where the correct amount of properly prepared raw food is put into the cans The covers or "ends" are placed in the automatic sealing or "closing" machine to which the open can containing the food is mechanically conveyed In this machine the ends are "double seamed" onto the can This operation is portrayed by the accompanying cross sectional pictures

In Figure 2 is shown the relation of can to cover before the sealing operation is started, note the relative position of the "curl" on the cover and the "flange" on the can In this curl, the can manufacturer has placed a gasket or "compound," usually containing rubber Figure 3 is a series of photographs illustrating the sealing operation in which the curl and flange are first rolled into position and then the layers of metal flattened together to form the final "double seam" in Figure 4 The rubber compound originally present on the cover supplies the binding material between the layers of metal necessary to insure a permanent or hermetic seal on the container Figure 5 illustrates in cross section a closed sanitary can as it comes to the consumer

In the past twenty five years great progress has been made in the development of tinplate, compounds and automatic sealing machines Collectively, these developments enable present-day canners to impose a permanent seal on the cans containing their products more easily and rapidly than ever before in the history of canning

(1) The Story of the Tin Can American Can Company New York, 1935



AMERICAN CAN COMPANY

230 Park Avenue, N Y

ACCEPTED

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association

milk

a "protective" food important in reducing regimens

Reducing regimens which are based on a decreased caloric intake *must* contain an adequate amount of the "protective" foods, such as milk, fruits and green vegetables, or the diet may cause physical discomfort This is an elementary fact to physicians, although perhaps not so well appreciated by laymen

Thus the Bureau of Milk Publicity of the State of New York in its campaign to increase milk consumption among adults is emphasizing the importance of the "protective" foods, calling attention to the dangers of unscientific dieting, and suggesting that the regimen be supervised by a competent physician *The Bureau of Milk Publicity, Albany*

THE STATE OF NEW YORK



"What's behind the label"

—concerns you most

As a professional man you realize better than the layman that foods are not alike merely because they come in similar containers. Because the human body does not respond promptly by showing accurately the effects of food taken in, many consumers (perhaps your patients) think that one brand is as good as another—that satisfaction of appetite is the only object to be achieved.

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Prices on Request

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Sodus **New York**



Something important hinges on this HINGE . . .



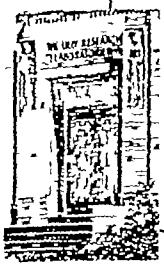
To maintain the reputation among physicians that the Liggett drug store prescription departments enjoy, every device that makes for the elimination of errors in compounding is used. For example. every pill and powder box in a Liggett prescription department *has a hinged cover.* The wrong cover simply cannot get on a container by mistake! In dozens of such seemingly small ways is the accuracy of a physician's prescription assured For your own peace of mind, tell your patients: "Take this prescription to the nearest Liggett drug store to be filled"

Liggett's
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JOURNAL of MEDICINE

OFFICIAL ORGAN OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 38 JUNE 1, 1938 No 11

SULFANILAMIDE IN THE TREATMENT OF UROLOGICAL INFECTIONS

TERRY M TOWNSEND, M D, F A C S and THOMAS M MULCAHY, B S, M D,
New York City

From the Department of Urology of Riker's Island Hospital, Department of Correction of the City of New York

This presentation is based on the observations of 171 patients suffering from infections of the urologic tract, chiefly gonorrhea, and treated with sulfanilamide Twenty-seven of the patients were either ambulant or hospitalized in Morrisania City Hospital, fifty-four were inmates of Sing Sing Prison Hospital either ambulant or hospitalized, and ninety were inmates of Riker's Island Hospital of which all were hospitalized Because of inadequate control and lack of continuous observation the first two groups are not included in this close analysis

Prior to the institution of treatment each man was proven to harbor gonococci in his urethral discharge Each was given a complete physical examination including urinalysis and a blood study Constipation was relieved by mineral oil or enemata All other habits of life were kept regular by institutional control

The intensity of the infections varied from frank yellow copious urethral discharge to a slight morning excess of urethral moisture expressible from the external meatus urinarius Forty-four per cent of the ninety men had primary infections Three per cent had infections of less than one week in duration, eighteen per cent less than one month sixty-two per cent less than one year, and seventeen per cent suffered from infections of from one to seventeen years

Agreeably to the advice of Dr J F Mahoney of the United States Public Health Service, the following routine of treatment was established

(a) Twenty grains of sulfanilamide were administered by a nurse every four hours from four to six days

(b) Temperatures were taken every four hours

(c) Fluid intake was restricted to 1500 c c per diem

(d) Urethral smears were taken daily before the morning urination

(e) Weight was noted three times weekly

(f) Bed rest was advised but not mandated

All animal experiments together with previous clinical reports prove that best results are attained by pushing the drug to its maximum dosage during the first forty-eight hours of treatment. Since the tolerance of the full therapeutic dose varies greatly with the individual, it is most important to carefully observe the patient during this period Temperature elevation is our best guide to dosage An

Our thanks are tendered to Dr Silvio Matucci of the Riker's Island Hospital Resident Staff for his enthusiastic cooperation in this work Much of its value is due to his careful clinical observations and accurate records and charts

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abrupt rise to 101° F is an indication to reduce the dosage Our men varied from this point to 105 but no permanent ill effects occurred Cyanosis is more alarming in appearance than the actual condition indicates It is due either to methemoglobin resulting from the oxidizing properties of the amino group or to the presence in the blood of the colored condensation products of aniline formed in the body Frequently when not discernible in the skin, it may be seen in the buccal mucosa

Of the ninety men started on the treatment, eighty-two finished the course The term of imprisonment of two expired, one was transferred for acute surgical treatment, one was transferred with acute hemolytic jaundice, and four were under observation when this data was collected The hemolytic jaundice came on after three days of treatment and the ingestion of only 9 3 Gm of the drug His toxic symptoms in addition to the jaundice were marked headache, dermatitis, malaise, and epistaxis He was a chronic alcoholic and had sinusitis Under treatment his red blood cell count dropped from 4,810,000 to 2,780,000, his hemoglobin from ninety-five to fifty-two, and his icteric index rose to 249 He made complete recovery under forced fluids, intravenous injections of glucose, and hematinics

Each patient showed a greater or less degree of toxicity Six were markedly toxic, twenty were moderately, and sixty-four were but slightly toxic. Review of the recorded toxic manifestations show that every man had headache and cyanosis, sixty-three had nausea and vomiting, and fifty-three had anorexia Fever from 100 to 105° F with malaise and general debility occurred in thirty-nine One of the most frequent symptoms was vertigo, of which eighty-one complained Twenty-nine had generalized muscle pains, especially over the precordium This precordial pain led many to object to taking medication as they believed it was affecting their hearts Flatulence was seen in nineteen, chills in four, and dyspnea in three Insomnia was observed in sixteen, and thirteen were drowsy with slight disorientation Twelve men had a general or localized dermatitis and five had parathesia Sixteen patients complained of tinnitis, eight had strong metallic taste in the mouth with discoloration of the mucosa, and three had diplopia

Reduction in hemoglobin was a fairly constant finding With the exception of the hemolytic jaundice case where the drop was forty-three points, forty-five examinations showed a drop from one to thirty-seven points, the average being 13 4 points In five men the hemoglobin was unchanged and in three it increased 2, 3, and 5 points Despite this reduction in hemoglobin there was in no instance any evidence of air hunger

The efficacy of the treatment in the presence of associated constitutional disease is noteworthy for sixteen of our men were demonstrably syphilitic and two were drug addicts Local complications were present in twelve cases—urethral strictures eight, epididymitis, seminal vesiculitis, balanitis, and periurethral abscess, one each

The duration of medication was between five and ten days When temperature elevation contraindicated further administration of the drug, the urethral smears were generally negative for gonococci Four men were treated for five days, nine for six days, twenty-five for seven days, nine for eight days, twenty-two for nine days, and thirteen for ten days This variation in the duration of treatment, the quantities of the drug ingested, the intensity of the toxic symptoms, and the length of time required for gonococci to disappear points strongly to the individualistic factors involved in success of cure

When gross gonorrheal symptoms ceased and the remaining slight excess of urethral moisture was free from gonococci, other proofs of cure were instituted The expressed prostatic secretion was examined, an irritation drop produced by massage of the urethra on a metallic sound, and one ounce of whisky was given, and if all examinations failed to disclose gonococci, he was dismissed from the hospital and followed up in the ambulant clinic

For priority we wish to here record another series of tests for cure carried out by Dr Joseph Wittenberg, Adjunct Attending Urologist

He selected twenty-one of the reported

cured cases and subjected them to urethral injections of gonoendotoxin This substance when retained in the urethra for twenty minutes is followed in seven hours by a profuse purulent discharge. The first six men received three c.c. of concentrated gonoendotoxin The resultant discharge was negative to all micro-organisms The next eleven men were injected with the same amount of diluted and boiled gonoendotoxin In the resultant discharge four were negative to all diplococci and seven showed Gram negative extracellular diplococci Smears of these eleven men taken twenty hours later showed the presence of scanty Gram negative extracellular diplococci in two, no characteristic micro-organisms in five, and no bacteria of any nature in four The final four observations were made on men immediately after their course of sulfanilamide treatment. They were injected with three c.c. of diluted but unboiled gonoendotoxin, and smears taken after seven and twenty hours revealed pus corpuscles in abundance but no micro-organisms These studies of gonoendotoxin will form the subject of a future communication from Dr Wittenberg

Of the eighty-two men who completed the course of treatment, eighty-one were cured and but one failed of cure. He had suffered from a residual infection for seventeen years and had multiple strictures probably with areas of heavy fibrous tissue infiltration between the strictures Although he received thirteen Gm of the medicament in seven days, his only toxic symptom was a moderately severe headache.

In considering the causes of failure in the cure of gonorrhea with sulfanilamide one must be impressed with the lack of intensive administration of the drug in the beginning of treatment In a series of fifty-four inmates of Sing Sing Prison treated with Prontylin twenty-five per cent were positive for gonococci after one, two, or three courses of the drug, each course consisting of five Gm The fact that forty were cured after the ingestion of five, ten, or fifteen Gm is the best evidence of its extraordinary gonococcidal action

Of the Morrisania City Hospital series, twelve were hospitalized and fifteen were ambulant The latter cases gave poor results because of lack of discipline, irregularity of treatment, and impossibility of follow-up attention The bed patients uniformly progressed toward recovery Four cases of acute epididymitis became grossly normal within five days and four acute prostatitis cases became grossly normal in ten to twelve days One bedridden rheumatic was free from pain in forty-eight hours and ambulant in the ward in five days These patients received both Prontylin and Prontosil The remaining three patients improved under treatment but required surgery for their ultimate cure

The Riker's Island Hospital series of cases received Prontylin in dosages from eight to 33 8 Gm Forty-eight men required twelve Gm, fifteen received 12 6 Gm, and the other nineteen received amounts somewhat greater The small dosage of eight Gm is accounted for by the fact that the inmates term of imprisonment expired and although he was negative for gonococci and all clinical symptoms had disappeared, he was lost to our follow-up and is not included in our list of percentages

Conclusions

1 Sulfanilamide and its derivatives are the most potent drugs at our command for the cure of gonorrhea.

2 The oral administration of the drug is preferable since its toxicity is more easily controlled and that method is simpler for the general practitioner who first makes contact with the gonorrheal patient

3 Its therapeutic value seems unaffected by associated diseases

4 Success is predicated upon intensive administration of the drug to its therapeutic limit at the beginning of treatment.

5 Massive dosage produces marked toxicity which is transient and from which no permanent ill effects have been observed

6 Patients should be hospitalized in order that toxic accidents may be anticipated and controlled

7 Because of disturbances of the sensory nervous systems self-medication is dangerous and should be prohibited

8 The terminal stage of cure of gonorrhea as evidenced by the presence of scanty individual extracellular diplococci is attained in from four to nine days with this treatment

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VALUE OF PHYSICAL THERAPY IN THE REHABILITATION OF COMMON HAND CONDITIONS

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In the following discussion, an attempt is made to bring out in some detail, the indications for, and the results to be expected from the use of physical measures Physical therapy is frequently mentioned as being of value and dismissed with a line to this effect In no branch of therapy is attention to detail more important

Lower Motor Neurone Lesions

Flaccid paralysis, involving either the intrinsic or extrinsic muscles of the hands, results from a variety of causes Each case presents individual problems, but certain fundamentals can be discussed

The muscle weakness is seldom the only evidence of nerve involvement and sensory or trophic changes are present necessitating consideration in a plan for treatment

Diminution of the sensation of pain and a loss of discrimination of temperature changes are frequently encountered Heat is applied almost universally in treatment of these conditions, to secure an adequate circulation Before beginning treatment, a careful search for sensory changes should be made Such changes do not prevent the use of heat, but make advisable its application under carefully controlled conditions

We have found the paraffin bath particularly suitable and prefer it to other sources of heat It has the advantage of heating the hands uniformly on all sides and demands a minimum of attention Dickson[1] gives complete instructions regarding its use It can also be used in a more simplified form as described by Gill[2] A paraffin bath leaves the skin in a particularly satisfactory condition for subsequent treatment including massage, and is safe, if the temperature is properly regulated, to meet the condition present in the hand Heat must be applied for at least thirty to forty minutes to produce the desired effect and it is frequently an advantage to maintain an elevation of temperature around these hands for several hours a day It is always important to make provision for keeping the hands warm and to prevent exposure to cold

Trophic changes are usually present to some degree The failure of an adequate function of the neurovascular apparatus frequently results in edema and disuse aggravates this The most serious result is the tendency to the formation of fibrous adhesions The multiple small joints of the hands and fingers, the long tendons of the extrinsic muscles, and the closeness of skin to the underlying bone, make the hand particularly prone to this type of limitation of movement

Massage is given following the application of heat but it frequently fails of its purpose because it is not applied with a definite objective in view Superficial and deep-stroking massage carried well up the arm will increase the value of heat in securing a more normal vasomotor control The decrease in edema and a more active color response to a change in position are clinical signs of this improvement Friction should be given gently as its purpose is to prevent adhesion formation between the layers of tissue and to gradually stretch and lengthen adhesions already formed It should be given in the region of the joints, working around the capsule and ligament, and along the course of the tendons The skin of the fingers should receive attention to prevent fixation to the underlying structures Other types of massage are not indicated in this type of hand condition

Passive movement must be considered, particularly when active movement is not possible Mennell's[3] division of passive movement into relaxed or free movement, and forced movement, seems of fundamental importance Free passive movement is a useful procedure and is helpful

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in determining the success of efforts to maintain the mobility of the joints

Under the above program, the muscles will share with the other soft tissue in the benefits to be derived from the attempt to reduce the effects of trophic changes and muscle atrophy will be reduced to a minimum But the muscles must also be provided with support and rest In the early stages of recovery, this is more important than exercise When all the muscles of the hand are involved, the position of rest is the position of writing, with the fourth and fifth fingers slightly abducted This position has been well described by Kanavel[4] as "the position of function," and its importance cannot be overemphasized

The problem of muscle development involves two factors—strength and coordination Coordination is unusually important in the development of a useful hand In general the extrinsic muscles supply the strength of the hand and the intrinsic muscles, the coordination The latter are a more difficult group to train and require special attention McNamara[5] has recorded a detailed study of these muscles which repays reading

The thumb is the most important unit of the hand The simple movements of flexion and extension occur at the interphalangeal joint which is controlled by the long flexor and extensor pollicis, and the metacarpal phalangeal joint, which is moved by the flexor pollicis brevis and the extensor pollicis brevis These movements of extension and flexion are the main movements of these two joints The other movements of the thumb are carried out mainly at the carpometacarpal joint. The simple one of adduction is carried out by the adductor pollicis which is a relatively powerful intrinsic muscle and adducts the thumb in the plane of the palm The abductor pollicis longus produces abduction in the plane of the palm and the abductor pollicis brevis at right angles to it

The other movement which can be performed separately is rotation at this joint It is performed mainly by the opponens muscle and is one of the most difficult movements of the thumb to reacquire The frequent failure of the opponens muscle to develop as rapidly as the remainder of the thenar group is due to lack of effort directed towards the development of this particular rotation movement

Opposition of the thumb to the fingers is a complicated movement in which several muscles take part McNamara[5] states that it involves

1 Abduction from the plane of the palm by the intrinsic abductor
2 Rotation so that the pad of the terminal phalanx and not the ulnar margin comes in contact with the tips of the other digits
3 Flexion of the metacarpophalangeal joint.
4 Action of the abductor in sweeping the thumb across the palm

It is thus a movement involving coordination between several muscles and is not the result of action of the opponens muscle alone

Exercises aimed at the development of the muscles of the thumb are best carried out halfway between supination and pronation with the forearm lying on its ulnar side

The movement of the interphalangeal and the metacarpal phalangeal joints should be given both separately and combined Adduction and abduction of the thumb in the plane of the palm should be carried out as well as abduction at various angles from the palm A rotation movement with the thumb in an extended position should be practiced Finally the combined coordinated movement of opposing the thumb to the tips of the fingers should be given Drawing the thumb toward the fifth finger over the flexed fingers is useful If special attention is not given to the development of all these muscle groups, it will often be found that an incomplete recovery has occurred with one or another group failing to develop The opponens muscle frequently shows this failure

The problem involved in redevelopment of the finger muscles is similar, but is less complicated The flexion and extension of distal and proximal interphalangeal joints are carried out by the long flexor and short extensor muscles respectively The lumbricales exert a more powerful action on these joints than the extrinsic extensors and for practical purposes the latter can be ignored The extrinsic flexors are powerful muscles and require exercise for development of

strength The movements of these joints can be carried out by supporting the metacarpal phalangeal joints in extension The metacarpal phalangeal joints are mainly under the control of the intrinsic muscles The exception to this rule is the extensor digitorum communis which act powerfully to extend the joints Flexion is carried out by the lumbricales The best movement for the development of flexors and extensors is carried out with the fingers straight, i e, interphalangeal joints in the position of extension

Three sets of movements are necessary, therefore, for the development of flexors and extensors of the fingers One is the flexion and the extension of the interphalangeal joints with the metacarpal phalangeal joint held in extension The second is flexion and extension of the latter joint, with the former held in extension Additional coordinated movement should be given in which all three joints participate, so that the separate groups of muscles learn to act in a coordinated manner If the above routine is not followed, good flexion and extension of the interphalangeal joints may be possible but the metacarpal phalangeal joints frequently will be found to be very stiff Exercises for the flexion and extension of the fingers can be given with the hand on the ulnar side in the position described for exercise of the thumb

Adduction and abduction are movements of the metacarpal phalangeal joint which are frequently overlooked These movements can be considered to occur from a line drawn through the center of the third finger The dorsal interossii produce abduction of the fingers from this line, the palmar interossii produce adduction These actions are reinforced by the long extensors and long flexors respectively If the action of the interossii muscle is lost, the movements can be carried out but they are relatively weak and poorly coordinated

Exercises for development of these muscles can be carried out with the hand lying palm downward on a smooth board Instruct the patient to abduct and adduct respectively with the third finger at rest The above described exercises are necessary as long as assisted movement is indicated and are particularly important in the development of coordination When the patient has progressed to the point where assisted movement is no longer necessary, better results will be obtained with work which requires coordinated movement Simple occupational exercises include squeezing sponges, rubber balls, the use of molding clay, picking up of various objects and painting Later the use of typewriter, screw driver, various types of repair work, sand papering, knitting, sewing, and similar movements are useful

The majority of patients with this type of paralysis of the hand muscles do not show complete involvement of all the muscles Recovery is seldom uniform and it is, therefore, frequently necessary to pay attention exclusively to weak muscles and to ignore the stronger ones At times it is necessary to intentionally splint strong opposing muscles to the point of causing disuse atrophy Harmer[6] has stressed the importance of the avoidance of the use of antagonist muscles after the nerve and tendon suture, and recommends early active movement of the affected muscles This principle should be followed in regard to the muscles which exhibit a greater degree of paresis or a failure to recover as rapidly as their opponents

Electric stimulation with galvanic or faradic current is occasionally of value The technic of application to the intrinsic muscles of the hands is difficult and has a more limited field of usefulness than for other muscles of the body

Upper Motor Neurone Lesions

The hand is usually involved in hemiplegia and other types of upper neurone lesion The recovery of hand function and particularly of coordinated movement is very difficult In selected patients who are cooperative, treatment should be started as soon as signs of recovery are noted

When active treatment is started, the first point to be considered is the degree of spasticity present This is variable and, if severe, a good result will not be obtained Training in relaxation is necessary Heat is valuable in assisting the relaxation of muscles

Assisted movement is always necessary

at first It is valuable in retraining the patient in control The patient needs training both in the sensation and performance of movement Overeffort is to be avoided and a little movement by the patient without spasm is better than an effort which results in the contraction of unrelated muscles Overaction of the flexor muscles is to be avoided The patient must be instructed to carry out the movements as frequently as possible with relaxation and it is better to train some member of the family to assist him than to attempt to have the technician carry out all the treatment Assisted exercises should be given for all muscle groups of the hands and should be continued until such time as the patient can carry out a little movement of each joint accurately with little tendency to spasm Occupational therapy, under the supervision of some one who understands the problem, is particularly valuable for the later stages of development

Massage of light stroking type is of some value in producing relaxation when the patient is having difficulty Massage has little other value in the treatment of this condition Passive movement is of little value and electrical stimulation in the presence of any degree of spasm is contraindicated

Hand Injuries Due To Compression

This hand condition is seen in women following injury with an electric clothes wringer, and occasionally in men after industrial accidents of a similar nature If complicated by laceration or fracture, adequate surgical care is necessary If no laceration occurs, and x-ray is negative for fracture, the hand is frequently badly neglected Regardless of the above complications, these injuries are primarily soft tissue injuries and are serious

The first-aid care usually received is poor The hand frequently is plunged into a basin or pail of hot water in a dependent position This promptly increases the hemorrhage and edema The hand should be elevated and cold applications applied Under the latter treatment, swelling will be reduced to a minimum Splints should be applied and the hand put in the position of rest Any constriction should be carefully avoided and the elevated position either in a sling or pillow should be continued

At the end of forty-eight hours, active treatment can be undertaken Heat can be applied and radiant heat and light, or a paraffin bath are satisfactory Either can be repeated two or three times a day and should be followed by massage Light and deep stroking massage is satisfactory and should be given carefully Frequently light stroking massage is all that will be tolerated over the area of greatest injury Around this area, deep stroking massage will be tolerated and will be beneficial It should be carried up well over the forearm and special attention should be given to the palmar spaces and the ligaments in the region of the wrist The dorsum of the hand may appear more alarming but fixation of the palmar tendons and damage to the intrinsic muscles is more serious The fingers require special attention particularly in the region of the joints

Active movement up to the point of causing pain is indicated Care should be taken that all joints are moved and so far as possible, that all muscles participate in the movement The exercises outlined under Group I are suitable

The patient must be instructed and trained to carry out these movements for himself They should be repeated at regular intervals, six to eight times a day, preferably with the arm well elevated The necessity for early active movement must be stressed It need not be carried to the point of causing pain but should be insisted upon Late treatment is time-consuming and not as productive of satisfactory results as a small amount of early treatment Resisted movement is frequently valuable It is useful for patients who are afraid of pain The use of resisted movement will induce them to undertake more active movement and some member of the family can be instructed in the application

Obstructive Edema of the Hand

This occurs from obstruction of lymphatic or venous return from a variety of causes, and particularly from injuries and lesions involving the elbow and shoulder There is evidence of an associated compression of the nerves If neglected, it

results in stiffness of some of the joints of the fingers or hand and is very resistive to treatment It is frequently neglected because attention is focused on the cause of the obstruction and the seriousness of the involvement of the hand is overlooked Some active measures should be taken to prevent the stiffness of the hand Elevation and the avoidance of constricting bands are important

The use of radiant heat and light, with radiation of the whole arm, and the anterior and posterior chest, is of value in opening up the superficial channels The application of heat should be prolonged for a considerable part of the day

Massage should be given for as much of the arm as is available for treatment Deep-stroking massage carried from the finger tips well up the arm may be followed by kneading, particularly of the large muscles of the forearm Friction and passive movement may be added particularly to the fingers and hands in the same manner as that noted under Group I

When the edema has been reduced with heat and massage, active exercise should be given Preferably this should be carried out with the forearm elevated on a pillow Exercises should be given as resisted exercise, and squeezing type of movements are particularly valuable It is necessary to see that all movements are carried out and exercises should be repeated at regular intervals, several times a day If active movement is carried out properly, passive movement is seldom necessary

Summary

1 A system of exercises for the hand muscles based on an anatomical consideration of joint movement is presented

2 Lower motor neurone paralysis of the hand muscles is discussed, including treatment of trophic and motor changes

3 Upper motor neurone lesions are similarly discussed

4 Treatment of compression injuries is discussed with emphasis on the necessity of early treatment

5 Obstructive edema is considered and the necessity of active treatment in addition to the treatment of the causative lesion is stressed

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MERCY KILLING DE LUXE

Advocates of euthanasia have formed an American group with a membership impressive for its respectability and eminence It calls itself the National Society for the Legalization of Euthanasia On its advisory board are such prominent Englishmen as Havelock Ellis, Julian Huxley, the Earl of Listowel and H G Wells

The founder of this outfit says that the group expects bitter opposition from medical men, who "may bring up their Hippocratic oath (dated 400 B C)" He also says "But common men and women faced with the practical problems of whether or not they will let their loved ones suffer torment for months before death, will cut through all this ancient red tape and somehow make it possible to do the decent and right thing"

"Most of the arguments against euthanasia are founded on emotion rather than reason" We suppose, remarks the *Medical World*, that no emotion will enter into the contemplation of wealthy aunts and dependent mothers-in-law, nor into any machinations to bump them off We suppose, indeed, that no emotion enters into the ideas and efforts and utterances of this much irked group

As to the mere age of our Hippocratic oath serving to discredit and nullify it, isn't this dangerous boomerang logic? The Sermon on the Mount itself is practically as old, with all its "ancient red tape," to wit *Ye have heard that it was said by them of old time, Thou shalt not kill, and whosoever shall kill shall be in danger of the judgment* By the same token one could sever oneself from all sorts of religious obligations faiths and creeds Should we do this? If we are really sincere and prepared to take such steps why not be honest and call our group the National Society for Cultural Murder?

TRAUMATIC LESIONS OF THE OPTIC CHIASM

Report of Two Cases

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From the Department of Surgery of the Albany Medical College

Bitemporal hemianopsia, indicating a lesion of the optic chiasm, has very infrequently been reported to follow cerebral concussion As late as 1935, Traquair, Dott, and Russell[11] were able to collect only twenty-seven authentic cases, to which three of their own were added We have had the privilege of studying two patients with chiasmal lesions following head injuries, and since our conception of the underlying pathology does not conform with that of most writers, it would appear that our observations might be of sufficient interest to record

CASE 1 (Seen through the courtesy of Dr Albert Greene) C M, a thirty-three year old steeplejack, fell approximately fifty feet and was admitted to the hospital immediately (August 13, 1935) He was unconscious and was bleeding from the mouth, nose, and left ear The right pupil was contracted, the left dilated, and neither reacted to light. Marked edema and ecchymosis of the left orbit and left subconjunctiva were observed The deep reflexes were not obtainable The temperature was 99 6, pulse 112, and respirations forty, blood pressure was 160/50 The coma gradually lightened and after thirty-six to forty-eight hours he became responsive Drowsiness and disorientation persisted for the next four or five days, after which his mind became quite clear The temperature, pulse, and respirations then returned to normal, the blood pressure has since remained about 120/60

Polyuria and polydipsia appeared soon after the accident and persisted for several months

X-rays of the skull, (Fig 1 and 2) disclosed a vertical line of fracture in the left frontal region approximately five cm long A shorter horizontal crack was demonstrable running above the left orbital ridge. No fracture of the base of the skull was seen There was a fracture of the left clavicle and scapula, and of the third fourth, fifth, and eighth ribs on the left side

Soon after regaining consciousness he complained of blurred vision and diplopia For some days objects appeared to have no color Rough testing disclosed a bitemporal hemianopsia The vision in the left eye was much weaker than that in the right. Gradually the sight improved, and at the end of three or four weeks he could distinguish colors

Perimetric examination of the visual fields (Fig 3) by Dr Greene two months after the accident, revealed a bitemporal hemianopsia There was, in addition, some involvement of both lower nasal quadrants and of the upper nasal quadrant on the left

The fixation point was transected on the left, while on the right it was spared by two or three degrees Two small islands of vision were discovered in the right lower temporal quadrant The visual acuity was 20/15 on the right and 20/70 on the left

Examinations at frequent intervals during the past twenty months have disclosed some widening of the visual fields (Fig 4) Vision in the left eye has markedly improved and has been determined to be 20/40, and on one occasion, 20/30 The small islands of vision in the right lower temporal quadrant persisted about four months and then disappeared

The optic discs are rather pale. They are not edematous and their margins are clear-cut. The retinal vessels are not remarkable The left pupil remains dilated and reacts slowly to light and on accommodation

The right pupil reacts normally Wernicke's hemianoptic pupillary reaction is not demonstrable in either eye The extraocular movements are normal and there is no nystagmus

The patient's general condition is now excellent, he has no headaches nor vertigo Occasionally, for periods of six to twelve hours, polyuria and polydipsia return, but these attacks are becoming less frequent. Before the accident, he weighed 155 pounds During his illness he lost thirty pounds but now weighs 165 pounds There has been no abnormal drowsiness He has returned to work

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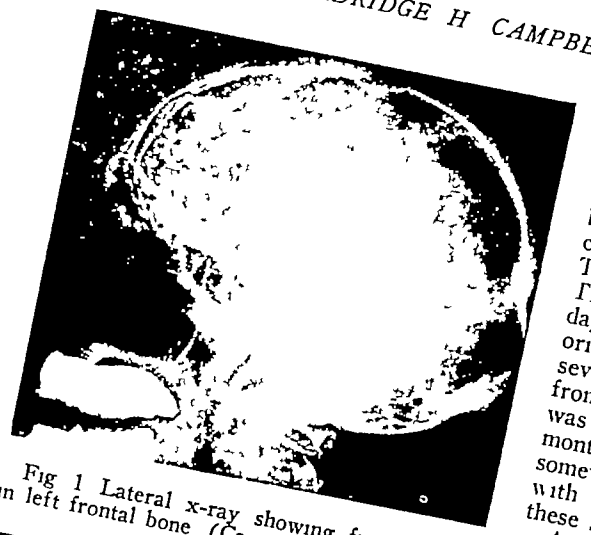


Fig 1 Lateral x-ray showing fracture lines in left frontal bone (Case 1)

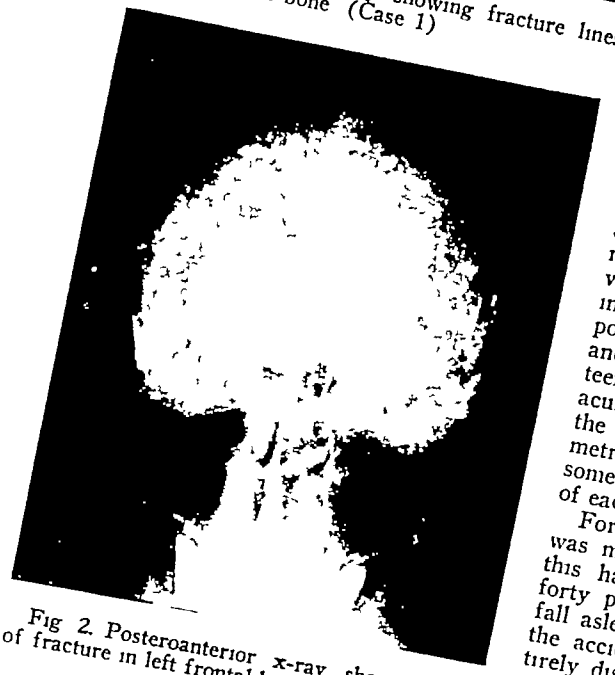


Fig 2 Posteroanterior x-ray showing lines of fracture in left frontal bone (Case 1)

CASE 2 (Seen through the courtesy of Dr A B Van Loon) W P, a forty-two year old white man, was injured in an auto mobile accident (March 12, 1936) and brought at once to the hospital He was comatose for approximately twelve hours There was a long laceration of the forehead. The stupor gradually lessened but for several days was followed by restlessness and disorientation X-rays of the skull disclosed several meridional lines of fracture radiating from the frontal region No basilar fracture was demonstrable (Fig 5-7) For some months after the injury he was irritable, somewhat dispirited, and difficult to get along with Gradually, during the last few months, these symptoms have disappeared

As soon as consciousness was regained, he complained of dimness of vision and diplopia Rough testing disclosed a complete bitemporal hemianopsia Two weeks later this finding was confirmed by Dr Prescott Brown's perimetric examination (Fig 8) Wernicke's hemianoptic pupillary reaction was demonstrable in each eye. The visual acuity was 10/100 in the right eye and 5/100 in the left. The external rectus muscle was partially paralysed Macular vision was spared in the right eye, while in the left, the line cut through the fixation point The optic discs were each quite pale and there was some loss of outline Fourteen months after the accident the visual acuity had improved until it was 20/30 in the left eye and 20/40 in the right Perimetric field tests (Fig 9) then disclosed some filling out of the upper temporal field of each eye, particularly the left

For some time after the accident there was moderate polydipsia and polyuria, but this has entirely ceased He has gained forty pounds in weight, and is inclined to fall asleep a little more readily than before the accident The diplopia has almost entirely disappeared and he has no headaches or other complaints The libido has somewhat diminished He is able to carry on his business

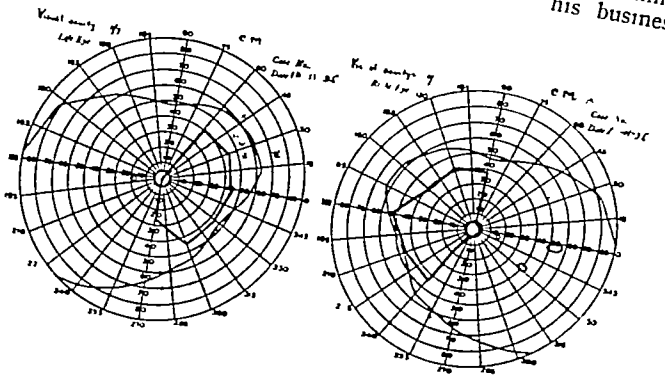


Fig 3 Visual fields (By Dr Greene) two months after injury showing bitemporal hemianopsia with sparing of macular vision on right, and two small islands of vision in right lower temporal quadrant Test object White 5/330 (Case 1)

Discussion

It is indeed strange, that despite the great number of head injuries which have occurred during and since the war, so few instances of trauma to the chiasm have been recorded Several authors, in commenting upon this fact, have suggested that the condition must have been overlooked With this point we are inclined to agree, although it must be admitted that this complication is, to say the least, unusual

The principal features of the syndrome have been ably summarized by Traquair, Dott, and Russell [11] In general, the injury has been a violent one, most often in the frontal region The subsequent duration of unconsciousness has varied from a few hours to several days As might have been expected, the majority of patients showed signs of other brain injury Cranial nerve palsies, particularly of the olfactory, oculomotor, and abducens nerves occurred frequently Subsequent adiposity and diabetes insipidus, indicating damage of the hypothalamic mechanism were observed on several occasions

Visual changes In most instances, the extent of the bitemporal hemianopsia and of the loss of visual acuity have been maximal when first observed Some pallor of the optic discs has usually followed Wernicke's hemianoptic pupillary reaction was observed in many instances Varying degrees of recovery have been the rule Behr's[1] patient, who had a bitemporal hemianopsia with sparing of the macular fibers, gradually improved until eventually the visual fields had completely filled out and the acuity had become normal Usually, however, the recovery has been far from complete, leaving be-

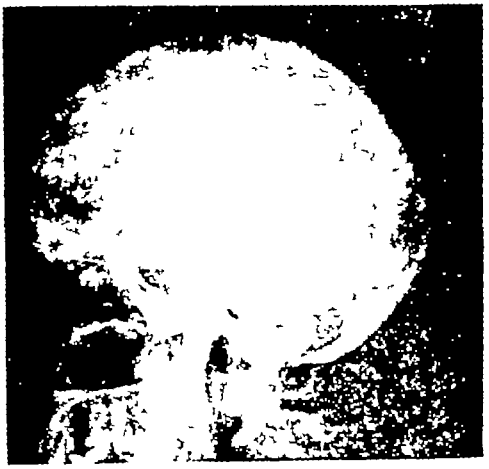


Fig 5 Lateral x-ray of skull showing extensive comminuted fracture in frontal region (Case 2)

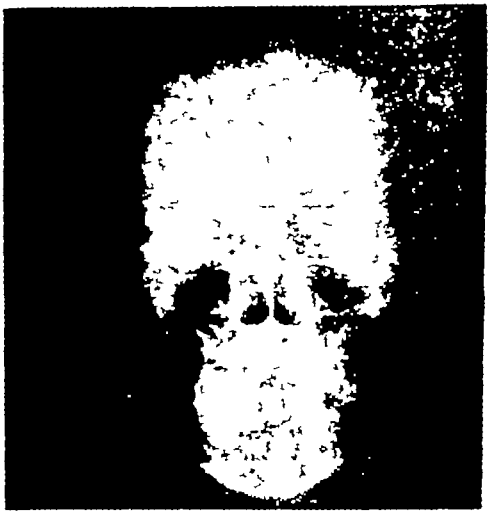


Fig 6 Posteroanterior x-ray showing meridional lines radiating from comminuted fracture in frontal bone (Case 2)

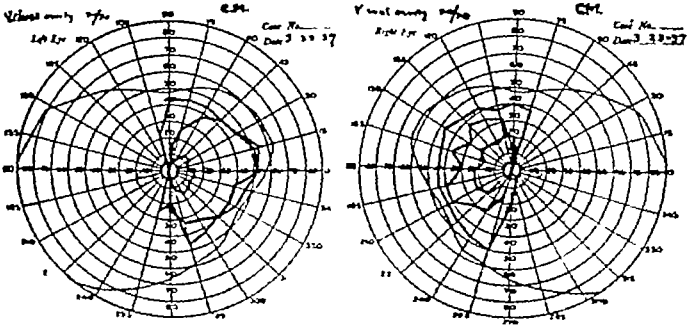


Fig 4 Visual fields twenty months after injury showing some improvement Note that two small islands of vision in right lower temporal quadrant have disappeared Test objects White, 10/330, 5/330 and 2/330 (Case 1)

hind permanent visual defects In one or two instances, the visual loss has actually been progressive, as in the cases reported by Peretti[8] and by Dufour and Gonin[4] In both of our patients, there has been definite widening of the fields and such marked improvement in the visual acuity that they were able to return to work

Pathology Since none of these patients has come to autopsy, or has, until recently, been operated upon, the nature of the lesion has remained a matter of conjecture, albeit a most interesting one It

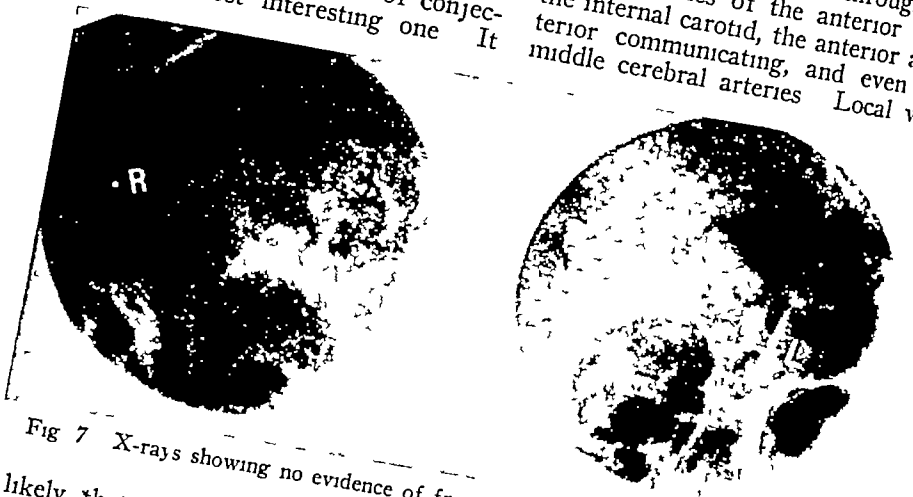


Fig 7 X-rays showing no evidence of fracture traversing either optic foramen (Case 2)

seems likely that the actual mechanism may not be the same in all cases

That a splinter of bone or a fracture which traversed the optic groove caused the damage was suggested by earlier writers Against this assumption was held the fact that neither such change was roentgenologically demonstrable in several cases Furthermore, it was recalled that the optic chiasm actually lay above and behind the optic groove and was separated from the bone by several millimeters of cysternal fluid On the other hand, it is well-recognized that many fractures of the base of the skull are not readily shown by the roentgenogram Recently, Fincher[5] observed a small scale of bone driven into an optic nerve by a head injury The fragment had not been demonstrable in the x-ray This theory, therefore, cannot be entirely discarded and will be referred to subsequently

Constriction of the chiasm by a post-traumatic arachnoiditis is theoretically possible, but does not fit in this clinical picture Such changes would take place slowly, while those observed in these patients will appear immediately following the accident

Terrien,[10] and particularly Traquair and his associates,[11] have advanced the idea that the chiasmal damage was brought about through rupture of its nutrient blood vessels The blood supply of the chiasm is derived through several small branches of the anterior cerebral, the internal carotid, the anterior and posterior communicating, and even of the middle cerebral arteries Local vascular accidents resulting in ischemia or small hematomas might well account for the damage of the crossing fibers

If the lesion is due to the chance rupture of one or more of these tiny vessels, it is indeed curious that those supplying the macular fibers are generally spared while those in the anterior part of the chiasm, corresponding with the inferior nasal quadrants of the retinae, are the first affected

Coppez[2] advanced the theory (accepted by Rand[9]) that the chiasmal lesion is a tear brought about by traction through the optic nerves Liebrecht[7] actually found such a lesion in the chiasm of a patient who died following a head injury * In further support of his theory, Coppez was able to demonstrate on the cadaver that a sagittal fracture through the center of the anterior fossa could produce such a chiasmal lesion The optic nerves, be-

* Since this paper was submitted, a similar case has been reported by C W Rand, *Bull Los Angeles Neurol Soc*, page 91, June 1937

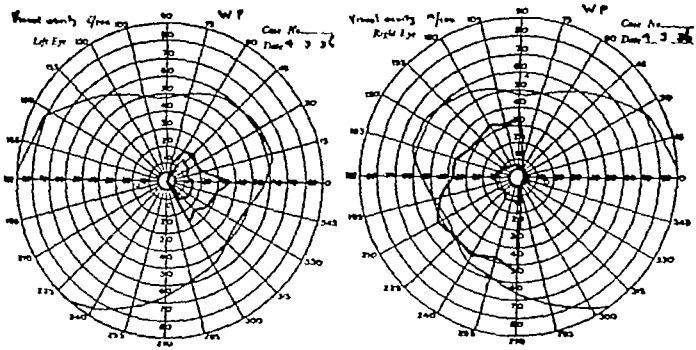


Fig 8 Visual fields (by Dr Brown) three weeks after injury showing bitemporal hemianopsia with partial sparing of macular vision in right eye. Test objects, White and Red, 5/330 (Case 2)

ing anchored at the optic foramina, were made more and more taut as the width of the fracture increased The chiasm was pulled forward, then invariably began to tear along its anterior border Coppez considered this solution adequate to explain the clinical pictures commonly observed It would account for the fact that the fibers in the anterior chiasm are apparently the first affected, and further, that the macular bundles are usually preserved The forward displacement of the chiasm might produce the hypothalamic injury which is often associated The chief objection to this theory has been that no such prerequisite fracture has been customarily demonstrable in the roentgenogram However, Coppez would explain this apparent inconsistency by recalling the natural elasticity of the skull [6] It is suggested that a momentary increase in the transverse diameter of the skull, which, because of its violence and suddenness, need be only a few millimeters to tear the chiasm Perhaps, after all the fact that most of these lesions have appeared in younger people with more resilient skulls, may be of some significance Again it should be recalled that basilar fractures are frequently not demonstrable on x-ray examination

When considered in the light of our personal experience it seems possible that this theory might account for the visual changes in our first patient (Case 1) but not in the second (Case 2) In the latter the extensive recovery of the right upper temporal quadrant, in the presence of very little improvement in the lower temporal field, does not appear consistent with the conception that the lesion is due to the stretching or tearing principally of the anteriormost fibers of the chiasm

One final possibility remains to be considered, that of intrasellar hematoma Could such a collection of blood distend the diaphragm sufficiently to compress the chiasm? The answer is definitely in the affirmative The most important contribution to the solution of this problem has come from Dr W P Van Wagenen [12] He has operated upon two patients with bitemporal hemianopsia following head injuries and has successfully evacuated hematomas from within the sella in each instance

It is indeed fortunate that Dr Van Wagenen and Dr Garvey are in the

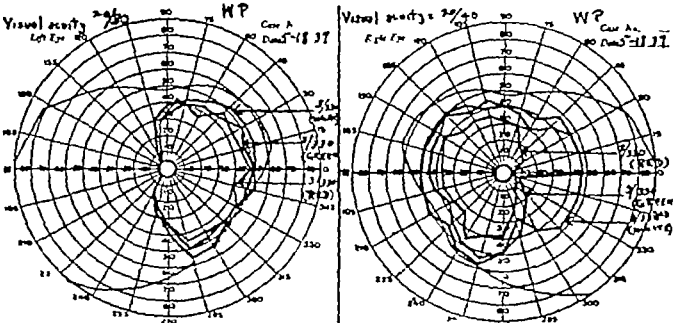


Fig 9 Visual fields fourteen months after injury showing definite improvement in both eyes (Case 2)

audience and can give us the details of these highly important cases

Traquair and his associates[11] pointed out the fact that not infrequently the visual changes both appear and recede in the same order as those commonly associated with pituitary adenomas, that is, that the upper temporal fields tend to go first, the lower temporal second, the lower nasal third, and the upper nasal quadrants last This progression of changes was not definitely observed in our two patients In Case 1, the areas of temporal vision which returned were so slight as to be inconclusive, in Case 2 on the contrary, the principal recovery took place in the (right) *upper* quadrant and much less in the (right) lower temporal quadrant. There has been no convincing evidence, such an enlargement or erosion of the sella or progressive loss of vision, that such a lesion was the cause of the chiasmal damage in either of our patients In both, the visual acuity and the visual fields have steadily improved and there have been no headaches, nor have subsequent x-rays (at least in Case 2) disclosed any evidence of enlargement of the sella turcica or atrophy of the clinoid processes However, this by no means excludes the possibility that the chiasmal damage in these two patients was not brought about through intrasellar hematomas, and that their gradual absorption was responsible for the visual improvement which occurred

An interesting, though not strictly comparable example of this condition has been described by Dandy[8] The patient had had previous visual disturbances and was known to have a pituitary tumor Blindness followed severe head injury At operation a huge intrasellar hematoma was found associated with a small chromophobe adenoma of the hypophysis

It appears likely, therefore, that on occasion the bitemporal field defects which follow head injuries may well be explained upon the basis of intrasellar hematomas It cannot be denied that the chiasm may, in some instances, be injured directly, as by a tear or an intrinsic vascular accident Although visual improvement generally occurs, as it fortunately has in our patients, we would conclude that surgical exploration of the optic chiasm, particularly if the visual cases be progressive, should be seriously considered as soon as the patient's condition permits It is felt that the ultimate visual defects might be less when the hematoma, if present, is evacuated early

Summary

1 Two cases of bitemporal hemianopsia following head injury are reported

2 The theories regarding the possible nature of the chiasmal lesion are discussed

3 It is concluded that since, at least in certain instances, intrasellar hematomas have been present, early surgical exploration of the optic chiasm is sometimes indicated

32 Willett St

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Discussion

Dr. Conrad Berens, *New York City*—The question of the cause of bitemporal hemianopia in severe cerebral trauma is a most important one. However, because of the way in which the nerve fibers of both eyes spread out into the chiasm it seems to me that each case must be studied individually

In most of these cases one must seriously consider the question of laceration or other traumatic injuries to the chiasm as well as the resulting edema of the surrounding tis-

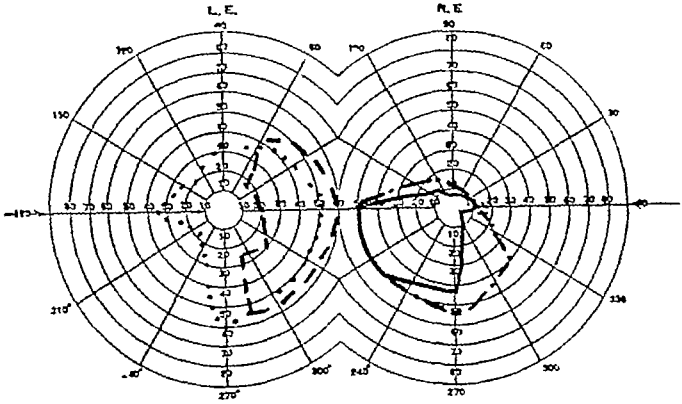


Fig 1 Bitemporal hemianopia following cranial injury Visual field for form of right eye using three mm. test object March 6, 1931, — —, October 20 ——— Visual field for light of left eye March 13, 1931, , August 7 — — —

sues in addition to the question of compression by a hematoma.

In a case observed by me, (details of which are given below) through the courtesy of Dr Bryon Stookey, we concluded that because of the final gradual improvement in vision, hemorrhage and edema had played some part in the bitemporal hemianopia However, we were convinced that actual destruction or compression of the nerve fibers of the chiasm were the most important factors in the picture

N S., female, married, was examined on December 13, 1930 The following diagnoses were made Bitemporal hemianopia, contusion of eyeball, right eye, rupture of the choroid, hemorrhages in vitreous, traumatic paralysis of the left lateral rectus, fracture of the skull, and on May 22, 1931, Argyll Robertson pupil, right eye.

On December 8, Mrs S had been in an automobile accident and was struck in the right frontal region by a long pole, which extended from the rear of a truck. The patient had a depressed fracture of the right frontal bone accompanied by contusion of the right eyeball with rupture of the choroid and massive vitreous hemorrhages

When I saw her (five days after the accident) she had a bitemporal hemianopia, complete in the left eye and partial in the right eye (Fig 1) The field in the right eye was contracted almost to the fixation point and the field in the left eye gradually contracted so that she could only distinguish light in the upper nasal field Both nerves were extremely pale and atrophic, and ptosis of the left upper eyelid was present. At the first examination, the left eyeball showed marked protrusion which gradually subsided On March 27, 1931, she was able to raise the left upper eyelid approximately three to four mm but there was only slight ability to rotate the left eyeball Her vision without correction in the right eye was 20/50+1

On March 20, 1931, vision in the right eye with the following correction +.25 sphere was 20/40, with a +75 sphere added the near point of accommodation was 170/700 mm.

On December 2, 1932, the field of rotation charted on the tropometer was right eye 40° temporal, 32° nasal, 40° above, and 40° below, left eye 10° temporal, 30° nasal, 10° above, and 20° below

On December 17, 1932, an eight mm. resection of the left superior rectus was performed as well as a ten mm resection of the left lateral and stretching and partial tenotomy of the left inferior rectus

On March 3, 1933, the eyes were comfortable Vision in the right eye was 20/40 and the near point of accommodation was 160/300

ENTERING THE ERA OF IRRESPONSIBILITY

If socialized medicine is best for the people, the physician will be obliged to bow to it, but it may be predicted with all confidence that if that day arrives, it will be through a leveling process that has taken individual incentive, enterprise, ambition and triumph out of the hearts of all our people and forced us into the leaden rhythm of the State's blighting goose step

There are definite and disturbing signs that self-reliance is on the way out We are taking soundings in the era of irresponsibility The extent to which, as a nation, we enter it, inevitably to pass later into its sure successor the era of despair, depends in no small measure upon the haste and abandon with which we experiment with such nostrums as state medicine

Of course, it is possible for America to change its fundamental law as embedded in its traditions and written in the Constitution so as to put the entire medical profession into the public service, but the conclusion is inescapable that in addition to numberless other evils, this will produce a vast army of malingerers and hypochondriacs It can be done, but it is not the American way —*L L Bomberger, Pres of the Ind State Bar Assn, in the Jour of the Ind State Med Assn*

HYDROA ESTIVALE IN CONGENITAL PORPHYRIA

In a Case With Purplish Brown Teeth and Hirsuties

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From the Department of Medicine and the Department of Biochemistry and Pharmacology, the School of Medicine and Dentistry, The University of Rochester

In the latter part of the summer of 1935 an eighteen months' old child with hydroa estivale was seen by one of us Shortly thereafter the detection of large amounts of porphyrins in the urine and feces revealed that the patient had the rare fault of pigment metabolism known as congenital porphyria In this preliminary report the case history is presented together with some of the results of chemical investigation and treatment A brief review of the literature and a discussion of the terminology and etiology of the disease are included

Case History

Family history The patient is one of two children The mother has had only two pregnancies, both of which were normal The other child, a blond boy nine years of age, is in good health Detailed family history going back two generations fails to reveal any relative with symptoms similar to those of the patient * The urinary porphyrin content of each of the other immediate members of the family has been found to be normal

Case history V B, a white female child, was born at the Rochester General Hospital on April 10, 1934 with a normal delivery

Immediately after birth reddish-brown stains were noted on the diapers, and the urine is reported to have been of a similar color Tests for blood in the excreta have always been negative

During the summer of 1934 the child was exposed to the sun on numerous occasions, and no sequelae were noted In November, at the age of seven months, the first tooth appeared It was purplish-brown in color and each succeeding tooth was more or less similarly pigmented The first skin manifestations—a blister on the bridge of the nose—appeared when the child was fourteen months of age During the summer of 1935 similar lesions developed on the face and the back of the hands especially after exposure to the sun The mother states that blisters formed, remained for four or five days, and then crusted After a few days the crust came off and slightly scarred pinkish spots remained At this time the mother consulted a physican who made a diagnosis of impetigo Therapy was without effect, however Shortly thereafter vesicles appeared under the nails of both index fingers, and subsequently the nails fell off The child has always bruised easily and the bruises healed slowly, leaving superficial scars which persist for many weeks The remainder of the history since birth is negative, save that during the first year of life the child vomited nearly every day, at present she vomits occasionally

Our first contact with the case was on September 20, 1935, when the baby was brought in for treatment At that time the child presented pink and red lesions ranging in size from a small pea to a ten-cent piece The lesions were present on the backs of the hands, on the forehead, on the bridge of the nose, on the cheeks, and around the mouth and chin The red patches on the face showed typical varioliform type of scarring There were four or five thick-walled conical vesicles, some of which had ruptured and had formed crusts with an inflammatory base Both index finger nails had been lost and excessive growth of hair was present on the arms and legs All the teeth were purplish or reddish-brown in color (Fig 1)

*We are indebted to Dr Robert C Robb for the Genealogical study

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 25, 1937

A diagnosis of hydroa estivale was made at the first examination and subsequently spectroscopic inspection of the urine and feces revealed large amounts of porphyrin When examined under ultraviolet light, the teeth fluoresced red

Physical examination (September 1935) The child is well-developed and well-nourished and does not appear to be ill She is uncooperative and resists examination of any kind. *Head* The head is normal in size and shape. The hair is abundant and copper-red in color *Eyes* The pupils are equal, round and regular, and react to light The conjunctivae are injected *Ears* (not examined) *Nose* The mucous membranes are injected and are covered with some mucopurulent discharge *Teeth* The teeth are purplish or reddish-brown in color, but the pigmentation is not uniform and there are occasional small areas which are nearly white *Neck* There is no rigidity or adenopathy of the neck *Chest* The chest is well-developed and symmetrical The respirations are normal *Lungs* The lungs are normal to percussion and auscultation *Heart* The heart is normal to percussion and no murmurs are heard *Abdomen* Although slightly distended, the abdomen shows no apparent tenderness or muscle spasm The liver, kidneys, and spleen are not palpable. The genitalia are those of a normal female infant *Extremities* The extremities are symmetrical and stocky Hair is abnormally abundant on the extremities, especially on the legs There is no clubbing of fingers or cyanosis of the nail beds Edema of feet or ankles is absent. *Reflexes* The reflexes are active and equal *Skin* (See history)

Second physical examination (July 1936) The patient is very well-developed (2½ years old) weighing 16 9 Kg, and does not appear to be ill or in any distress, the rectal temperature is 37 6°C She is alert, friendly, and cooperative to a certain degree The skin has a good color and turgor, and is smooth and dry There is a considerable amount of hair on the arms and legs The hair of the scalp is soft and a vivid copper-red in color The nails are normal Several small bleb-like lesions four-six mm in diameter are present on the backs of the hands Some of these have ruptured and new skin is apparent at the base, the lesions are shown in the photograph of the hands (Fig 2)

There are many areas of sharply demar-

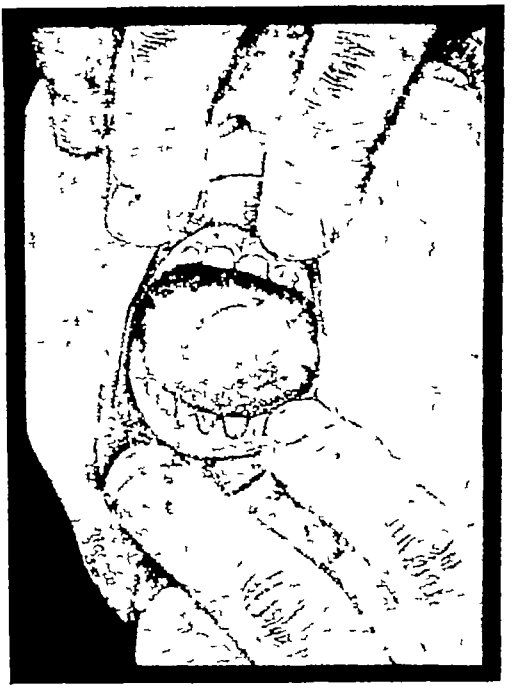


Fig 1 Pigmentation varies from purplish-brown to a reddish-brown color Note erythematous lesions on cheeks



Fig 2 Note blisters on middle and small fingers of right hand and scars of previous blisters on backs and knuckles of both hands

cated erythema one-two cm in diameter on the face in the region of the nose and cheeks (scars of previous blebs) The mucous membranes are normal No enlargement of the nodes is present The patient stands and sits erect and there is no evidence of gross skeletal abnormality The head is symmetrical and well-formed The sclerae and conjunctivae are clear The external ocular movements are normal The pupils are equal and react to light The fundae appear normal The eardrums are clear The teeth, 8/8, are well-formed and purplish-brown in color The gums and tongue are normal, the pharynx is clear, and the tonsils are enlarged The neck is supple and there are no masses present, the rachea is in the midline The chest is symmetrical with good expansion and the costochondrial extensions are normal The heart is normal, pulse, 100 The lungs are clear to percussion and auscultation The abdomen is slightly protuberant but soft. The spleen is enlarged and palpable one-two cm below the left costal margin The edge of the spleen is firm and regular The liver edge is palpable four-five cm below the xiphoid and two-three cm below the right costal margin in the midclavicular line The edge is firm, smooth, and not tender The genitalia and anus are normal There is no peripheral edema Neurological findings are negative save that the reflexes are hypoactive

Radiographs A-P and Lat of Knee Joint (November 1935) The general bony contours appear normal The metaphyseal region shows a broad line of increased density on the shaft side of the epiphyseal line This is the only unusual change noted at this examination Ant post and lateral views of both wrists show changes of a similar character at the distal ends of the radius and ulna The trabeculation of bone in the metacarpals and phalanges appears regular At the right fifth metacarpal the shaft appears broadened, with a thin cortex and small oval shadows of decreased density within it, suggesting small cyst-like areas of degeneration (Dr W W Fray)

Stereos of sella turcica (May 19, 1937) The sella turcica is very small The anterior and posterior clinoids approximate each other, but do not fuse. The markings on the inner table are slightly prominent The bone of the table of the anterior portion of the parietal bone on the right side appears increased in density The outer table is normal (Table I)

No abnormality of the sella is present There is apparently an old injury at the anterior right parietal bone (Dr L A Mucci)

TABLE I

BLOOD COUNTS

Date	RBC	Hb	WBC	Differential Count (per cent) Poly	Eosin.	Lymph.	Mono.	Retic
11/11/35	5 60	15 3	8,100	56	2	35	7	2 4
7/11/36	4 54	13 9						1 5
7/14	4 50	13 9	8,100	31	1	67	1	
7/20			4 850	42		58		1 2
7/21			4 200					
7/24	5 30	12 3	8 150					1 6
6/6/37	5 22	12 7	9 450					

MORPHOLOGY OF RED CELLS

	Mean Corpuscular Volume	Mean Corpuscular Hemoglobin	Mean Corpuscular Hemoglobin Content	Hematocrit
11/11/36	75 0	27 3	36 4%	42%

BLOOD VOLUME (7/11/36)
(Brilliant Vital Red Dye Method)

Total Blood Volume	1 250 c.c.	74 5 c.c./kg
Total Plasma Volume	750 c.c.	44 5 c.c./kg
Total Cell Volume	500 c.c.	30 0 c.c./kg
Total Hemoglobin	174 gm	10 4 gm /kg
Viscosity	3 8	

BLOOD CHEMISTRY (11/12/35)

N P N	25 Mgm per cent
Serum Albumin	5 4 Gm. per cent
Serum Globulin	1 8 Gm. per cent
Total plasma proteins	7 2 Gm. per cent
Fibrogen	333 Mgm per cent

Summary of Case History

A 3-year old red-haired girl with hydroa estivale due to congenital porphyria presents the following clinical features During the spring and summer characteristic skin lesions develop which soon heal leaving permanent scars The urine is red to Burgundy-red in color The teeth are stained purplish or reddish-brown Precocious physical development and the presence of large amounts of hair on the extremities of the child indicate that a glandular disturbance is one of the factors involved in the disease Radiographic examination shows that cystic changes are present in the ends of the long bones Apart from these symptoms the findings of the physical examination and the blood picture are essentially normal

Hydroa Estivale (or Vacciniforme)*

Cutaneous manifestations such as those which are present in our case have been reported frequently since 1862 when Bazin[1] gave the first description of hydroa vacciniforme It was not until

*The terms are used interchangeably here as is done in most of the literature It might be well to reserve each term for a definite condition. Senear and Fink[2] have suggested that cases without scarring should be designated as hydroa estivale, cases with scarring as hydroa vacciniforme

1898, however, that Anderson[2] in two cases of hydroa estivale in brothers, suggested a possible relationship between the excretion of porphyrins and the condition of the skin. The cases that are described in the literature have often been discussed either with respect to the excretion of porphyrins, to photosensitivity, or to both phenomena. Summaries of these cases were published by Günther[3] in 1912, Senear and Fink[4] in 1923, Mason[6] in 1933, Gottron and Ellinger[5] in 1932, and by Mathews[7] in 1937. The last-named author surveyed fifty-seven cases of hydroa estivale that had been described since 1905 and found that only in thirty-two had an examination for porphyrins been made. In twenty-three of these cases porphyrin excretion was increased, but in nine, no increase was noted. It is possible that in the negative cases better methods of examination might have increased the number of positive results. Thus Mason[6] correctly sums up the situation in his review of porphyrins in relationship to disease by stating that hydroa can occur without increased porphyrin excretion and conversely that porphyria does not always produce photosensitivity.

The Porphyrias

The porphyrias are disturbances of pigment metabolism which lead to the increased excretion of porphyrins in the urine and feces. In cases where the level of excretion is very high, the urine is generally the color of Burgundy wine, occasionally, however, the color of the urine is normal even though the porphyrin content is high. Patients affected with the disease present a group of symptoms referable to the skin, the nervous system, or the gastrointestinal tract.

Our knowledge of the porphyrias has come from an extension of the information gained from the study of congenital porphyria with which hydroa estivale is most generally associated. Congenital porphyria has been described by Garrod[8] in many of its clinical aspects as a part of his monograph on "Inborn Errors of Metabolism." The chemistry of these pyrrol pigments has been developed by Hans Fischer[9] and the pathology of congenital porphyria has been summarized by Borst and Königdorffer[10] in their classical study of the famous case of Petry. For several decades the designation hematoporphyria has been used as a group name for the different forms of the disease even after it was recognized that hematoporphyrin is never present in the excreta. Hematoporphyrin is a porphyrin prepared from hemoglobin by the action of strong mineral acids,[11] it has never been found as such in biological material. Therefore this group of diseases is properly described by the term "porphyrias."

Porphyrins are found in nature either combined or free. Examples of combined porphyrins are the iron pigment, hemoglobin, and the green plant pigment chlorophyll. These combined porphyrins, the respiratory pigments, are important to life either as oxygen carriers or as biochemical catalysts. It is noteworthy that usually the porphyrins which are excreted in the urine and the feces are different structurally from those of the respiratory pigments, the urinary porphyrins are generally of the so-called type I, the respiratory of type III. The terms "type I" and "type III" refer to the parent etioporphyrins from which the two types of porphyrin are derived.

The excretion of free porphyrin in the urine and stool is increased in fever and in many of the recognized diseases of blood disorders. The porphyrias are usually classified into four groups:

1. Acute idiopathic porphyria
2. Acute toxic porphyria
3. Chronic porphyria
4. Congenital porphyria

In idiopathic porphyria all of the symptoms are referable to the gastrointestinal tract. The onset is sudden and is characterized by nausea, vomiting, and cramp-like pains originating in the lower abdomen and radiating into the thighs. Affectation of the skin is rarely seen. The course of the disease is acute with fever and the excretion of porphyrins is relatively high.

Where a definite precipitating factor is known, the designation toxic porphyria is appropriate. The symptoms are similar to those of idiopathic porphyria and here again photosensitivity is seldom noted. The usual precipitating factors are lead poisoning and poisoning from the sulfone hypnotics. With lethal termination an

ascending paralysis of the central nervous system is present

In chronic porphyrias abnormal quantities of porphyrin are found in the excreta but the patient is free from symptoms usually associated with porphyria Among the diseases in which chronic porphyria occurs are those of the liver and certain of the blood dyscrasias Photosensitivity is seldom found with chronic porphyria, but skin manifestations sometimes appear late in life.

Congenital Porphyria

The very rare condition of congenital porphyria has been described in about thirty cases Of these Gunther[12] has summarized eighteen cases and Mason[6] has discussed some of the others, but in only ten of these cases have the porphyrins been isolated and characterized Generally one of the first symptoms of this rare disease is the excretion of Burgundy wine-colored urine, this excretion usually begins at birth A second symptom is the development of bullous or erythematous lesions of the skin after exposure to the sun, in true congenital porphyria these lesions appear in the early years of life The eruptions are confined to the exposed regions—the face, the neck, the ears, the backs of the hands, and, in children, the knees and legs In the case of the child reported here lesions have developed only on the face and hands The eruption begins as a slight irritation or redness followed by vesicles or bullae, most of which are filled with clear serum, while others are pustular Central necrosis of the blisters may appear, followed by crusting, healing, and scar formation The scars on the face are of the varioliform type but those on the hands are slightly raised At first they are red, but gradually, over a period of months, they fade and leave permanent scars Repeated attacks result in cicatrization, mutilation of the parts, and loss of substance, especially of the ears, nose, and fingers The exposed portions of the body often become pigmented and the tissue infiltrated and sclerosed as in scleroderma Excessive growth of hair and pigmentation on unscarred portions of the exposed parts have been reported in many of the cases[13] In our case excessive growth of hair is present but pigmentation of the skin has not occurred as yet Since the child has red hair, pigmentation may not develop* The unusual amount of hair on the extremities of the child, together with her precocious physical development (weight, 16 Kg), are suggestive of glandular disorders Similarly, some of the other cases of congenital porphyria present symptoms indicating disturbances of the glandular equilibrium, but the mutations are sufficiently different so that no generalizations can be made

Mackey and Garrod[14] have pointed out that in congenital porphyria the teeth are frequently pigmented and "pink" in color (erythrodontia) In our case the color of some of the teeth is purplish-brown, of others reddish-brown The first tooth, which erupted at seven months, was so stained, and each succeeding tooth was similarly colored This pigmentation is caused by the deposition of the porphyrins as calcium salts, as was demonstrated in the case of Petry[10] Reports on the pathology of the teeth seldom are complete, but in a recent review Garrod[15] gives a ten-year follow-up on three cases of congenital porphyria, one of which had stained decidual teeth and also pigmented permanent teeth That the bones are similarly pigmented has been shown by autopsy material and, in some instances, by transillumination In passing it may be noted that the disease in animals known as ochronosis is a type of congenital porphyria and that pigmentation of the bones is due to deposition of uroporphyrin I[16] These porphyrin deposits doubtless alter the calcium metabolism and, in some of the more severe cases of congenital porphyria, stiffness of the joints and atrophy of the terminal phalanges is seen Indeed the changes are sometimes so severe that the earliest described cases were initially regarded as a variety of leprosy[17]

Shedding of the nails from time to time is a common symptom of the disease In our case both index finger nails have been lost and are regrown This

*This discussion of the pathology of the skin is intentionally superficial We hope to treat the subject adequately in a later publication For a discussion of the pathology of the skin of other cases, see the literature cited in reference 13

condition combined with the cutaneous scarring of the hands and face may lead to pronounced disfigurement Occasionally bullae form repeatedly on the conjunctivae and the cornea, and the lesions thus produced cause blindness

With the passage of time the liver and spleen of patients suffering from congenital porphyria becomes enlarged A slight enlargement has occurred in our case and it is probable that further enlargement will take place as the child grows older Associated with the increase in the size of the liver and spleen are changes in other portions of the reticulo-endothelial system, especially of the bone-marrow There is generally a marked anemia accompanying these changes Like other blood pigment disorders, these changes seem to be cyclical in nature with the result that in congenital porphyria there are periods when the patients approach normal health

Treatment

Treatment of congenital porphyria has been very unsatisfactory and the prognosis is poor, at least as far as the prevention of cutaneous scarring is concerned.

Whether the life span is shortened is difficult to determine, since not enough cases for a statistical survey have been reported in the literature The usual form of treatment has been the utilization of topical protective appliances such as salves or dusting powders containing esculin or quinine salts,[18] the object being to shut out the ultraviolet light A similar result is obtained by the use of veils, umbrellas, etc, and Garrod[19] has suggested that if individuals affected by this diseace should lead a troglodyte existence, most of the skin lesions could be avoided The administration of large amounts of calcium salts has been reported as beneficial in some of the cases,[20] but the results are difficult to evaluate, since quantitative determinations of porphyrin excretion have not been carried out In recent years liver therapy and glandular extracts have been employed

It is known that in untreated conditions of pernicious anemia and of pellagra abnormally high amounts of coproporphyrin I are excreted [21] With the instigation of liver therapy the porphyrin content of the excreta falls rapidly toward normal in these diseases For this reason it appeared desirable to try liver therapy in our case of congenital porphyria * Liver extract has been used by Schreuss and Carrié[22] and others in the treatment of congenital porphyria and by various workers[23] in the treatment of acute porphyria, but in no instance have quantitative measurements been reported during the therapy

Prior to the instigation of liver therapy the porphyrins of the urine and feces of our case of congenital porhryria were identified as coproporphyrin I, which was present both in the urine and feces, and uroporphyrin I, which was present only in the urine There were traces of an ester of coproporphyrin I in the feces and small amounts of unidentified porphyrins in the urine The identification was made by extracting the ether-soluble porphyrins and precipitating the ether-insoluble After purification of the crude porphyrins obtained in this way, final identification was made by means of the melting points of the methyl esters The details of the method are described elsewhere [24]

The daily level of coproporphyrin in the excreta was determined by extracting quantitatively with ether, purifying, and comparing with a standard porphyrin solution in a photoelectric colorimeter The average daily excretion determined in this way was found to be about 9,500 micrograms of which 1,000 micrograms were excreted in the urine This represents about a thirty-fold increase over the daily level of a normal adult, whose fecal output may be taken to be 300 micrograms per day and whose urinary output is approximately fifty micrograms per day [25] Parallel determinations of stercobilin, the fecal end product of the degradation of hemoglobin, showed that the level of hemoglobin metabolism was about 1 5-2 times normal The data which were obtained from a seven-day study are plotted in Chart I

Following the determination of the level of excretion in the untreated condition, liver therapy was instigated over a period of nine days, during which five

*The study was carried out in the Division of Pediatrics, Strong Memorial Hospital. We are indebted to Dr S W Clausen for this privilege

c c of liver extract was given intramuscularly each day * In this period the average level of excretion dropped to 4,700 micrograms of coproporphyrin I per day, of which the urinary fraction was 600 micrograms In the afterperiod of six days, liver extract was given twice a week, but the level of excretion promptly rose to 8,800 micrograms per day—nearly the same level as that previous to treatment Simultaneous determinations of stercobilin showed a parallel drop in level during the liver period from forty-four to thirty mg per day In the afterperiod the level of stercobilin promptly rose to a value higher than that prior to treatment These values are also plotted in Chart I During the liver therapy the blisters that were originally present healed rapidly and at the end of the period the condition of the skin was definitely improved In addition to a better texture the scar areas were less sharply demarcated from adjoining parts of the skin

Following intramuscular liver extract, the child was given liver extract in the diet This proved to be valueless even when the daily dose was equivalent to 200 Gm of liver

The result of this study of liver therapy may be summarized as follows Apparently there is a principle in liver extract which when given intramuscularly inhibits the formation of type I porphyrins either directly or indirectly It is premature to speculate on the nature of this principle, but the effect is definite

Although the excretion of coproporphyrin I was high during the period following intramuscular liver therapy, the condition of the child was definitely improved In all, six or seven small blisters appeared during the summer, yet the child was active and was exposed to sunlight rather more than was advisable It is possible that this beneficial result was due to a decrease in production of uroporphyrin I which, from experiments on amebas, is known to produce greater photosensitivity than coproporphyrin I [20] Unfortunately we were unable to make determinations of uroporphyrin at the time this investigation was carried out

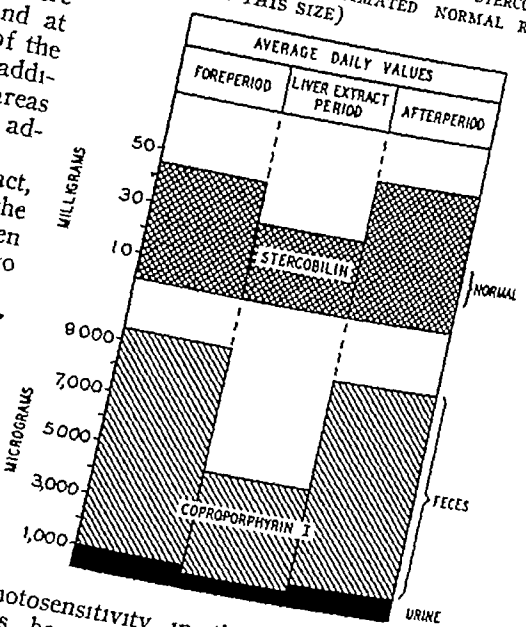
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Photosensitivity

The physiological porphyrins at the hydrogen ion concentration of the tissues absorb light in the red, the green, the blue-green, the blue, and near ultraviolet The absorption in the near ultraviolet is so much greater than that in the visible that it seems self-evident that photosensitivity due to the porphyrins should be predominately in this region Actually photosensitivity in the near ultraviolet has been demonstrated by Blum and Hardgrave[27] with a child suffering from congenital porphyria, but the physiological response obtained in their case was the production of pigmentation rather than the typical lesions of congenital porphyria In a later work Blum[28] studied the photosensitivity produced by intradermal injections of porphyrin Here a red wheal was obtained on irradiation, but in one instance, six weeks after injection, a response in the form of a nearly typical lesion was noted when the experimental subject exposed himself to high intensity of sunlight

In our case, because of lack of suitable

CHART I—PIGMENT EXCRETION IN CONGENITAL PORPHYRIA (BRACKETED AREA OF STERCOBILIN PORTION INDICATES ESTIMATED NORMAL RANGE FOR CHILD OF THIS SIZE)



light sources and restlessness of the child, we have not studied adequately the photosensitivity in the near ultraviolet. Using contact unfiltered ultraviolet light from a Kromayer lamp, we have found that the skin of this child with congenital porphyria is more resistant than that of normal brunettes. Initial observable erythema was produced by thirty-two seconds irradiation with the brunettes, while the child and a red-haired control showed initial observable erythema at sixty-four seconds. From these observations it is apparent that there is a normal state of resistance to the lower wave length. In the course of our work we have come to the belief that the photosensitivity depends chiefly on the two factors (a) the level of the porphyrin concentration in the tissues and (b) the intensity of light. We are not able to establish this view at present, but hope that further work will clarify the situation.

The term hydroa estivale (or vacciniforme) is a descriptive one of cutaneous manifestations seen in various types of light sensitivty. In this and other cases with porphyria, there is a known exciting factor. Cases of hydroa which do not show porphyria, according to our point of view, must have some other exciting factor or factors which produce photosensitivity, but as yet these have not been demonstrated. Further biochemical and physiological study is necessary to correctly classify these cases as to their etiology.

Summary

1. A condition of hydroa estivale due to congenital porphyria is reported in a three year old girl.

2. The teeth of the child are purplish-brown, and the urine is Burgundy wine color due to large amounts of free porphyrin in the urine. Excessive growth of hair on the extremities and precocious physical development suggest that glandular disturbances are present.

3. This and similar cases should be described by the term congenital porphyria rather than hematoporphyria, since the porphyrin excreted is never hematoporphyrin.

4. The effect of liver therapy on the excretion of porphyrin was determined. Although the level of excretion is greatly decreased during treatment, it returns to the original level after cessation of liver therapy.

5. Experiments on photosensitivity were inconclusive due to noncooperation on the part of the child and the lack of suitable light sources. The child is more resistant to unfiltered ultraviolet light (Kromayer lamp) than a normal adult. After liver therapy the tendency to develop blisters is somewhat diminished.

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(See next page for discussion by Dr. Louis Tulipan)

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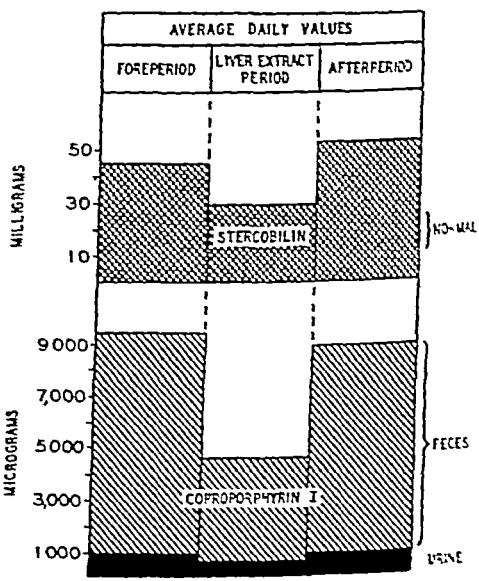
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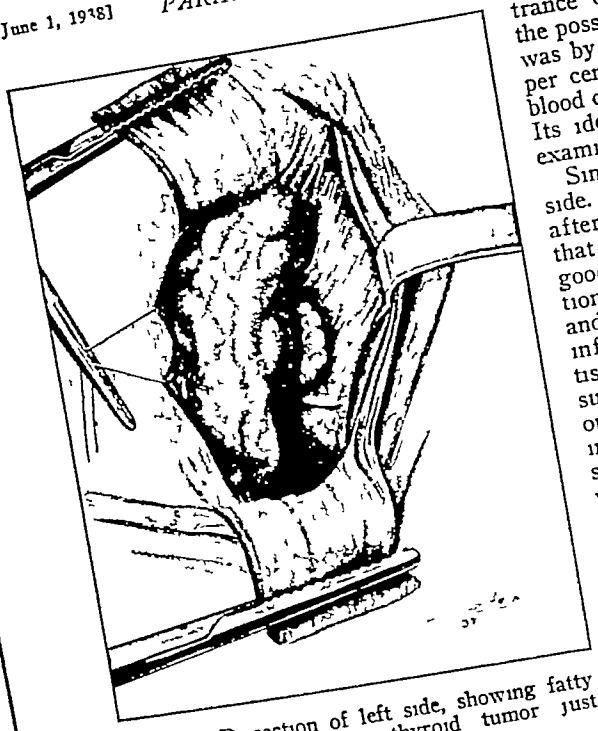


Fig 1 Dissection of left side, showing fatty capsule surrounding parathyroid tumor just above level of inferior thyroid artery

ever, was negative as far as any sign of rarefaction was concerned

In spite of the negative x-ray findings, our suspicion of a hyperparathyroidism was strengthened by the high calcium findings, and we suggested to the patient an exploratory operation on the neck to look for a parathyroid adenoma We told him that we thought there was about one chance in four of finding such a tumor, but if found and removed, he would probably be cured of his condition

Operation was accordingly done on January 21, 1937

Operation

Under cyclopropane anesthesia, the usual goiter incision was made, the muscles and fascia divided in a vertical direction in the midline, and the ribbon muscles on each side divided transversely The right side was first investigated The right lobe of the thyroid, which was of normal size and consistency was delivered and carefully examined on all sides, including superior pole, anterior and posterior surfaces, inferior pole, anterior and recurrent trachea and esophagus, and palpation with a finger down into the mediastinum The lobe itself was palpated for a possible intrathyroid tumor A rather large but normal parathyroid was found near the entrance of the inferior thyroid artery As the possibility of finding a parathyroid tumor was by this time diminished by at least fifty per cent and with the idea of reducing the blood calcium, this parathyroid was removed Its identity was immediately established by examination of a frozen section

Similar dissection was done on the left side. After a fairly thorough search and after we were warned by the anesthetist that the patient's condition was not very good, we were about to terminate the operation, when deep down between the trachea and esophagus, just above the level of the inferior thyroid artery, a mass of fatty tissue a little more circumscribed than the surrounding areolar and fatty tissue aroused our suspicion (Fig 1) This was carefully incised, and a tumor about the size of a small olive, came into view (Fig 2) It was surrounded by the capsule of fat very much as the kidney is surrounded by its fatty capsule. It had a fine stalk containing tiny blood-vessels, but otherwise was easily shelled out. The stalk was tied and divided The thyroid lobes were replaced into their normal positions and the usual closure made Examination of the specimen proved it to be a parathyroid adenoma

The patient made an uneventful recovery from the operation Fearing tetany after

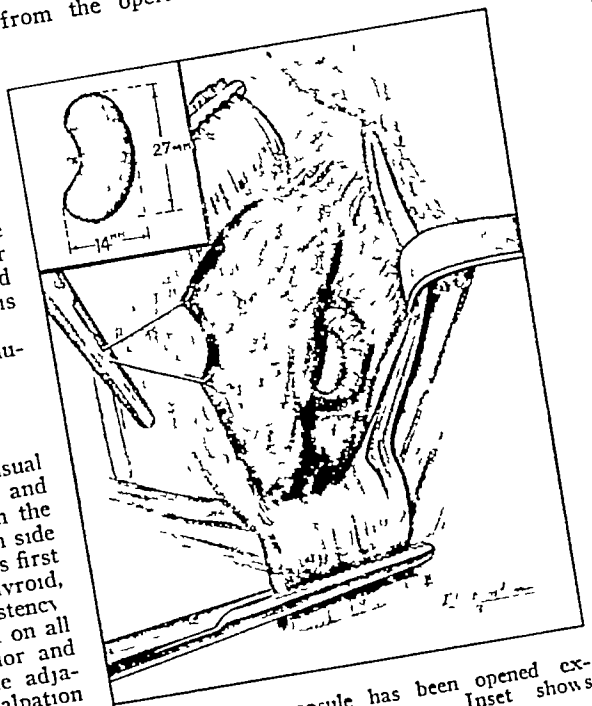


Fig 2. Fatty capsule has been opened exposing parathyroid adenoma Inset shows tumor after removal

Discussion

DR. LOUIS TULIPAN, *New York City*—In conjunction with cases of alcoholic pseudopellagra that Dr Maloney mentioned, we also followed up those cases which seem to be exaggerated by sunlight, such as lupus erythematosus, xeroderma pigmentosum, etc It was rarely that we were able to demonstrate the presence of porphyrin In experimental work, it has been proved that animals injected with hematoporhpyrin die when exposed to sunlight but remain alive if kept in dark rooms They develop edema and necrosis of skin and loss of hair That explains the possibility, as Dr Peachey mentioned, of an endocrine sympathetic disturbance

The reason, however, why porphyrin is not found more frequently may be due to the fact that porphyrinogen, which is colorless (according to Fisher) may become converted into porphyrin in the skin tissue. The amount of porphyrin in urine does not go hand in hand with clinical manifestations, as it is possible that the symptoms depend more on the amount present in the skin tissue

PARATHYROID ADENOMA AND RECURRENT RENAL CALCULI

Report of a Case

ALFRED H NOEHREN, M D and KENNETH ECKHERT, M D, *Buffalo*

From the Surgical Service of the Deaconess Hospital

As it is only twelve years since the first parathyroid adenoma was removed for the cure of hyperparathyroidism[1] and as reports of cases since have been few in number, we wish to add this case of proved hyperparathyroidism with parathyroid tumor and renal complications

Case Report

P U, Hebrew, male, thirty-eight years old, born in Poland, entered the hospital November 17, 1936

In 1926 a stone was removed from his bladder After that he was free from symptoms until 1934, when several stones were removed from his left kidney by nephrotomy and from his right ureter by the cystoscopic route In June 1936, he first entered the Deaconess Hospital with lumbar pains and blood in his urine X-ray and cystoscopy revealed a stone in his right kidney and numerous stones in the left kidney and along the course of the left ureter In July, Dr James B Cross removed the stone from the right kidney by nephrotomy The patient made a good recovery, but x-ray examination on August 25 showed that two new stones had formed in the right kidney However, the patient was feeling so well that he left the hospital on September 12 A short time after he passed two stones, considerable gravel and blood per urethra At his present admission, November 17, he complained of pain in his left lumbar region and difficulty in urination.

Examination at this time revealed a well-developed male in acute pain He was tender to hammer percussion over both loins and very tender to deep palpation over the left inguinal region He ran a low septic temperature up to 102 4°F and there was considerable pus in the urine. X-ray examination showed two stones in right kidney, a cluster of stones in left kidney, and a chain in the left ureter

On December 14 and again on December 23, several stones were crushed in the bladder and passed per urethra A few stones in the prostatic urethra could be seen, but could not be dislodged. All this time, the patient was on a ketogenic diet and the urine was kept acid. Laboratory findings during this period were as follows

Urine 1 010 specific gravity, two plus albumin, one plus blood, three plus pus cells, one plus phosphate crystals.

Nonprotein Nitrogen varied from 40 1 to 87 6

Blood 4,000 000 R B C, seventy-seven per cent Hg, 20,100 W B C., eighty-seven poly one mono, twelve lymph, ten per cent left shift.

At about this time (December), hyperparathyroidism as a possible cause for the recurrent kidney stones was first considered and a series of blood calcium and phosphorus studies made, the results of which were as follows

December 31, calcium 16 5 milligrams, phosphorus 3 8 mgms , January 21, 1937, calcium 13 5 mgms

X-ray examination of his skeleton, how-

INFECTIONS OF THE SKIN DUE TO MONILIA ALBICANS

II Immunologic, Etiologic, and Therapeutic Considerations

GEORGE M LEWIS, M D and MARY E HOPPER, M S, *New York City*
From the Skin and Cancer Unit, New York Post-Graduate Medical School and Hospital, Columbia University

The diverse manifestations of infections caused by yeast-like organisms have become fairly well-known only during the past twenty years One of the earliest reports in the United States of a case of generalized cutaneous thrush was that of Schamberg[1] in 1915 Engman,[2] in 1920, described a case of moniliasis localized to the upper part of the thighs, vulva, and submammary regions Summaries of the various clinical manifestations of the thrush organism may be found in the papers of Shelmire,[3] Beeson and Church,[4] and Hopkins[5] It is largely through the work of Hopkins[5 6] and Benham[6 7] that the former conception of a plurality of species pathogenic to man has given way to the assumption that the usual cause of so-called yeast infections is one organism, Monilia albicans Many of the fungi described and named as the cause of such infections are probably variants of this same organism Other yeast-like fungi found in skin scrapings are saprophytes for the most part and are frequently present on normal skin, for this reason, they may be considered of pathogenic significance only after due proof

Clinical Expression of Monilia Albicans

The manifestations of Monilia albicans have been well described in detail by others[3-5] We shall only consider this clinical phase in skeletal form The following outline includes the more important forms of moniliasis

I LOCALIZED

1 Onychia and paronychia
2 Erosio interdigitalis blastomycetica
3 Intertrigo (axillary, submammary, inguinal, interdigital)
4 Perleche
5 Intraoral thrush
6 Superficial glossitis (beefy tongue)
7 Stomatitis
8 Localized patches of eczema
9 Water-bed dermatitis
10 Dysidrosis
11 Vaginitis
12 Gastrointestinal (asymptomatic)

II GENERALIZED

1 Widespread eruptions usually associated with some of the localized forms Characteristic flat pustules may usually be observed in some part of the eruption These pustules become dry and macerated scales form on the surface With exfoliation, a bright red, moist surface is left with overhanging edges Sparse growth of hair may be an additional finding

2 Monilids or levurides[8] in which no fungi can be cultured and which are secondary to a focus of infection due to Monilia albicans

III SYSTEMIC

While not well defined, this group would include cases of pulmonary involvement and instances of massive infection of the gastrointestinal tract associated with an infection of the skin

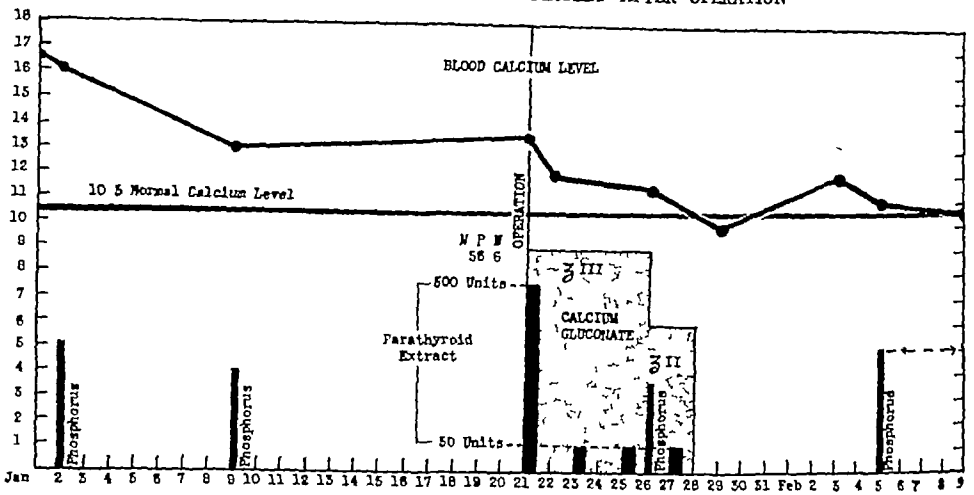
It should be noted that perléche and erosio interdigitalis blastomycetica are essentially merely varieties of intertrigo and eventually may lose their specific designations

Characteristics of Monilia albicans

The recognition of Monilia albicans is usually not difficult Our routine procedure is to use both dextrose and corn meal agars to differentiate this fungus from other yeast-like fungi in culture The first mentioned medium is used to isolate the primary growth while the corn meal agar is useful to bring out its characteristics A brief summary of the essential features of Monilia albicans follows

Read at the Annual Meeting of the Medical Society of the State of New York, Rochester, May 25, 1937

CHART I—BLOOD CHEMISTRY BEFORE AND AFTER OPERATION AND TREATMENT WITH PARATHYROID EXTRACT AND CALCIUM IMMEDIATELY AFTER OPERATION



removing both the tumor and a normal parathyroid, rather large doses of parathyroid extract and calcium were given for a few days, but no signs of tetany developed

While there was not the marked drop seen in some of the reported cases, there was an immediate lowering of the level of serum calcium (Chart I) The last report (May 25) showed twelve mgms of calcium and 4 6 mgms of phosphorus

On March 17, Dr Cross drained a right perinephritic abscess and removed a stone from the right ureter X-ray examinations made since the operation, the last on April 16, show no new stones We are very hopeful that after the present stones are either passed or removed, our patient will be completely cured

Conclusions

1 Our experience with the above case and our perusal of the literature would lead us to conclude that in any case of recurring renal calculi, the possibility of hyperparathyroidism as the cause should be considered

2 If it is accompanied by a high blood calcium level and no other cause for the recurrence of the calculi can be found, an exploratory operation on the neck and search for a parathyroid adenoma are indicated

3 LINWOOD AVE.

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"ONE LIGHT MUST BURN"

The entire world views with horror the arrests and suicides of noted Jewish and anti-Nazi Christian physicians in Austria The events of the past weeks strike at a humanitarian tradition that even barbarian nations have respected for thousands of years, declares the *Medical Week*

Heretofore medicine has been exempt from the consequences of political upheaval Alien conquerors and victorious politicians have recognized that the physician's mission has no concern with race or party

Disease and deformity know no racial distinctions, neither does the doctor The white physician heals the colored races, the Christian treats the Moslem, the Jew tends even the anti-Semite. More than any other human phenomenon, sickness is international and the care of the sick has always been respected as above political or religious creed

Germany and Austria have long been noted medical centers, thanks to a long succession of eminent physicians of both Christian and Jewish faith The destruction of brilliant medical careers on grounds of race or politics is a crime against the whole world If the Nazi regime has even a shred of "decent regard for the opinion of mankind" left, it will permit the medical profession, regardless of religion or political beliefs, to keep its small candle of learning and mercy alight in a world that is steadily growing darker with hatred and brutality

little diagnostic value It was suggested that the high incidence of reaction to the extract in the absence of any history of cutaneous moniliasis might be due to a previous exposure to the organism resulting in an infection without any clinical manifestations, or that Monilia albicans in the gastrointestinal tract was capable of sensitizing the skin in a manner comparable to skin sensitization to fungi imperfecti present in a focus on the interdigital webs of the feet

Further Investigation

In an attempt to find the cause for the frequent positive reactions to oidiomycin in the absence of a discernible infection of the skin due to Monilia albicans and to study further the problem of immune reactions to this organism, we recently inoculated on dextrose agar, material from the skin, tongue, and feces of one hundred patients Intracutaneous testing with oidiomycin (a commercial extract of Monilia albicans) in a dilution of 1 150 was carried out with each patient and the test sites were observed after forty-eight hours and again at the end of one week The test was considered to be positive when a reaction consisting of erythema with or without edema exceeded the size of the wheal (0 5 cm) produced by the injection of the test solution The patients were referred to us for the investigation of a suspected fungous infection The most common complaint for which these patients presented themselves in the dispensary was some type of eczema of the hands (forty-eight instances) In twelve cases, there was a well-marked interdigital dermatophytosis of the feet There were twenty-six cases of paronychia, perleche, intertrigo and other obvious examples of moniliasis There were two cases of tinea corporis The remainder of the patients had nonmycotic eruptions (psoriasis, pityriasis rosea, etc) The age of the patients varied from ten to sixty-nine years There were eighteen males and eighty-two females

Results

The results of our cultural findings from the tongue and the feces in relation to the findings from the skin and of the

TABLE I — RESULTS OF CULTURES FOR MONILIA ALBICANS FROM SKIN IN COMPARISON WITH CULTURES FROM TONGUE AND STOOL, AND OF TESTS WITH OIDIOMYCIN IN 100 PATIENTS

Patients		Cultures of Monilia albicans						Skin test—oidiomycin 1 150	
		Skin		Tongue		Stool			
Age	Number	Pos.	Neg	Pos.	Neg	Pos.	Neg	Pos.	Neg
10–20	8	1	0	0	1	0	1	1	0
		0	7	3	4	0	7	2	5
21–30	34	4	0	2	2	1	3	2	2
		0	30	5	25	3	27	8	22
31–40	20	5	0	3	2	1	4	4	1
		0	15	4	11	2	13	11	4
41–50	21	10	0	9	1	9	1	5	5
		0	11	3	8	3	8	11	0
51-up	17	7	0	5	2	5	2	5	2
		0	10	5	5	2	8	7	3
Total	100	27	73	39	61	27	73	56	44

TABLE II — SUMMATION OF POSITIVE AND NEGATIVE CULTURAL FINDINGS FROM SKIN, TONGUE, AND STOOL IN RELATION TO INTRACUTANEOUS TEST TO OIDIOMYCIN BY AGE GROUPS IN 100 PATIENTS

Patients		Cultural findings		Test with oidiomycin	
Age	Number	Pos	Neg	Pos	Neg
10–20	8	4	0	2	2
		0	4	1	3
21–30	34	12	0	4	8
		0	22	6	16
31–40	20	10	0	8	2
		0	10	7	3
41–50	21	14	0	9	5
		0	7	7	0
51-up	17	12	0	7	5
		0	5	5	0
Total	100	52	48	56	44

TABLE III — NUMERICAL AND PERCENTAGE INCIDENCE OF POSITIVE CULTURAL FINDINGS FOR MONILIA ALBICANS IN TONGUE AND STOOL OF PATIENTS WITH AND WITHOUT POSITIVE CULTURES FROM SKIN, WITH POSITIVE REACTIONS TO OIDIOMYCIN

Cultures for Monilia albicans						Skin test — oidiomycin 1 150	
Skin		Tongue		Stool			
Pos	Neg	Pos	%	Pos	%	Pos	%
27		19	70	17	63	17	63
	73	20	27	10	14	39	53

TABLE IV — NUMERICAL AND PERCENTAGE INCIDENCE OF POSITIVE REACTIONS TO INTRACUTANEOUS TEST WITH OIDIOMYCIN IN RELATION TO POSITIVE AND NEGATIVE CULTURAL FINDINGS OF MONILIA ALBICANS

Cultures for M albicans from Skin Tongue & Stool		Skin test — oidiomycin 1 150	
Positive	Negative	Positive	%
52		30	58
	48	26	54

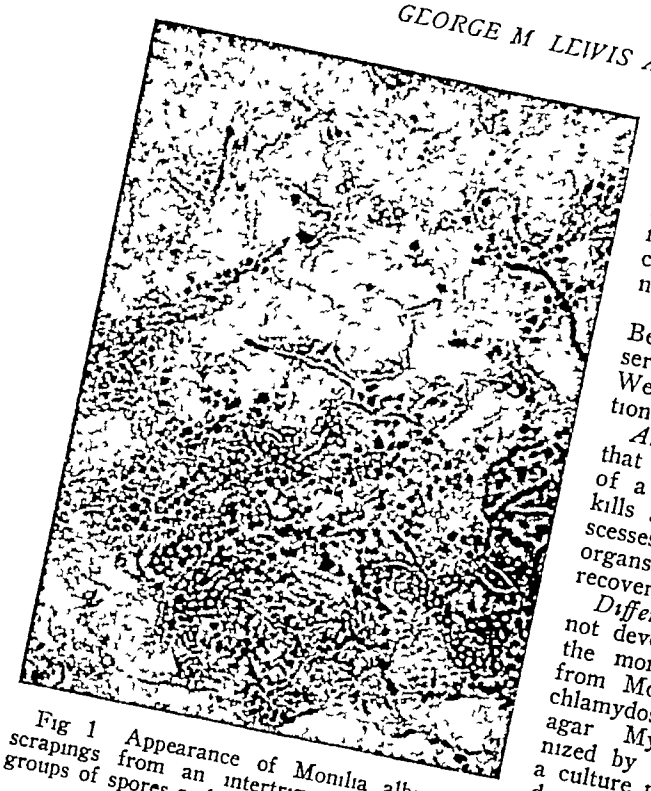


Fig 1 Appearance of Monilia albicans in scrapings from an intertrigo of feet Note groups of spores and some fine mycelium

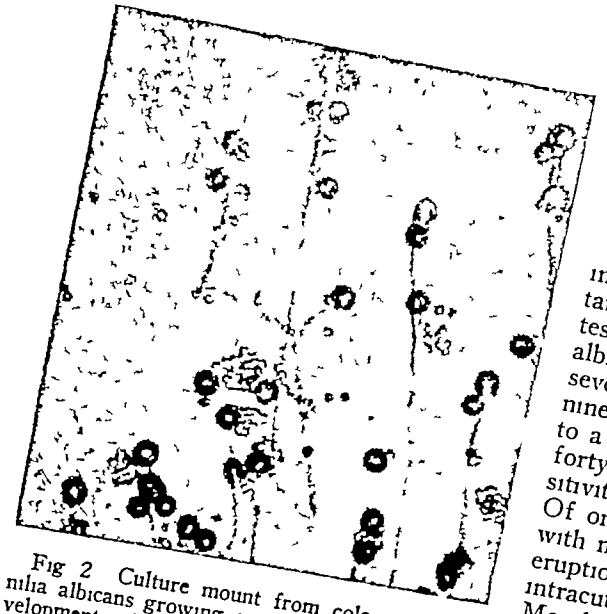


Fig 2 Culture mount from colony of Monilia albicans growing on corn meal agar Development of mycelium and spore clusters is characteristic Presence of chlamydospores helps to distinguish Monilia albicans from other fungi of monilia group

Cultures The growth is smooth, pasty, cream-colored, and grows rapidly on dextrose medium The central portion later appears honeycombed On corn meal agar, mycelium, characteristic spore clusters and chlamydospores develop Ascospores are not formed

Agglutination reaction According to Benham,[7] the organism agglutinates in a serum prepared against Monilia albicans We did not use this method for identification

Animal inoculation Benham[7] has found that the intravenous injection of one c.c of a 1 1000 suspension of a live culture, kills a rabbit in four or five days Abscesses develop in the kidneys and other organs in which Monilia albicans may be recovered

Differential diagnosis Cryptococci do not develop mycelium, and other fungi in the monilia group may be distinguished from Monilia albicans by the absence of chlamydospores when grown on corn meal agar Mycoderma may usually be recognized by its gross appearance in culture, a culture mount reveals arthrospores Endomyces and saccharomyces form ascospores, the former also grows out mycelium

A specific reaction to the injection of an extract of Monilia albicans—if of sufficiently selective nature to be capable of diagnostic use—would be of invaluable aid to the clinician and would assist in the further investigation of moniliasis Biberstein and Epstein[9] and Staehelin, Jui-Wu-Mu and van Schouwen[10] were unable to establish that such a vaccine was of any diagnostic value

Summary of a Previous Report

In another paper,[11] it was stated that in forty-two patients with localized cutaneous moniliasis, the intracutaneous test with a commercial extract of Monilia albicans elicited a response in only fifty-seven per cent of the patients Of ninety-one patients with an infection due to a fungus other than Monilia albicans forty-five per cent exhibited hypersensitivity to the extract of Monilia albicans Of one hundred and ninety-two patients with no evidence of any type of fungous eruption forty-six per cent reacted to the intracutaneous test with the extract of Monilia albicans Because of the large number of reactions to the vaccine in patients with no evidence of any skin manifestation due to the organism, it was concluded that the intracutaneous test with extract of Monilia albicans was of very

second test with oidiomycin showed a negative reaction Previously, in two of the four cases, the reaction* was ±, in one, the reaction was +, in the fourth case, it was ++ In none of these four cases had oidiomycin been administered as a therapeutic measure during the interval between the tests

Comments

From a consideration of this study, the results are seen to supplement and agree with our former work and lead us to conclude that the intracutaneous test with oidiomycin is of no practical value in the diagnosis of infections caused by Monilia albicans We do not state that the test is not a specific one The constancy of the reactions in Table V would appear to favor the opinion that such reactions are specific Sensitization of the skin to Monilia albicans occurs frequently, increasingly so with age Some of the failures to demonstrate Monilia albicans in patients who showed positive reactions to oidiomycin may be due to an inadequate cultural technic The number of patients with negative cultures would probably be reduced provided numerous specimens were obtained from each patient In some instances, we were able to culture Monilia albicans only after several prior attempts had been unsuccessful

Etiology

The source of the infection and the manner in which Monilia albicans enters the skin have not been satisfactorily explained Since Monilia albicans is a common inhabitant of the mouth and intestines,[12 13] it has been suggested that autoinoculation of the fungus from this site may occur Relapse of skin lesions may take place when a systemic or debilitating illness is experienced The resistance of the patient to Monilia albicans is decreased by diabetes, probably because the storing of sugar favors the growth of the organism We have noted that a large percentage of the patients with different types of cutaneous moniliasis are obese The organism is more apt to find suitable soil in individuals whose skin is macerated by frequent or prolonged immersion in water Housewives, bartenders, waiters and bakers appear to be more prone to the affection because of their occupation The organism is probably of weak pathogenicity but once the diseased state is established, through a letdown in the natural immune forces, the condition is apt to persist indefinitely The organism multiplies rapidly and may be isolated from such diseased tissue as carcinoma or it may be found in the sputum of a patient approaching death In such instances, one must be careful to differentiate between its saprophytic and pathogenic significance We are in agreement with Benham and Hopkins[12] that Monilia albicans is not found on normal skin The skin tests to oidiomycin are of no help in denoting those patients

* In our interpretation of the quantitative reaction of the skin to the fungous extracts, we designate ϕ, a negative reaction, ±, an area of slight erythema approximately 0 5 cm. in diameter, +, an area of reaction from 0 5 to 1 cm in diameter, ++, an area of reaction from 1 to 1.5 cm in diameter, +++, an area of reaction of from 1 5 to 2 cm in diameter and ++++, an elevated area of reaction of 2 cm or more

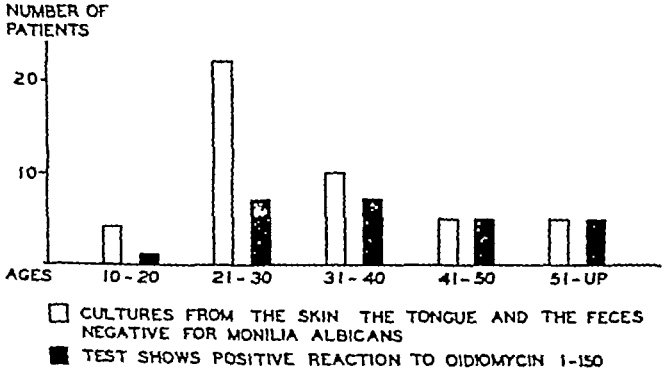


CHART II — COMPARISON OF NUMBER OF POSITIVE REACTIONS TO OIDIOMYCIN TO NUMBER OF FAILURES TO CULTURE MONILIA ALBICANS FROM SKIN TONGUE, AND FECES OF EACH PATIENT

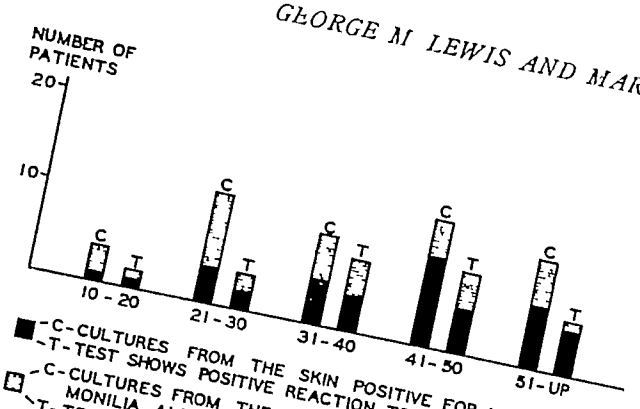


CHART I — COMPARISON OF RESULTS OF TESTING WITH OIDIOMYCIN TO THE NUMBER OF PATIENTS FROM WHOM POSITIVE CULTURES OF MONILIA ALBICANS WERE OBTAINED

intracutaneous testing with oidiomycin is given in Table I For convenience, the patients were divided into five age groups beginning with the ages of ten to twenty years The next three groups divided equally the ages from twenty-one to fifty years All patients of fifty-one years or over were placed in the last group We were able to culture Monilia albicans from lesions on the skin in twenty-seven patients, from the tongue in thirty-nine, and from the feces in twenty-seven Positive reactions to the intracutaneous test with oidiomycin were obtained in fifty-six The total number of patients who had positive cultural findings in one or more of the areas from which material was inoculated on culture media, was fifty-two (Table II) In a further analysis of the results of the cultural studies, it was found (Table III) that seventy per cent of the twenty-seven patients with positive findings on the skin also exhibited positive cultures from scrapings of the tongue In sixty-three per cent of the same group, Monilia albicans was recovered from the feces The same number (63%) revealed a positive reaction to the intracutaneous test with oidiomycin Of seventy-three patients in whom Monilia albicans was not cultured from the skin, twenty-seven per cent yielded positive cultures from the tongue and in fourteen per cent, cultures were grown from the feces In this group of patients, the oidiomycin test was positive in fifty-three per cent When the test with oidiomycin was considered in relation to the demonstration of Monilia albicans in any or all the areas—skin, tongue and intestinal tract—it was seen (Table IV) that the percentage incidence of the reactions was not far apart The test was positive in fifty-eight per cent of the patients in whom the organism could be demonstrated in at least one of the sites from which scrapings were obtained, in patients from whom the organism was not cultured, there was fifty-four per cent of positive reactions to the test From a consideration of Chart I, it is apparent that sensitization to Monilia albicans is not an invariable rule The presence of the organism in active skin lesions or in the gastrointestinal tract does not necessarily mean that there will be a positive skin reaction to oidiomycin In the graph (Chart II) of patients from whom Monilia albicans could not be cultured, it was noted that a gradual increase in the percentage of positive reactions to oidiomycin occurred with an increase in age Between the ages of ten to twenty years, twenty-five per cent of the patients with negative cultures reacted to oidiomycin, from twenty-one to thirty years, thirty-one per cent reacted, from thirty-one to forty years, seventy per cent reacted, while in the later ages, one hundred per cent reacted

In a series of twenty-nine patients (Table V), in which we were able to retest their cutaneous sensitivity to oidiomycin, there was considerable uniformity in the results of the tests The interval of time between the two tests varied from two weeks to eleven months In twelve patients, the results were the same in both tests In nine instances, there was an increase in the degree of the reaction, while in eight instances, the degree of the reaction was less in the second test In four out of the eight latter cases, the

hiasis observed by MacKee,[19] Monilia albicans was isolated from the skin, gastrointestinal tract, and sputum Treatment by means of topical applications of gentian violet together with daily inhalations of ethyl iodide according to the method of Swartz[20] resulted in marked clinical improvement. When last observed, the patient was in excellent condition.

Vaccinotherapy There are not many reports in the literature regarding the efficacy of this form of therapy Sulzberger and Wise[21] and later Kerr, Pascher, and Sulzberger[22] reported successful quantitative intracutaneous therapeutic desensitizations with trichophyton and monilia extracts and with their combination. Recently Olah[23] tried autovaccine therapy without success in cases of onychia and paronychia

In our series, forty-eight patients were treated with intracutaneous injections of oidiomycin The patients received from six to forty-four injections, the average number being eleven The vaccine was administered in doses of 1 1000, 1 500, 1 100, and 1 50, beginning with the more dilute and proceeding to the more concentrated doses The patients were given a bland application for topical use, for the most part a colored vaseline No absolute cures were noted, but there was an apparent improvement in a few of the patients In the great majority of the patients, no improvement was noted In no case was there any harmful complication such as an exacerbation of the eruption or a focal reaction The degree of reaction to a test dose of oidiomycin was not appreciably influenced by the intracutaneous injections given in this series In isolated cases, there was a slightly increased response and in a few others, the response later became less than at first These slight differences we attribute to technical difficulties in the administration and interpretation of the intracutaneous test

Summary

Cultures were obtained from the skin, tongue, and feces of one hundred patients, considered representative of the dispensary patient suspected of having some type of fungous infection We found Monilia albicans on culture in twenty-seven instances from the skin, in thirty-nine instances from the tongue, and in twenty-seven instances in the feces It was found that Monilia albicans was present in one or more of these sources in fifty-two patients Our results with intracutaneous testing with a commercial extract of Monilia albicans (oidiomycin) showed sixty-three per cent of positive reactions in patients in whom a positive culture was obtained from scrapings of the skin A positive test to oidiomycin was obtained in fifty-eight per cent of the patients who revealed a positive culture from one or more of the examined specimens A positive test to oidiomycin was obtained in fifty-four per cent of the patients from whom Monilia albicans was not cultured

From the above findings, it is concluded that the intracutaneous test with oidiomycin has no practical value in the diagnosis of infections due to Monilia albicans In a brief discussion of the etiology of infections caused by Monilia albicans, it was noted that most patients are overweight Sometimes a debilitating illness may precede the beginning of the infection All patients should also be considered potential diabetics The organism may at times become more virulent and this would explain endemics of localized moniliasis Such occupations as housewife, baker, waiter, and bartender appear to predispose to hand involvement, due to the frequent soaking of the hands and maceration

We treated forty-eight patients by means of the intracutaneous administration of oidiomycin but failed to obtain any cures There was also no consistent change in the degree of reaction at the test site to oidiomycin before and after the series of treatments We did not obtain beneficial therapeutic results in the localized type of moniliasis from a possibly inadequate trial of potassium iodide internally We stress the need for more effective treatment of moniliasis, particularly for the eradication of any nidus of infection in the intestinal tract

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301 E 19 St

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who are susceptible or immune to the organism It is probable that the virulence of Monilia albicans may increase and be capable of causing an infection without any apparent predisposing factor The series of cases of perlèche of children in an orphan asylum as reported by Finnerud[14] may be cited as a possible example

Treatment

It should be emphasized that a patient suffering from any form of cutaneous moniliasis may also have a focus in the gastrointestinal tract Treatment, to be comprehensive and permanently effective, should be directed at the eradication of all foci, both in the skin and in the gastrointestinal tract Unfortunately, therapy directed at the latter is not very effective The presence of an infection caused by Monilia albicans also calls for a urinalysis to detect an otherwise asymptomatic glycosuria

The treatment of infections of the skin caused by Monilia albicans depends partly on the site of the disorder and also upon the individual patient When the hands are affected, it is important to keep them from being frequently immersed in water The use of cotton and rubber gloves may obviate this to some degree *Improvement in hygiene* may be of aid in preventing the development of lesions We have not had much success with low caloric diets Most of our patients did not desire to reduce their weight

The following remedies are briefly discussed

Diet Hopkins[5] noted that a patient with generalized cutaneous moniliasis and with involvement of the gastrointestinal tract improved while on a diet free of bread, cereals, potatoes and other starchy vegetables and with the use of dextrose instead of cane sugar Magnesium carbonate and calcium carbonate were given in large doses

Local Treatmen

1 Gentian violet Churchman[13] first introduced this substance as effective in the treatment of infections caused by gram positive organisms Gomez-Vega[16] recently noted that the growth of organisms of the genera Monilia and Torula, when tested *in vitro*, were inhibited in dilutions of 1 1,000,000 of gentian and methyl violet Cornbleet[17] found gentian violet more effective when followed by an application of Gram's solution of iodine. We subscribe to the opinion of many observers that one per cent aqueous solution of gentian violet is a useful and probably the best single remedy for topical use in Monilia infections of the skin. It may also be used in the treatment of oral thrush and we are now considering giving it by mouth to attempt cure of the infection in the gastrointestinal tract

2 Other topical applications There are many other local remedies which are advocated and which are useful in certain instances Sodium perborate mouth wash and one per cent silver nitrate in nitrous ether have proven of value in certain instances Chrysarobin in strength of five to ten per cent, tincture of iodine or an ointment containing salicylic and benzoic acids are recommended by Ormsby[18] Soothing applications are sometimes necessary when acute inflammation is present

TABLE V — RESULTS OF TESTING WITH OIDIOMYCIN (1 150) ON TWO DIFFERENT OCCASIONS

Age	Sex	First oidiomycin test: 48 hours	First oidiomycin test: 1 week	Interval between tests	Second oidiomycin test: 48 hours	Second oidiomycin test: 1 week
46	F	+	+	8 months	±	
52	F	+	+	4 "	+	+
30	F	±	±	2 "	++	+
40	F	+	+	2 "	++	+++
60	F	++	±	9 "	Ø	Ø
30	F	+	+	2½ "	++	Ø
43	M	±	Ø	1 "	±	Ø
11	M	±	Ø	3 weeks	+	Ø
25	M	±	Ø	7 months	Ø	Ø
42	F	±	Ø	5 weeks	+++	0
56	F	++	++	2 months	++	+
29		++	++	2 weeks	++	±
32	F	++	++	3 months	++	±
59	F	+	+	3 "	++	
34	F	+		7 weeks	+	±
41	F	++++	+++	3 "	++++	+
50	F	++	±	7 "	++	
40	M	+	Ø	5 "	+++	
43	M	±	Ø	5 "	±	Ø
30	M	±	±	2 months	++	+
27	F	++		3 weeks	+	
46	F	++	++	2 "	+	
47	F	++	++	5 "	++	±
11	M	±	Ø	11 months	+	±
32	F	+++	+	3 "	++	
21	F	+		5 "	Ø	
25	F	±	Ø	7 "	Ø	Ø
52	F	+	±	4 "	+	+
53	F	+	±	5 "	+	

Roentgen therapy The roentgen rays are useful in the treatment of paronychia and onychia and are also sometimes effective in the treatment of perleche.

Iodides We have had limited experience in the administration of potassium iodide by mouth in the treatment of the localized forms of moniliasis In some instances we have given the medication to the point of evidence of intolerance Our results, however, have not been conclusive and we have not observed any cures In an apparently hopeless case of the systemic type of moni-

TABLE I — OPERATIVE INCIDENCE

Age	Total Length of Labor	Engagement occurred at end of	Type of delivery	Indications	Weight of Baby	
32	12 hrs.	6 hrs.	Low forceps.	Fetal distress	5–10	Prominent sacrum
28	52 hrs.	24 hrs.	Low forceps.	Fetal distress	6–2	
20	57 hrs	28 hrs.	Low forceps	Maternal exhaustion	7–3	
22	27 hrs.	6 hrs.	Low forceps.	Maternal exhaustion	6–15	
20	30 hrs.	24 hrs.	Mid A forceps.	Sudden fetal distress	6–10	Jutting promontory
36	39 hrs.	9 hrs.	Scanzoni	Persistent O P fetal distress	8–5	
36	35 hrs.	20 hrs.	Kielland	Persisten O P fetal distress	9–3	
23	64 hrs.	20 hrs.	Kielland	Persistent O P fetal distress	8–7	
20	94 hrs.	26 hrs.	Kielland	Persistent O P fetal distress	8–7	
45	30 hrs	10 hrs.	Mid A forceps.	Full dilatation 3 hours. Sudden fetal distress	7–2	

were for fetal distress after full dilatation for three or more hours

The fact that there were no stillbirths or infant deaths in this series of cases would appear to indicate that the dangers to mother and child are increased very little if any by the absence of engagement before labor in primipara with normal pelvis measurements, that conservative treatment with watchful waiting and interference only for definite indications are the methods of choice

Efforts to find the cause for nonengagement are unsuccessful None of the factors said to favor nonengagement such as hydramnios, placenta previa, eccentric adaptations of the head to the pelvis brim was observed in this series of cases It is also to be noted that nonengagement does not depend upon the large size of the baby, for the average weight of the baby in the cases delivered spontaneously was 7 lbs 4 ozs while in those delivered by operative measures was 7 lbs 6 ozs

Conclusions

1 It appears from this study that it is impossible to determine any constant or prevailing cause for the failure of the head to engage before labor in primipara with normal pelvis

2 The condition may be expected in 17 5 per cent of normal primipara at term

3 In our series one hundred per cent eventually engaged

4 Over seventy per cent will deliver spontaneously with labor moderately prolonged

5 In the remaining twenty-nine conservative treatment with watchful waiting may obviate the necessity of cesarean section and high forceps and limit the interference to a simple forceps operation

6 The stillbirth and infant death rate should not be increased

215 E GUN HILL ROAD

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DR SUN AND DR AIR TO OPEN NEW OFFICE

Excavation work has started for New York City's new Convalescent Day Camp, said to be the first of its kind in this county, on Welfare Island, by the City-Wide Department of the WPA Division of Operations, to serve the needy of the greater city whose health may be restored more quickly by plenty of natural sunshine and fresh air in pleasant surroundings WPA will also build nine one-story stucco finished buildings a concrete promenade 2,000 feet long, a children's wading pool, and will beautify the grounds with hundreds of American elms, shrubs, and perennials

The entire park will be enclosed with privet hedging A shrubbery dogwood garden will be planted

The main building will include a recreation and dining hall, equipped to show motion pictures, to accommodate 1,000 persons Eight shelter buildings, each 100 feet long will have a sheltered terrace around three sides of each building The estimated date for completion is July 1

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THE UNENGAGED HEAD IN PRIMIPAROUS LABORS IN NORMAL PELVES AT TERM

J Irving Kushner, M.A, M D, *Bronx*

From the Obstetric Service of Dr Meyer Rosensohn, the Bronx Hospital

In the supervision of the gravid patient at term with her first baby the question of engagement of the presenting part is most important In the most frequent type of presentation, the vertex, the problem becomes one of whether the head has engaged and will come through the bony pelvis Given a normal pelvis and an average-sized baby, the teaching has always been that the fetal head should be engaged in the last weeks of gestation That this is not always so, however, is seen by every practicing obstetrician and it is with some concern on the part of the attendant that labor is approached under those conditions in the primigravida Prolonged labor or an unrecognized disproportionment looms with operative delivery a probability and the outlook for the baby becomes questionable

The criterion as described by DeLee[1] and Rosensohn[2] has proved the most satisfactory as a working index of the accomplishment of engagement

Briefly, when the curved surface of the vertex has descended sufficiently to be tangent to a line passing through the ischial spines or if the vertex can by pressure be brought to this level the largest diameters of the head are judged to be just through the brim The distances or stations of the head before or after engagement are best described as so many fingerbreadths or centimeters above or below this interspinous line It is with this definition of engagement that 200 consecutive primipara with normal pelves and vertex presentations were studied during their labor

In the 200 patients, 165 were found to have the presenting part engaged before labor began and thirty-five were still unengaged or floating with the onset of pains A study of these thirty-five cases presents certain interesting data

The incidence is one in every six primiparous labors (17 5%) Of the thirty-five cases, eighteen were floating free above the pelvic brim at the onset of labor and seventeen were dipping two or three fingerbreadths above the ischial spines, the largest diameters of the head being still well above the brim This is in agreement with the report of Harrar from the Lying-In Hospital

Twenty-five delivered spontaneously with no fetal or maternal mortality after an average of twenty-seven hours of labor In the remaining ten operative deliveries, the average duration of labor was forty-four hours In the operative deliveries there were no cesarean sections, four were low forceps, and six were median forceps with no fetal or maternal mortality (Table I) Of the median forceps, three were Kielland's and one Scanzoni for persistent occiput posterior positions, the other two

I wish to thank Dr Meyer Rosensohn, Attending Obstetrician, for his kind assistance and helpful criticism in the preparation of this paper

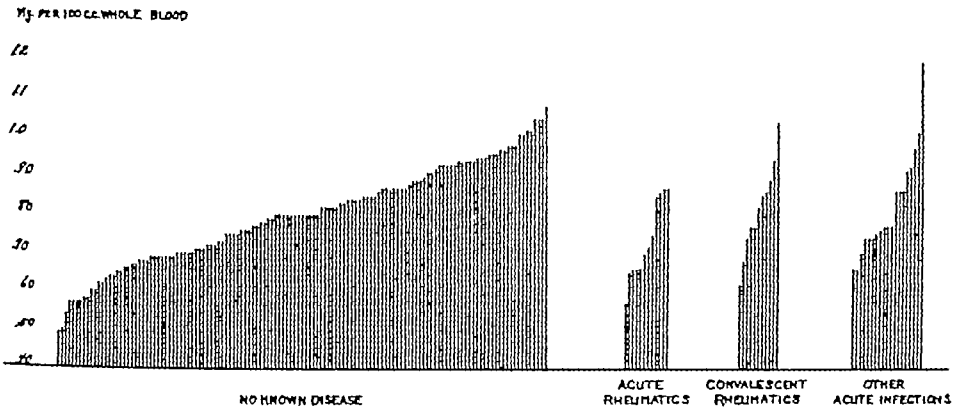
of thirteen cases They maintained however that digestive disturbances were responsible for the deficiencies of Vitamin C and that even in the control cases when there was a nutritional disturbance during the test the Vitamin C was not well-assimilated They concluded that the results of their study do not support the concept that a condition of ascorbic acid deficiency is a predisposing factor in the causation of rheumatic fever

Faulkner[7] likewise endeavored to study the effect of the administration of Vitamin C on rheumatic fever In twenty-seven cases of rheumatic fever the effect of the administration of large daily doses of Vitamin C was studied None of these cases showed any clinical signs suggestive of scurvy All of the patients had been on a diet generally considered to be adequate in Vitamin C All of the cases were given additional Vitamin C in the form of 530 c.c. orange juice per day No specific therapeutic effect on the course of the disease was observed during the period of increased Vitamin C administration which lasted on the average for four weeks The failure of larger doses of Vitamin C to influence the course of rheumatic fever is presented by Faulkner as evidence against the hypothesis of Rinehart that deficiency of this substance is a specific etiological factor in this disease

Perry[8] studied the relationship of Vitamin C to rheumatic heart disease In his study of eleven cases there were five active rheumatic and six quiescent cases In these cases tests were made for Vitamin C deficiency based on the excretion of ascorbic acid in the urine after the administration of a test dose of Vitamin C Perry concluded that Vitamin C deficiency is not an important factor in the causation of acute rheumatism, that mild degrees of this deficiency are not uncommon in rheumatic children, and that the capillary resistance test is not a reliable guide to this deficiency

More recently Abbasy, Hill, and Harris[9] reported on Vitamin C studies in 107 active rheumatic children, eighty-six convalescent cases and sixty-four control cases The results of their studies showed a striking difference between the excretion of Vitamin C by the rheumatic cases compared with the controls The sixty-four control subjects receiving an adequate institutional diet all excreted more than the standard level of thirteen Mg per day per ten stone of body weight The average value for this control group was twenty Mg per day In contrast, a group of 107 active rheumatic cases receiving the same institutional diets for periods of up to several months, excreted an average of only nine Mg per day This low level of excretion persisted in convalescent cases in which group eighty-six cases had an average excretion of ten Mg per day Their studies further showed that if the regular daily intake of Vitamin C was greatly increased, it took the rheumatic subjects, active and convalescent, longer to reach a given level of excretion than did the controls receiving the same large dose of orange juice Furthermore, when after five

CHART I—VITAMIN C VALUES OF WHOLE BLOOD FROM 172 CHILDREN



RHEUMATIC INFECTION

Is Vitamin C Deficiency a Factor?

ALBERT D KAISER, M D, *Rochester*

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The development of accurate and rapid methods for the quantitative determination of Vitamin C has led to extensive investigations of its biochemistry and physiology Studies during the past few years have indicated that Vitamin C plays an important part in determining the resistance of the animal organism to certain types of bacterial infections and toxins For example, guinea pigs fed a ration deficient in the Vitamin are much less resistant to diphtheria toxin than are normal control animals similarly, the administration of Vitamin C (cevitamic acid) to normal guinea pigs increases their resistance to the toxin A protective effect of Vitamin C against tuberculous infection in animals has likewise been described repeatedly A correlation between the incidence of juvenile rheumatism and poverty has more than once led to the suspicion that some error of diet might be a causative factor in the disease In a recent publication Rinehart[1] cited experimental, epidemiological, and clinical data in favor of a theory that Vitamin C deficiency may be a necessary accompaniment of rheumatic fever

Inasmuch as the etiology and the factors that predispose to rheumatic fever are not clearly understood, it is of considerable importance to critically test the concept that a deficiency of Vitamin C may be a predisposing factor in rheumatic fever

Rinehart and Mettier[2] offered evidence that rheumatic fever may be due to the combined influence of Vitamin C deficiency and infection In their animal experiments they conclude that chronic scurvy with superimposed infection in guinea pigs results in a histopathological picture strikingly similar to that found in rheumatic fever in human beings Their experimental results with guinea pigs have, to some extent, been confirmed by Schultz[3] However no convincing data based upon clinical studies has been presented to substantiate this relationship of Vitamin C deficiency in rheumatic fever Van Eekelen, Emmerie, Josephy, and Wolff[4] (1933) were the first to state that Vitamin C could be detected in blood and urine They demonstrated that a single large dose of orange juice given to normal individuals resulted in an immediate marked rise in the daily urinary output of ascorbic acid, the level of which dropped almost to normal on the following days when no dose was taken Individuals previously on normal, adequate diets excreted ascorbic acid at a steady rate even after the material was omitted from the diet for several days, thus indicating that a store of the substance was present in the body From their reports and from subsequent studies there seemed to be agreement that the urinary output or response to a given dose, is a function of the body storage or degree of "saturation" which in turn is dependent upon the previous dietetic history and the demands of the organisms It is therefore probable that growing children require larger amounts in proportion to their size than do adults Johnson and Zilva[5] (1934) strengthened the idea that the daily urinary excretion of ascorbic acid is dependent not only upon the dose, but that the response to any given dose is a function of the amount stored in the body

Sendroy and Schultz[6] endeavored to test the concept of Rinehart and his collaborators, by a direct study of the Vitamin C utilization in rheumatic and in nonrheumatic patients They utilized the urinary excretion test for the determination of Vitamin C Their excretion tests in rheumatic patients relative to the controls, indicated to some degree an apparent Vitamin C deficiency in eight out

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TABLE I—VITAMIN C VALUES OF WHOLE BLOOD FROM CHILDREN WITH RHEUMATIC FEVER

No	Sex	Age yr	Date	Vitamin C in mg %	Diet	Diagnosis
1	M	12	10/6/36	86	Adequate Vit C	Acute rheumatic fever
2	M	7	3/3/37	87	" " "	" " "
3	F	13	10/2/36	66	" " "	" " "
4	M	4	7/17/36	66	" " "	" " "
5	F	6	7/17/36	65	" " "	" " " and chorea
6	F	7	1/20/37	76	" " "	Acute rheumatic fever
7	F	7	7/22/36	85	" " "	" " "
8	M	8	1/27/37	66	" " "	" " "
9	F	3	1/20/37	57	Soft house diet	" " "
10	M	14	7/23/36	70	" " "	" " "
11	M	6	10/2/36	74	Adequate Vit. C	" " "
12	M	12	3/13/37	87	" " "	" " "
13	F	6	5/10/37	76	" " "	Chorea
1	M	11	10/15/36	1 04	Adequate Vit C	Chronic rheumatic fever
2	F	11	10/15/36	94	" " "	" " "
3	F	13	10/20/36	85	" " "	" " "
4	F	11	10/20/36	86	" " "	" " "
5	M	12	10/24/36	68	" " "	" " "
6	F	11	10/24/36	78	" " "	" " "
7	M	4	10/24/36	74	" " "	" " "
8	F	10	10/24/36	82	" " "	" " "
9	F	8	11/10/36	95	" " "	Chorea
10	M	13	1/13/37	62	" " "	Chronic rheumatic fever
11	F	12	2/16/37	77	" " "	" " "
12	F	5	9/30/36	89	No orange juice tomato juice daily	" " "

TABLE II—VITAMIN C VALUES OF WHOLE BLOOD FROM CHILDREN WITH OTHER DISEASES

No	Sex	Age	Date	Vitamin C in mg %	Diet	Diagnosis
1	M	12 yr	1/9/37	97	Adequate vit C	Acute sinus infection
2	F	12 yr	1/15/37	85	" " "	Chronic myocarditis
3	M	4 yr	1/5/37	74	" " "	Sub-clinical scurvy
4	M	12 yr	1/20/37	91	" " "	Acute tonsillitis
5	F	3½ yr	1/22/37	74	" " "	Acute tonsillitis
6	M	6 yr	1/26/37	76	" " "	Acute naso-pharyngitis
7	M	12 yr	2/10/37	77	" " "	Acute nephritis
8	M	7 mo	7/10/36	92	Sobee	Asthma
9	M	2 yr	7/8/36	66	Adequate vit. C.	Erysipelas poliomyelitis
10	M	13 yr	7/24/36	66	" " "	Ulcerative colitis
11	M	14 yr	9/23/36	93	" " "	Influenza
12	M	13 yr	9/30/36	86	" " "	Muscular dystrophy
13	M	12 yr	10/2/36	70	" " "	Muscular dystrophy
14	M	8 mo	10/5/36	86	Inadequate vit. C.	Scurvy, whooping cough
15	F	5 yr	10/5/36	74	" " "	Scurvy
16	M	9 yr	10/23/36	78	Adequate vit. C	Lobar pneumonia
17	M	5 yr	10/28/36	74	" " "	Acute nephritis impetigo
18	F	11 yr	11/25/36	86	" " "	Acute tonsillitis
19	F	4 yr	12/4/36	78	" " "	Whooping cough pneumonia
20	F	2 yr	12/10/36	1 19	" " "	Lobar pneumonia
21	F	4 yr	3/3/37	1 01	" " "	Acute enteritis

was found that the Vitamin C content was nearly as low in these acute infections as in the acute rheumatic cases It would appear therefore that the lower values found in the acute rheumatic cases are not peculiar to this disease In a number of acute rheumatic cases additional determinations of the Vitamin C content were made In all of them the Vitamin C increased as the disease improved During this period however large amounts of Vitamin C were given in the form of orange juice If one could be certain that the whole blood values of Vitamin C represent the degree of saturation it might be inferred that in the acute rheumatic infections as well as in other infections the maximum saturation point has not been reached for with recovery and additional Vitamin C intake this saturation point is elevated

Applied to the subjects with acute rheumatic fever the Vitamin C determinations of the blood, relative to the controls, indicated to some degree, an apparent ascorbic acid deficiency in eight out of twelve cases (Table I) As far as we could determine these could not be ascribed solely to poor diet However in the control groups some low values were obtained in whom no disease was noted It is impossible to state whether the cases showing evidence of a deficiency of Vitamin C are the result of the rheumatic infection or whether it existed before the infection and predisposed to the

weeks the new state of equilibrium had been attained corresponding with the new diet, the new "resting level" for the rheumatics remained markedly below that for the controls Their interpretation of these results is that with the infection which underlies rheumatic fever there is a greatly increased metabolic use of (and need for) Vitamin C and a correspondingly lowered degree of "saturation" of the body tissues

It would appear from the results of these investigators other than those of Rinehart and his coworkers and those of Abbasy, Hill, and Harris that no close relationship could be demonstrated between Vitamin C deficiency and rheumatic fever All of the studies were based on the amount of ascorbic acid excreted in the urine after a test dose was given Abt, Farmer, and Epstein[10] recently described a method for determining the reduced ascorbic acid content of the blood plasma It was stated by these workers that such a determination accurately indicates the nutritional state of the body relative to Vitamin C A study of the blood plasma values of apparently normal children, and of such children who either showed clinical evidence of scurvy or were known to have been taking an inadequate amount of Vitamin C was made It was concluded by Abt and his colleagues that blood plasma values less than 0 75 to 0 80 Mg per cent of reduced cevitamic acid indicate a subnormal Vitamin C intake Inasmuch as Rinehart and Mettier suggested that latent scurvy or hypovitaminosis C might be a factor in the causation of rheumatic fever it was decided to study the Vitamin C content of the blood plasma in a number of rheumatic individuals and compare their values with those of presumably normal children

The method used in preparing blood for Vitamin C determination is that described by Hawley and coworkers[11] Two c c of oxalated fresh, whole blood are mixed with 5 5 c c of distilled water and 2 5 c c of a mixture of eighteen percent trichloracetic acid and two percent metaphosphoric acid The whole is shaken and filtered through filter paper The clear filtrate is titrated against a known quantity of sodium dichlor-phenol-indo-phenol solution The values of Vitamin C are then computed in Mg per hundred c c of whole blood

Vitamin C determinations were made on the whole blood of 125 children ranging from six to sixteen years of age Similar determinations were also made on a number of newborn babies These children were all presumably well except for the fact that they were candidates for the removal of their tonsils and adenoids They had no recent acute infection and were free from fever It is quite certain that several of these children had an inadequate Vitamin C intake in their diet for many of them came from homes of poor parents In this group of children it was determined that the blood values ranged from 0 5 to 1 0 Mg per cent of reduced cevitamic acid with a mean of 0 75 Mg per cent Similar determinations were made on twenty-five rheumatic children The blood value ranged from 0 57 to 0 9 Mg per cent of reduced cevitamic acid The values of the acute cases were generally lower than the quiescent or convalescent cases of rheumatic infection There was however no striking difference between the values of the rheumatic children and the normal group

Most of the children as shown in Chart I with acute rheumatic infection showed lower values than was the average for the normal children of the same age Many of the children with quiescent rheumatic infection showed values as high as the average for the normal children of the same age The twelve children with acute rheumatic infection showe evidence of fever, increased leukocyt count, and an increased sedimentation rate There was practically no vomiting among any of these children The children with quiescent rheumatic infection were residents in the Cardiac Convalescent Hospital (Rochester) and were nearly all free from symptoms and had been receiving for some time a diet high in Vitamin C Comparing the children with acute rheumatic infection and the so-called control children, one might conclude that the Vitamin C values of the blood are slightly subnormal in the rheumatic group However as shown in Table II blood values were obtained in other acute febrile infections such as pneumonia, nephritis, and tonsillitis It

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ALKALINE CYSTITIS WITH PHOSPHATIC CONCRETIONS

Treated With Sulfanilamide

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Of recent date new uses for an old chemical have made the profession sit up and take notice As is the case with most new forms of therapy, many physicians have used it in an attempt to cure conditions not at all related to that for which the drug was originally intended As many interesting discoveries are made in this way, I decided to use sulfanilamide on a resistant case of gonorrheal prostatitis of long-standing complicated by an alkaline cystitis with phosphaturia and phosphatic concretions

Case Report

N B aged thirty-eight with a history of gonorrhea for 15 years, had been under treatment at the Department of Health, receiving prostatic massages He had taken treatment on and off for this length of time, prompted by the reappearance of his gleet, which bothered him even during his most recent treatment at the Health Department He also complained frequently of the passage of small clumps of cheesy-looking whitish material in his urine Before he passed the clumps, he would experience an uncomfortableness and urgency, relieved immediately upon the passage of the clumps Several doctors had told him they were insignificant, and that he might never get rid of them None had ever examined them under the microscope. The prostate was moderate-sized quite hard nontender and disclosed more than 100 pus cells per H P F, arranged in clumps No gonococci were present, although there were a few gram positive short bacilli and cocci Urine was alkaline, specific gravity of 1 016, albumin one plus, rest negative. Glass one of the two-glass test contained cloudy urine with shreds, glass two hazy urine with shreds Complement fixation for gonorrhea was positive, Wassermann was negative.

The usual routine therapy of weak permanganate irrigations, argyrol instillations, and prostatic massages were started Pyridium was given a short unsuccessful trial Microscopic examination of the clumps complained of revealed surprisingly, beautiful triple phosphate crystals heaped up in masses Fifty gr of ammonium chloride and 10,000 units of Vitamin A were added to the therapy in an attempt to clear the phosphaturia Therapy proved unavailing Short wave diathermy and intramuscular injections of milk did not change the picture. Cystoscopic examination three months after the first visit, revealed phosphatic concretions floating in the bladder, several areas of hyperemia without ulceration, normal ureteral orifices, no obstruction to the passage of ureteral catheters, pelvic urine clear on both sides Urethroscopic findings were those of dilated prostatic duct orifices and ejaculatory duct orifices

On June 5, 1937, more than three months after all forms of therapy had neither altered the appearance of the two-glass test appreciably, reduced the number of pus cells in the prostate or reduced the number of phosphatic concretions in the urine, I started the patient on sixty gr of sulfanilamide daily This was easily tolerated without side affects, the patient weighing 235 pounds Two days later the patient felt quite relieved for the first time The urine was still alkaline but he had stopped passing phosphates The urine was nearly clear On the fourth day after sulfanilamide the urine was clear in both glasses, and has remained so thereafter Prostatic massage revealed that the pus cells had been reduced to twenty-thirty per H P F The improvement persisted despite the fact that vitamin A and ammonium chloride were discontinued The gleet never returned and the patient was happy

infection It does seem reasonable to conclude that in the rheumatic subjects there is an increased need for Vitamin C and probably an increased destruction in the body The view has already been advanced by Faulkner that infection may increase the metabolic need for Vitamin C The question then arises does the rheumatic state differ in this respect from other infective conditions in which a lowered excretion or a lower state of saturation of Vitamin C may also be met with? Further statistical studies of the excretion of Vitamin C and the degree of saturation in the whole blood in various infectious diseases will be necessary before a final answer can be given to this question

Assuming that the rate of urinary excretion of Vitamin C is somewhat lower in acute rheumatic infection, attempts were made to determine whether the mode of utilization of ascorbic acid was different in rheumatic patients from nonrheumatics, and also whether this substance had any prophylactic or therapeutic influence in this disease (Table II) Schultz studied the therapeutic effect of ascorbic acid medication on twenty hospital patients with rheumatic fever No demonstrable beneficial influence upon the clinical picture of rheumatic fever was noted Likewise the giving of adequate quantities of ascorbic acid over periods of several weeks did not prevent the recurrence of rheumatic activity among subjects who would otherwise have been expected to develop the disease Schultz maintained that the failure of large doses adequately taken into the circulation either enternally or parenterally to alleviate the symptoms of rheumatic fever, or to prevent the appearance of new symptoms is further proof that Vitamin C deficiency is not an important factor in the etiology of this disease On the other hand Abbasy and his colleagues maintain that a striking feature is the long-continued persistence of the low Vitamin C figures even when the disease is, clinically speaking, quiescent or convalescent and the child is in an apparently good state of health They suggest that the well-known recurrences may be the result of this intrinsic low excretion in convalescent rheumatism It has been suggested as a means of diagnosis when the Vitamin C excretion is low even on an adequate diet It has been noted by Rinehart and others that taking certain drugs more rapidly depletes the Vitamin C stored in the tissues It is therefore necessary to increase the amount of Vitamin C ingested during the period of administration of such drugs as salicylates

In spite of these observations the question still remains, is the Vitamin C deficiency a cause or an effect of this infective process There is reason to believe that there may be a dietary factor at the beginning of the disease as well as a combined alteration in the metabolism of the Vitamin when the disease has developed

Conclusions

1 The experimental and the clinical evidence presented by various investigators indicates that Vitamin C plays an important part in determining the resistance of the animal organism to certain types of bacterial infections

2 There is considerable evidence that rheumatic individuals have a deficient amount of Vitamin C in the urine This is particularly true in acute rheumatic infections and less so in quiescent rheumatic infection

3 There is some evidence that the blood of rheumatic individuals has a somewhat lower level of Vitamin C This condition is also found in other febrile conditions

4 The administration of adequate amounts of Vitamin C will not prevent rheumatic infection or promptly bring about recovery There is some evidence that in a rheumatic subject there is an increased need for Vitamin C

5 Clinical studies reviewed dealing with the urinary excretion of Vitamin C and the observations made on the Vitamin C content of the whole blood do not support the contention that Vitamin C deficiency is a significant etiological factor in rheumatic infection

6 There is sufficient clinical evidence to stress the importance of regular and adequate amounts of Vitamin C administration in all individuals suffering from rheumatic disease

TUBERCULOSIS OF THE GENITOURINARY TRACT

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Genitourinary tract tuberculosis represents an ever-present potential, if not actual, complication of pulmonary tuberculosis The urogenital lesion, in most instances, can be traced to a primary infective site in the lungs, less often to a pre-existing bone, intestinal or glandular focus With this in mind, the urologist in his diagnostic and therapeutic approach, is ever mindful of the fact that he is dealing with a local manifestation of a systemic infectious disease and the individual prognosis must be evaluated accordingly

The all-inclusive term—genitourinary tuberculosis—is particularly misleading in dealing with the female In the male, the urinary and genital systems are so interwoven in form and function as to defy any attempt to consider them as separate entities in relation to tuberculous infection Of 606 cases of genital tuberculosis reviewed at Mayo Clinic by Bumpus and Thompson[1] in 1930, renal involvement was noted in 330, or over half the entire number In the female, however, genital tuberculosis is a rarity and even when it does occur its etiology is entirely independent of the urinary tract

The combined efforts of internist, pathologist, and urologist have led to unremitting progress in the field of urogenital tuberculosis Morgagni first described a case of renal tuberculosis in 1757 and in 1872 Peters, an American surgeon, first removed a tuberculous kidney It is significant too, that most of the recent noteworthy contributions have come from American workers

Because it represents the primary urologic lesion in most instances, our attention in this brief exposition will be focused chiefly on renal tuberculosis The disease is relatively common but we shall omit ponderous statistics in favor of a few salient facts concerning its incidence

Incidence

Salleras and von der Becke[2] noted that sixteen per cent of 1,724 patients with urologic symptoms had renal tuberculosis Kronlein and Israel, in independent studies quoted by Caulk,[3] found that approximately twenty-nine per cent of all surgical operations on the kidney were for tuberculosis Caulk himself reported nephrectomy for tuberculosis in nineteen per cent of all surgical procedures on the kidney

Renal tuberculosis is especially significant in that it is most common between the ages of twenty and fifty Roughly seventy-five per cent, or 164, of 221 cases studied by Kretschmer[4] occurred in this age period Earlier age incidence has often been overlooked Mathe,[5] in a survey of 4,698 cases of unilateral surgical renal tuberculosis, in all age groups, found 565 or twelve per cent in children, but with only a 1 5 per cent incidence up to the age of ten With each advancing year, the incidence rose perceptibly, 494 cases or 10 5 per cent falling in the second decade.

Statistical studies in sex distribution show male victims slightly outnumbering females

A revealing study has been made by Caulk at the Barnes Hospital in St Louis From 1916 to 1921, the average number of tuberculosis patients admitted, in whom renal tuberculosis was subsequently disclosed and treated, was twenty cases a year, representing a ratio of 1 to 300

From 1921 to 1929, these figures dropped to sixteen cases a year, or 1 in 400—a twenty-five per cent reduction since 1916 From 1930 to 1934, the ratio had fallen to 1 to 450—a 33⅓ per cent reduction since 1916 Further, a fifty per cent decline was noted in the number of operations performed for renal tuberculosis

Such data is irrefutable evidence of the value of emphasis on the ounce of prevention rather than the pound of cure The parallelism that exists between pulmonary tuberculosis and poverty, malnutrition and physical debility, applies

Read at Tuberculosis Sanitarium Conference of Metropolitan New York February 9, 1938

Comment

The chief interest in this case lies in the fact that an alkaline cystitis with phosphatic concretion formation resistant to attempted acidification plus vitamin A therapy responded so promptly to sulfanilamide Helmholtz[1] and his coworkers have shown that the urine of patients on sulfanilamide therapy has definite bactericidal properties By adding the drug directly to urine, they were also able to demonstrate that the lethal properties resided directly in the sulfanilamide Marshall, Emerson, and Cutting[2] and others have found that the drug taken by mouth is excreted in two forms in the urine, one as the original drug, and the other as an acetylated form of the same Helmholtz and Osterberg[3] feel the acetylated form is the more bactericidal Whereas under a ketogenic diet, beta hydroxybutyric acid, or mandelic acid therapy, an acid urine is necessary for success, sulfanilamde works best in an alkaline urine Extraneous factors may tend to make the urine acid which will then contain a greater concentration of sulfanilamide than an alkaline urine, yet oddly enough will be less bactericidal than the latter Fortunately most urinary infections tend to have an alkaline urine accompanying

Being composed of ammonium magnesium phosphates, triple phosphates are more easily formed in the presence of a Proteus ammoniae infection, ammonia forming organisms, which Helmholtz[4] suggests my patient may have had The latter organisms are quite susceptible to the bactericidal action of sulfanilamide Clearing up a cystitis due to the Proteus ammoniae would at once remove the cause for triple phosphate formation It may seem a bit speculative, but since sulfanilamide seems to be such a good urinary antiseptic against the usual bacillary and some of the coccal infections of the urinary tract,[5] I wonder if the drug may not prove effective in preventing certain types of kidney stone recurrence, aided in many cases by the presence of infection

158 W 81 St

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THE MERCILESS M D 'S

"You doctors of medicine cut down our infant mortality, extend our life expectancy, and ameliorate our ills—for what? So we can stand up a little longer in a rather unseemly struggle for existence. You feel it in your bones evidently, to make us utterly satiated with life before we are allowed to turn in our chips If we manage to stand the gaff physically, but fold up mentally, you are relentless, you put your psychiatrists upon us Out of the sweet calm of mental abdication they snap us back into the realm of hard sense and stern responsibility What untold liberties you take with us in the sacred name of Aesculapius!"—*Harold O Voorhis, Sec of N Y University, to the Alumni of the University's College of Medicine*

"Smog sickness" is now on the rampage in Indianapolis—respiratory trouble due to smoke and fog Respiratory diseases there have "reached an unprecedented figure," says the state medical journal, and are laid to the "smog" A rise in diphtheria is attributed to the same source The editor urges scientific firing to eliminate smoke

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Every year more than 2000 babies are killed in accidents of one kind or another, says the *Bulletin* of the Metropolitan Life Insurance Company—more than die, in an average year, from measles, scarlet fever, and diphtheria combined Suffocation causes forty per cent of the deaths, other major causes are burns, falls, and foreign bodies in the air passages Many could be saved if the parents were warned of these dangers by physicians and nurses

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"If politics and morals had progressed as much in the last two decades as medical science, there would be far less consumption of gunpowder"—*Harold O Voorhis, Sec of N Y University*

4 Nodule formation
5 Fibrosis
6 Calcification

One or more of these stages may be found present in the same organ

The *renal* lesion may consist of caseocavernous destruction about a papilla or at the base of a pyramid, with marked papillitis or abscess formation as represented in pyonephrosis The kidney may take on the consistency of putty Associated with the tuberculous lesion may be concomitant calculus, tumor or polycystic disease. Deposition of lime salts in areas of caseation gives rise to calcification, producing the characteristic mottled shadows on the x-ray plates The nodular tuberculous kidney is rarely seen It represents a displacement of renal parenchyma by solid nodules of conglomerate tubercles which do not caseate The fibrotic type of renal tuberculosis, while grossly similar to the nodular type is characterized, microscopically, by the absence of tubercles

The *ureter* may be the resting place for tubercle bacilli carried down from the initial focus in the kidney Implantation of the bacilli on the mucosa results in either a diffuse ureteritis or one localized to the lower end of the tubular structure The pathological picture of ureteral tuberculosis depends on the stage of the disease One may find tubercles involving mucosa, muscularis and periureteral tissues with subsequent deformities, strictures, and resultant dilatation Caseation may result in the accumulation of necrotic detritus in the lumen of the ureter, which dilates above such a point The ureteral wall may become greatly thickened, or canalized secondary to the caseous process Contracture of the lower end of the ureter produces the characteristic golfhole ureteral orifice of advanced tuberculosis

Should autonephrectomy occur or the tuberculous focus above be removed surgically, the ureter usually involutes to become a cord-like structure with obliteration of its lumen The ureter, representing but a connecting link in the urinary tract, cannot be properly considered as an entity, but merely a part of the diffuse infection Its involvement, however, may be the cause of pain or colic-like attacks When secondarily involved by renal tuberculosis, the *bladder* shows either congestion, edema, ulceration or tubercle formation about the ureteral orifice In the more advanced case, the whole viscus may become involved in a diffuse inflammatory process with ulceration, purulent exudate, mucous membrane proliferation into polypoid masses, or infiltration of the entire bladder wall Subsequent vesical contracture results in intolerance, marked urgency and frequency The ureteral orifices may, by involvement and retraction of the lower ureteral segment, produce typical "golf-hole" type ureteral openings

Symptomatology

The symptomatology of tuberculous infections of the urinary tract is varied Systemically, one may note evidence of toxicity in subjective complaints of fever, cough, sweats, malaise, anorexia, or recurrent gastrointestinal upsets Intercurrent infections are common Objectively, pallor or loss of weight are constant findings

From an urologic standpoint, the outstanding symptoms are frequency, nocturia, pyuria, hematuria, burning on urination, urgency or enuresis Pain in the loin, constant or colicky, is a less common complaint but careful bimanual palpation may reveal a tumefaction in the renal area. Urinary symptoms are intensified by the tendency to ulceration in tuberculous infection Passage of an acid urine containing tuberculotoxins over such an inflamed surface, together with the secondary contracture of the bladder, makes the tenesmus stranguary, urgency, and frequency of the victim of urinary tract tuberculosis readily understandable

Some interesting observations have been made in respect to duration of symptoms before diagnosis In 314 cases studied by Caulk the average duration of symptoms prior to observation was two years and eight months Kretschmer[9] noted that the onset of symptoms in seventeen of forty-three juvenile cases, or 39 5 per cent, was less than six months, in ten, or 23 2 per cent, from six months to one year, in twelve, or 27 9 per cent, from one to four years, and in four, or 9 3 per cent, from six to ten years The greater susceptibility of children is readily apparent in these

equally well to urogenital tuberculous infections

Etiology

The etiologic agent in the production of urinary tract tuberculosis is the human type of tubercle bacillus The avian and bovine types, most often associated with lymph node lesions, can be excluded from further consideration Many causes have been advanced for the renal lesion, varying from hereditary predisposition, trauma, malposition, malformation, or calculus, to allergy and tuberculous diathesis

The occasional association of the former conditions is probably an incidental one An embolic phenomenon represents the most common mechanism of dissemination, irrespective of whether the renal exacerbation occurs immediately or after months or years, smoldering to a final flare-up

Introduction of the tubercle bacillus into the pulmonary system may be followed by the production of the primary complex This consists of the primary focus or Ghon's tubercle, tuberculous lymphangiitis leading from this site to the regional lymph node and possible caseous lymphadenitis of this node At any stage of the cycle, dissemination or regression of the disease can occur Extension may proceed directly along lymphatics to the thoracic duct, by rupturing into a bronchus, pleura, peritoneum, or lastly, by erosion into a blood vessel

The secondary lesion produced in the urinary or genital tract is usually bloodborne Rarely does the lymphogenous or ascending route account for the infection in the kidney Although the lungs usually represent the primary focus of the disease, the culpable point of origin for the immediate urogenital lesion may be secondary to one elsewhere A careful history and physical examination is therefore obligatory

It is now almost universally agreed that an excretory bacilluria must leave its mark on kidney tissue Medlar,[6] together with Thomas and Kinsella,[7] has shown the presence of microscopic tuberculous lesions in the renal parenchyma and also has advanced strong evidence for considering most cases of renal tuberculosis as bilateral in origin

Pathology

Pathologically, the acute miliary lesion is characterized by generalized dissemination of the infection affecting both kidneys with a toxic tuberculous nephritis The "pre-clinical" lesion or stage of invasion, with the finding of tubercle bacilli in the urine, has led to a conflict of viewpoints on the subject of actual renal involvement as held by Medlar, or an excretory bacilluria without local changes as taught by Wildbolz [8]

The chronic surgical lesion of the urinary tract concerns the urologist directly Incidental involvement of the urinary or genital tract as part of a generalized miliary infection is of interest to the pathologist rather than the clinician Once a tuberculous infection has localized itself in the urinary tract, opinion varies as to whether healing takes place or whether the process goes on slowly but progressively to eventual destruction of the organ

Microscopic tissue studies prove that healing does occur in that pathological entity which goes by many names—the cortical, medical, preclinical or closed type of lesion Such foci may be microscopic or macroscopic and frequently involute and heal In contrast, however, is the open or surgical lesion involving the pelvis with extension into the medulla or cortex It is questionable whether such a lesion ever heals Hence we can understand the apparently conflicting observations of competent men, each of whom is correct Thus Medlar showed that in seventy-six per cent of tuberculous kidneys examined by him the lesions were cortical, eleven per cent medullary, and thirteen per cent both cortical and medullary Turning from this survey of the medical or closed lesion, Wildbolz, in studying 660 tuberculous kidneys removed at operation, concluded that the initial focus was to be found at the apex of the papilla Others consider the primary site of predilection at the base of the papilla. It is this latter group with which the urologist is chiefly concerned

Chronic tuberculosis in the genitourinary tract, as elsewhere, is characterized by the following

1 Tubercle formation
2 Inflammatory reaction
3 Caseation

or obliteration The ureteral catheter may be the deciding agent as to the unilaterality of the disease process by a study of the separated renal output One should be ever mindful, however, of the possibility of reflux of infected bladder urine up the unaffected ureter The presence of tubercle bacilli in a collected ureteral specimen is insufficient evidence upon which to make a diagnosis or to proceed therapeutically

Bacteriologic studies will, with care and persistence, demonstrate the tubercle bacillus in about ninety per cent of cases The bladder urine should be studied for three successive days, examining the sediment of collective twenty-four-hour specimens Urine obtained by ureteral catheterization is even more important in making a decision as to surgical intervention

A mixed infection with cocci or colon bacilli is a frequent occurrence and may mask the underlying tuberculous infection Guinea pig inoculation, while not absolutely diagnostic due to animal immunity to certain strains, is still a reliable agent Lowenstein[11] has found cultural methods even more exacting and has used the procedure routinely A thirty-five per cent sodium hydroxide solution or forty per cent sulphuric acid is applied to the sediment to rid it of other organisms It is then washed three times and inoculated on glycerine potato or albuminous culture media

Treatment

In the treatment of urinary tract tuberculosis, the urologist is not so much concerned with advanced bilateral renal tuberculosis, with or without pulmonary involvement, as he is with the unilateral, chronic kidney lesion with or without minimal involvement of the opposite organ Some contend that this type of renal tuberculosis may heal spontaneously but the majority opinion among urologists is that the only cure for a tuberculous kidney is its removal Wildbolz found fifty-eight per cent of 316 unoperated cases dead in five years, while fifty-nine per cent of 316 operated cases were alive and well after ten years

Chronic tuberculosis of one kidney offers no problem A short period of supportive treatment may be undertaken to bolster the individual's general condition and periodic x-ray check-ups made to determine the advance or regression of the lesion This period of observation should not be prolonged unduly before a decision is made Ultraconservatism may lead to disaster

In the performance of nephrectomy on a tuberculous kidney, special care should be exercised to avoid any dissemination of the disease process The organ and its surrounding tissues should be handled with gentleness and as much of the fibrolipomatous perinephritic substance as possible removed to obviate postoperative sinus formation

The disposition of the ureter varies with different operators If it is thickened, nodular or dilated with caseous material, it should be removed entirely If relatively normal grossly, it may be left *in situ* as the great majority regress and are converted into fibrous cords However, the stump should be securely ligated and phenol applied to it Some have advised exteriorizing the ureteral stump into the skin wound but we consider this procedure unnecessary and merely an invitation to more trouble

Bilateral renal tuberculosis with only slight involvement of one side and an advanced lesion on the other, represents a problem best solved by the internist and urologist in joint consideration of the individual case It is well to remember that removal of the more obvious focus may cause an arrest in the condition and may relieve especially the progressive bladder lesion with its intolerable symptomatology In the particular age group with which we are dealing, such a decision must be weighed very carefully Dependence on one partially disabled kidney is a precarious existence

In such doubtful cases and in the bilateral advanced, rest, heliotherapy, high caloric and high vitamin diet should be adopted Remarkable remissions, and we hesitate to use the word recoveries advisedly, have occurred in patients with renal tuberculosis who have been hospitalized or confined to a sanatorium The actual pathology may remain unaltered or even progress, but symptomatic relief is obtained Bladder tuberculosis usually regresses after removal of the offending focus in the kidney Its behavior is a fair

comparative figures It is also evident that earlier diagnosis lies in constant vigilance on the part of the clinician entrusted with the care of the patient

In this connection, the clinical studies of Harris[10] among Toronto children in 1930, are enlightening A diagnosis of renal tuberculosis was made once in 392 children suffering from tuberculosis of the bones and joints in a ten-year span from 1916 to 1926 Utilizing careful examination of the urine and guinea-pig inoculation, irrespective of symptomatology, *during the next eighteen months,* renal tuberculosis was found in 13 8 per cent Such data require no comment

Diagnosis

The diagnosis of genitourinary tract tuberculosis can be arrived at only by careful study of the following

1 History A background of familial tuberculosis or a record of loss of weight, malaise, cough, hemoptysis, cervical glands or bone disease, or symptoms referable to the urinary tract may be disclosed These may include disturbed urination, painless hematuria, dull loin pain or ureteral colics On the other hand a suggestive history may be entirely absent. One should not omit direct inquiry as to antecedent pulmonary ailments Pleurisy with effusion or empyema are significant when linked with definite parenchymal pathology A history of chronic lymphadenitis, long-standing bone suppuration or joint dysfunction, laryngeal or intestinal involvement and other extrapul monary foci should be carefully noted

2 Physical examination An emaciated appearance with pallor and loss of weight may be noted in addition to pulmonary, bone, gland, joint, laryngeal or intestinal pathology Examination of the genitourinary tract may evidence tenderness in the loin or the presence of a mass A tuberculous lesion of the prostate, seminal vesicles or epididymis should always be followed by study of the urinary tract.

3 Urinalysis should concern itself with

a The finding of tubercle bacilli in direct smear and stain of urinary sediment. Sterile pyuria in an acid urine represents presumptive evidence.

b Guinea pig inoculation

c. Tuberculin as a therapeutic test, with intensification of urinary findings and symptoms

Kidney function tests, utilizing phenolsulphonphthalein or indigo carmine may show normal excretion time, unilateral impairment or complete loss of function A final possibility is bilateral impairment of function

Urologic roentgenology should be preceded by an examination of the lungs, or of any suspicious bone, joint, or intestinal lesion Frequently, however, while a Ghon's tubercle or peribronchial thickening may be present, no evidence of an active renal lesion is noted

The preliminary (flat) plate of the abdomen may show a large renal shadow or irregular calcific deposits in the renal area Intravenous urography should always be done and may reveal such characteristically moth-eaten calyceal deformities or pyonephrosis with islands of contrast medium separated from the pelvic shadow or complete excavation of the renal substance The ureter and bladder may also show evidences of an ulcerative or fibrotic process

Retrograde pyelography should be undertaken only when the diagnosis is in doubt or to affirm a wavering decision as to the propriety of operative interference Caution in such instrumentation is necessary since the production of a generalized tuberculosis has been reported on several occasions subsequent to pyelography

Cystoscopic examination of the bladder may be essentially negative on inspection, or may reveal varying degrees of involvement Hyperemia, ulceration or actual tubercle formation may be visible about one or both ureteral orifices or may involve the whole bladder In this event, a notable finding is marked bladder intolerance to instrumentation and distension, which makes general, spinal or caudal anesthesia mandatory for any satisfactory examination The ureteral orifices may be normal, reddened, edematous, or retracted by ureteral involvement, producing a golf-hole type of deformity The urine ejected from each orifice may be clear, bloody or frankly purulent Indigo carmine given intravenously at this point may fairly evaluate relative kidney function

Ureteral catheterization should be undertaken in all but the very obviously diagnosed cases, taking every precaution not to introduce new infection to a previously uninfected kidney Catheterization may be found difficult or impossible in the advanced case with ureteral fibrosis

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an epididymis, it is our feeling that simple epididymectomy should be done Castration is not indicated unless the process has extended through the tunica albuginea of the testis In repeated instances, removal of such an obvious focus has caused a regression of signs and symptoms pointing to seminal vesicle and prostatic involvement Young has advocated radical extirpation of the entire genital tract in cases of tuberculous infection, and reports clinical cures The operation is a formidable one and in his hands may be the solution to a perplexing therapeutic problem However, we must remember that removal of a local manifestation of a systemic disease cannot result in cure

The prognosis of genital tuberculosis is not a happy one The disease is progressive and statistics from different sources place the ultimate mortality between twenty-five and sixty per cent

Conclusions

This exposition essays to show that the problem of urologists is to deal with a local expression of a systemic disease With the present trend toward greater and deserved emphasis on preventive medicine, closer association between internist and urologist would undoubtedly lead to earlier recognition of genitourinary tuberculosis with far better results In many of the large centers about the country for the treatment of tuberculosis, such alliances have been made mutually advantageous and of far greater import, of inestimable value to the unfortunate victims of the disease

77 Park Ave.

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Physicians practicing in workmen's compensation cases who fail to report properly on the injured workmen whom they are treating are no longer entitled to an attendance fee in the event of a hearing before a compensation referee, Hugh J Murphy, Compensation Medical Registrar of the State Department of Labor, disclosed in an address before the Association for the Advancement of Industrial Medicine and Surgery, Inc, at the Association's rooms, 46th Street and Lexington Avenue, New York City, on February 16

Basketball has been speeded up to the point where it is actually dangerous to health, in the opinion of some school and medical authorities quoted in *The Journal of School Health* A change in rules is urged to give more rest periods or provide for substitutions, to prevent overexhaustion

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In 1931, when the Maternal Welfare Committee of the New Jersey Medical Society began its work, the maternal death rate in New Jersey was 5.9 per 1,000 live births Since then it has fallen rapidly to an all time low of 3 7

The curfew tolls the knell of parting day,
Along the quiet lanes the cattle come.
The plowman puts his implements away
Then jumps into his car and motors home
—Lyre

Accident statistics show that the most dangerous place in an automobile is the seat beside the driver Divorce Court records prove it to be a dangerous place, too —*Wichita Med Bulletin*

'If a doctor has the luck to find out a new malady, it is tied to his name like a tin kettle to a dog's tail, and he goes clattering down the highway of fame to posterity with his aeolian attachment following at his heels"—Oliver Wendell Holmes

indication of the prognosis In extreme cases ureteral transplantation and cystectomy may be the only solution

Postoperative complications are few A composite study of nephrectomy for tuberculosis in several large clinics shows an immediate mortality of 2 5 per cent Miliary tuberculosis, involving the lungs or meninges, may be set up by the operative intervention Sinus formation at the operative site can be minimized by careful technic and while its persistence may prove annoying to patient and surgeon, it usually closes without necessity for revision of the wound Astringents or sclerotic agents may be used to promote healing but in most cases even these are of doubtful value

Bladder irritability may be treated postoperatively by lavage with antiseptic solutions such as five to ten per cent argyrol or 1 5000 potassium permanganate, with 1 400 phenol for its anesthetic effect, with twenty-five per cent cajuput in oil, or gomenol, a proprietary vegetable oil Such balsamics may also be used in the nonoperative cases with similar vesical irritability Methylene blue has been used by some with excellent results

Prognosis

Concerning prognosis, we have already alluded to the immediate operative possibilities Cures have been reported in fifty to sixty per cent of operative cases from varied sources Far from being a radical step, nephrectomy may be the most conservative one Stevens[12] nephrectomized a thirteen months' old child for renal tuberculosis However, diminished constitutional resistance to tuberculosis in the young and also in the colored race, has increased the mortality rate Falci[13] noted only twenty-four per cent cures after nephrectomy in Marion's Clinic as compared to fifty-six per cent cures in adults Diffuse miliary tuberculosis or involvement of the remaining kidney with eventual insufficiency, and genital lesions, has accounted for the majority of deaths

Genital Tuberculosis

Tuberculosis of the genital tract manifests itself as a complication of almost fifty per cent of urinary tract Koch bacillus infections, in the male It may be hematogenous in origin and independent of any apparent urinary tract pathology, but in such cases investigation of the latter tract is imperative We may dismiss tuberculosis of the genital system in the female with little comment since its origin is independent of the urinary tract Involvement of the uterus, ovaries, or Fallopian tubes is usually secondary to intestinal or peritoneal tuberculosis and their presence is made known either at the time of laparotomy or on postmortem examination Involvement of the external genitals, labia, vagina or clitoris, is less often noted and in such instances is in association with similar involvement of the internal organs

The pathogenesis of genital tuberculosis has been a subject of considerable controversy One school holds that the epididymis is the primary site of the infection while another, notably Hugh Young,[14] avers that the prostate and seminal vesicles represent the primary genital site and extension to the other structures occurs later Both groups have presented facts and figures to support their claims With such a difference of opinion, the therapeutic approach is immediately placed on an unstable basis Microscopically as well as macroscopically, the tuberculous lesion simulates that seen elsewhere in the body

Diagnosis may be facilitated by eliciting a history of antecedent urinary tract tuberculosis, urinary symptoms referable to the posterior urethra, swelling of an external genital organ or general evidence of system toxicity Physical examination should include careful examination and palpation of the external genitalia and the prostate and seminal vesicles, rectally, for evidence of nodule-formation, suppuration or fistulae Congestion and ulceration of the posterior urethra or vesical neck may be noted by urethroscopy

Treatment of genital tuberculosis, other than suppuration with secondary acute infection, is never of an emergency nature Conservative medical measures and a supportive regime are always applicable Marked improvement has been noted in numerous cases of genital tuberculosis with rest in bed and actinotherapy with sun, quartz or alpine light

Where a tuberculous focus localizes in

to have an appreciable effect on the incidence or severity of reactions, as shown by a comparison of the figures for lots No 292 and 300, the latter prepared by the isoelectric purification of lot No 292 Although this procedure reduced the amount of protein in a given dose by approximately fifteen per cent, the relative incidence of reactions with the two lots is not significant

In Table II, the reactions are classified according to occurrence within twenty-four hours of the administration of antitoxin, or later With the exception of one patient who developed urticaria with fever thirty days after treatment, the interval was not over fourteen days In only one instance was an immediate reaction followed by a later delayed one

A considerable proportion of the reactions were of the accelerated or anaphylactic type, but as far as could be judged from the records, with the exception of one (possibly two), none were considered of alarming severity

The data for the entire series of 1,000 cases summarized in Table III illustrate the apparent relation of previous injection of horse-serum products and of the results of the intracutaneous test of sensitivity to the occurrence of serum reactions

TABLE I—SERUM REACTIONS FOLLOWING THE PROPHYLACTIC INJECTION OF TETANUS ANTITOXIN

Material	Cases treated	Reactions % General	Local	None
No 284				
Repurified—undiluted Titer 1,000 u/cc	31	25 8	19 3	54 8
No 275				
Routine — diluted from 1,400 u/cc	132	20 4	9 8	69 6
No 272				
Repurified — diluted from 1 400 u/cc	84	17 8	21 4	60 7
No 282				
Routine — diluted from 1,700 u/cc	82	17 0	6 1	76 8
No 288				
Routine — diluted from 2,200 u/cc.	150	15 3	10 0	74 6
No 292				
Routine — diluted from 2 600 u/cc	170	10 0	17 6	72 3
No 300				
No 292 repurified — diluted from 3,050 u/cc	170	14 7	11 8	73 5
No 308				
Repurified — diluted from 4 150 u/cc	181	12 7	9 9	77 3
Total	1 000	15 2	12 5	72 3

TABLE II—CLASSIFICATION OF REACTIONS ACCORDING TO SEVERITY AND TIME OF APPEARANCE

Character of reaction	Appearing within 24 hrs	Classified as severe	Delayed reactions	Classified as severe
General	35	15	117	24
Local	28		97	

TABLE III—INCIDENCE OF REACTIONS IN RELATION TO PREVIOUS INJECTIONS OF HORSE SERUM AND TO POSITIVE SKIN TESTS

Previous history	Total	Reactions: General No	General %	Local No	Local %	None No	None %
Serum or serum and T-A mixture	110	26	23 6	19	17 3	65	59 1
T-A mixture but no serum	165	62	37 6	20	12 1	83	50 3
Neither serum nor T-A mixture	537	47	8 8	71	13 2	419	78 0
Previous history omitted or questionable	188	17	9 0	15	8 0	156	83 0
Total	1 000	152	15 2	125	12 5	723	72 3
Positive skin test	196	41	20 9	28	14 3	127	64 8
Negative skin test	804	111	13 8	97	12 1	596	74 1

TABLE IV—INCIDENCE OF REACTIONS ACCORDING TO AGE GROUPS

Age	Number of cases	Percentage general reactions: Total	Within 24 hrs	Delayed	Percentage local reactions: Total	Within 24 hrs	Delayed
0– 9	300	22 0	5 0	17 0	7 3	1 6	5 6
10–19	300	18 6	4 6	14 0	13 6	3 3	10 3
20–29	151	11 2	2 0	9 2	18 5	3 9	14 5
30–39	107	4 6	9	3 7	17 7	3 7	14 0
40–49	71	1 4	0	1 4	12 6	1 4	11 2
50–59	41	9 7	0	9 7	9 7	4 8	4 8
60–69	18	11 1	11 1	0	5 5	0	5 5
70 and over	4	0	0	0	0	0	0
Not given	8	12 5	0	12 5	12 5	0	12 5

TETANUS ANTITOXIN

Serum Reactions Following Prophylactic Injection

HAROLD W LYALL, PH D and PHILIP P MURDICK, B S, *Albany*
From the Division of Laboratories and Research, New York State Department of Health

In recent years there has been a general increase in the use of antitoxins and sera in the treatment and prophylaxis of various diseases, and until quite recently a great increase, particularly in New York State, in the number of persons receiving toxin-antitoxin mixture for active immunization against diphtheria. Theoretically, this should result in a larger proportion of the population's becoming sensitized to horse-serum products and a consequent increase in the incidence of serum reactions

On the basis of actual figures, the distribution by the Division of Laboratories and Research of tetanus antitoxin for prophylactic purposes has approximately doubled in the past ten years During this period, there has been a considerable increase in the potency of the antitoxin produced in this and other laboratories, and a coincident decrease in the protein content of the prophylactic dose It has been our custom to dilute the more potent material with physiological salt solution in order to maintain a constant volume of two c c for the immunizing dose—1,500 units with twenty per cent additional units to allow for possible deterioration—which is more convenient and favors accuracy in administration In view of the wider use of tetanus antitoxin, it seemed of interest to determine the incidence of serum reactions following treatment with preparations of different antitoxic potency and those repurified after concentration In addition, other factors were studied, such as the effect of previous injections of horse-serum products and sensitivity to horse serum as determined by the intracutaneous test

Through the interest and collaboration of Dr Henry Hun, Associate Surgeon at the Albany Hospital, an opportunity has been afforded during the last four years to secure information on the incidence and character of serum reactions in a group of 1,000 persons following prophylactic treatment against tetanus We are indebted to the staff of the Albany Hospital for initial information on each patient and for the complete record of a number of the cases In many instances, however, to obtain data relative to delayed reactions, it was necessary for a physician from this Division to visit the homes of the patients

Eight different lots of tetanus antitoxin were used These before dilution ranged in titer from 1,000 to 4,150 units, in protein content between seventeen and eighteen per cent. Four lots were concentrated in the usual manner by ammonium-sulfate fractionation[1] and are designated "routine." The remaining four were further purified by isoelectric precipitation[2] to remove more nonspecific protein Although the number of cases treated with individual lots is not sufficient for definite conclusions, the figures denote a trend in the incidence of reactions, and for the whole series, a favorably low average

A summary of the reactions reported with the various preparations is given in Table I Under general reactions are recorded those which caused constitutional symptoms or generalized urticaria, under local reactions, those confined to the region injected, which were generally mild and of doubtful significance In general, as the potency of the material increased and the amount of protein injected was decreased proportionally, there was a reduction in the incidence of serum reactions, This is in accord with the observations of others. Gerlough,[3] in particular, has demonstrated a mathematical relationship between the amount of serum injected and the incidence of serum reactions It is of interest in this connection that lot No 284, which was included in order to determine the effect of undiluted material of low potency, was discontinued after limited use because of an unusual number of serum reactions

Isoelectric purification did not appear

A consistently downward trend was observed in the relative frequency of general reactions in the age groups up to forty years Undoubtedly the chief factor influencing the higher percentages in the younger groups was the greater number of persons who, according to the records, had previously received injections of horse-serum products

Diphtheria toxin-antitoxin mixture apparently played an important role in sensitizing individuals to later injections of tetanus antitoxin

NEW SCOTLAND AVE.

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FOREIGN BODY IN THE UPPER ESOPHAGUS FOR FIVE MONTHS

MERVIN C MYERSON, M D, *New York City*
Department of Otolaryngology, Kings County Hospital

Foreign bodies in the air and food passages are known to cause unusual clinical signs and symptoms This is particularly so if the foreign body has been lodged in the esophagus or bronchus for a long time Despite the generally increased enlightenment on this subject, the ingestion or aspiration of a foreign body is frequently overlooked, and its presence is ascertained by accident or chance It is an accepted fact that the longer the lodgment of a foreign body the more difficult is the removal and the greater is the hazard to the individual

The following case of a jackstone in the upper esophagus illustrates the importance of considering the presence of a foreign body when symptoms, difficult of evaluation, are present

Case Report

A white girl, six years of age, was brought to the Kings County Hospital, May 20, 1936 She complained of severe pain in the region of the upper thoracic spine, posteriorly She was accompanied by her mother, who stated that since early in January, the child had suffered with pain and discomfort in the throat. She had visited several dispensaries and had seen a large number of physicians On each occasion she was advised that the tonsils should be removed The mother objected to this on the ground that the child had not had previous attacks of tonsillitis About ten days before admission she began to suffer with pains in the back, between the shoulder blades Because of a sudden increase in the intensity of the pain, and because the child developed a fever, the mother took her to the hospital

The admitting physician found a child moderately well-nourished She appeared to be in pain, her temperature was 102° F and her pulse rate was ninety-two During the examination an occasional unproductive cough was noted The nose and throat examination was apparently negative General physical examination was negative except for a deviation of the spine to the right in the lower thoracic region and for tenderness on pressure over the upper thoracic vertebrae



Fig 1 Roentgenogram taken in anteroposterior position showing jackstone in upper esophagus

The incidence of general reactions was much greater in those persons with a history of previous injection of serum or toxin-antitoxin mixture than in those with no such history The general reactions in fifteen of the forty-one patients with a positive skin test were of the immediate or accelerated type, 36 6 per cent as compared with 3 5 per cent for the whole series On the other hand, immediate or accelerated reactions developed in twenty, or 18 2 per cent, of the 111 patients with a negative skin test in whom general reactions occurred Not included in the series were thirteen patients who reacted so markedly to the skin test that the prophylactic treatment was omitted At the Albany Hospital, each patient is jections of horse-serum products, the patients were divided into two age groups and the reactions classified according to their previous history (Table V)

It appears that the tendency to reactions of persons who have previously received injections of toxin-antitoxin mixture or serum is in general the same in each group, but a much larger proportion in the younger group gave such a history Hunt[5] states that the age incidence of serum reactions seems to be constant Our figures show that in both age groups approximately seventy-eight per cent of those having a negative history in regard to the injection of horse-serum products had no reactions However, the tendency to reactions appears to have been

TABLE V—INCIDENCE OF REACTIONS IN RELATION TO PREVIOUS INJECTIONS OF HORSE SERUM AND TO AGE OF THE PATIENT

Previous history	Total No	General No	General %	Local No	Local %	None No.	None %
0–19 years							
Serum or serum and T-A mixture	70	20	28 6	12	17 2	38	54 2
T-A mixture but no serum	152	59	38 8	17	11 1	76	50 0
Neither serum nor T-A mixture	263	29	11 0	30	11 4	204	77 5
Previous history omitted or questionable	115	14	12 1	4	3 5	97	84 3
20 years and over							
Serum or serum and T-A mixture	40	6	15 0	7	17 5	27	67 5
T-A mixture but no serum	13	3	23 0	3	23 0	7	53 9
Neither serum nor T-A mixture	269	17	6 3	41	15 2	211	78 4
Previous history omitted or questionable	70	3	4 3	10	14 3	57	81 4

tested for sensitivity by the intracutaneous injection of 0 1 c c of the antitoxin without further dilution, the value of the test in differentiating degrees of sensitivity is, therefore, doubtful

An analysis of the incidence of reactions according to age groups is presented in Table IV When surveyed by the usual statistical methods,[4] there appears to be a distinct downward trend in the relative frequency of general reactions during the first forty years of life, after that there is no trend which could be regarded as statistically significant When the reactions are classified into immediate or accelerated, and delayed, the same general trend is observed

In order to determine whether the higher incidence of general reactions in younger persons was due to a larger proportion's having received previous in- definitely influenced by such previous treatment

Summary

In a group of 1,000 persons treated with prophylactic injections of different lots of New York State tetanus antitoxin, 15 2 per cent developed generalized serum reactions, 3 5 per cent within twenty-four hours Only a fourth of the reactions could be designated as severe and two as possibly alarming Localized reactions of minor significance were noted in an additional 12 5 per cent of the patients

In general, the incidence of the reactions tended to decrease with the increase in potency of the antitoxin and the coincident drop in the protein content of the prophylactic dose Repurification of the antitoxin had no appreciable effect

BETWEEN MENTAL HEALTH AND MENTAL DISEASE

B LIBER, M D, DR P H, *New York City*

Editorial Note Under this title will appear short summaries of "transition cases" from the service of this author in the New York Polyclinic Medical School and Hospital The descriptions are not complete clinical studies, but will accentuate situations from the point of view of individual mental hygiene such as crop up in the every day practice of medicine

Is It Pruritus?

Itching in the genital and anal region is often misinterpreted by the patient and by the doctor alike.

I have seen cases of pruritus vulvae or ani in adults, unsuccessfully treated for years in various ways, including intramuscular protein-milk injections and psychoanalysis and the diagnosis turned out to be unromantic, prosaic pin-worms or fissures

On the other hand itching in those parts is sometimes regarded as of organic origin and inefficiently treated accordingly, although the symptom clearly arises from a peculiar psychic state. Naturally in such cases none of the usual methods will effect the least change

A woman complained of persistent and violent pruritus in and around the vulva and went for a cure, first to her family physician, who sent her to a gynecologist, then back to the general practitioner and later to a "diabetic specialist."

She dieted, douched herself, had sitting baths, used medicated suppositories and tampons local salves and general narcotic drugs, but the insupportable itch went merrily on and became worse.

Only the history of her life cleared up the true etiology

She was separated from her husband who was a wealthy manufacturer Why? Because several years before she had taken it into her head that he was going out with other women Her only proof was that the number of reserve condoms kept in a drawer and which she counted daily, had suddenly diminished! He "swore to God" that it was not true, that her arithmetic was wrong, and fell on his knees for a pardon, but nothing could heal her wounded pride.

However, she was very passionate and sorely in need of a lover, which her severe inbred ethics would not allow her So she suffered in silence and swallowed her tears But as a compensation she unknowingly developed this stubborn itching, which of course, resisted all attempts at ordinary therapy Even later, when she accepted her fate and became used to her semi-widowed situation, the pruritus did not cease She had it by habit, by the well-known inexorable law of inertia, which works so much havoc, anatomically, physiologically, psychologically

One of her several physicians seems to have understood the situation, as he once asked her, according to her story "Itching for what?" But happily she did not know what he meant.

It subsided and finally and gradually disappeared after the true cause was convincingly explained to her, which was a difficult task but which in due course of time she believed

611 W 158 ST

JUST ANOTHER CASE

Poem by Weare Holbrook in This Week, quoted in J.A.M.A

Experiences clinical
Have made us slightly cynical
To us, the female form is bone and tissue
Diagnosis and dissection—
Leave us no time for affection—
So matrimony can't become an issue.
Though there may be little future
In sewing up a suture,
It's the job to which we dedicate our lives,
And we'll give each operation
Our entire concentration
And forget about our sweethearts and our wives

(Chorus)

Then it's Hip-Hip-Hip-Hippocrates!
And farewell to all that's feminine and frail—
Love affairs engender boredom
And besides we can't afford 'em
With the debts and the distractions they entail
So remember, lovely lady, though you have a pretty face,
Professionally speaking, you are just Another Case



Fig 2 Roentgenogram taken in lateral position after removal of foreign body, showing swelling and induration of retropharyngeal soft tissues due to prolonged sojourn of foreign body

Because of the localization of symptoms in the spinal region and the associated deviation, the child was sent to the orthopedic service, where x-ray study of the spine was carried out When the films were developed a jackstone was found to be lodged in the upper esophagus, just below the cricopharyngeus

Examination of the hypopharynx revealed a swelling of the retropharyngeal soft tissues There was no evidence of an abscess present

Esophagoscopy was performed without anesthesia The location of the foreign body was established, but insertion of the tube close enough for removal immediately obstructed the tracheal lumen The tracheoesophageal wall was markedly swollen, so that it was displaced forward by the esophagoscope It became necessary to insert a flexible tube into the trachea before esophagoscopy could be performed Esophagoscopy was now readily done and the foreign body removed without difficulty The child was kept in the hospital for a week until she was symptom free

A film taken of the cervical region in the lateral view after removal of the foreign body disclosed a greatly widened, prevertebral shadow in the lower pharynx and upper esophageal region

Comment

For several months this child complained of pain and discomfort in her throat During this time there was the usual throat examination, which revealed no evidence of disease

Pain and discomfort in the throat of a child should suggest the possibility of a foreign body in the hypopharynx or upper esophagus

Pain in the region of the spine is a significant symptom in the presence of a foreign body This symptom is in most instances casually considered A prolonged sojourn of an upper esophageal foreign body invariably causes such pain Therefore, this possibility should be borne in mind

In this case the swelling and displacement of the tracheoesophageal wall was sufficient to occlude the lumen of the trachea when the esophagoscope reached the involved area It therefore became necessary to maintain the patency of the trachea by means of a special tube, so that esophagoscopy and removal of the foreign body could be safely performed

136 E. 64 St

Danger of radium poisoning in the luminous paint industry in New York State has been minimized in the past few years, Elmer F Andrews, State Industrial Commissioner, declares in revealing that not one compensation insurance claim board based on exposure to radium or radioactive substances has been filed with the Department of Labor since 1934

Mr Andrews based his optimistic statement on information supplied by members of his staff after receipt of alarming reports of widespread deaths and disabilities among luminous dial painters in Illinois A quick survey of conditions in the plants operating here indicates that all reasonable safeguards are being enforced, he said

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An amateur doctor tells us that a little whiskey and honey is good for a cold in the chest but one of our friends tells us he tried this remedy with disastrous results He was arrested for speeding and driving while intoxicated, his wife is suing him for divorce and his honey is suing him for breach of promise —*Nebr State Med Jour*

burden of responsibility and exposes himself to a thousand risks, frequently with ingratitude and downright abuse as his only reward

The veterans of martial adventures become national heroes and receive financial favors in the form of pensions, bonuses, and preferential employment rights even if they have never seen active service The physicians who turn out for fires, floods, earthquakes, and epidemics do not even receive a "thank you" from the public It is taken for granted that they should serve without reward or even gratitude in emergencies, just as it is taken for granted that they should give their time and labor without pay to public and semi-public institutions that show no regard for their professional or financial rights

There is no day of commemoration for the great discoverers of medicine, who freely give to the world discoveries which could earn them millions Instead there are grumblings and loudly-voiced dissatisfaction with the ethical code which places the public welfare above private profit and aggrandizement A thousand medical accomplishments and kindnesses are forgotten as soon as one mistake or misdeed comes to light

Organized medicine has fought and financed the fight to bring order out of chaos and integrity out of commercialism in the field of medical education Yet its activities against quackery are branded as monopolistic by a large section of the public which has benefited by its efforts There seems to be a concerted drive on the part of many advocates of state medicine to advance their cause by slinging mud at the profession

Medicine is too old to look for public gratitude It has a right, however, to demand intelligent understanding and fair play from those who profess an interest in the advancement of medical care A medical memorial day would show that the contribution of the physicians of America to the nation's welfare compares very favorably with its soldiers, statesmen's or any other professional groups

Tomorrow's Doctors

The June 1938 crop of medical graduates is somewhat smaller than for several years past This may be due to the fact that 1934 was the fifth year of the depression, or it may indicate that people are beginning to recognize that medicine offers little prospect of personal satisfaction or economic security under the threat of political control

The young men and women who are entering the profession have a hard road before them When they receive their diplomas they are buoyed up by confident thoughts of all they have learned in medical school If they are the stuff of which real doctors are made, it takes but a short time for them to discover how much they still have to learn

It has never been easy to get started in medical practice and earn a decent livelihood therein Today, with a large percentage of the population on relief and medical institutions vying with one another to provide free service for the middle class, the financial difficulties of the tyro are intensified

It is up to the established physicians in every community to extend a helping hand to those who are just starting out on the difficult road to professional success Alone and unaided, the young physician is beset by a thousand errors and temptations Frequently the friendship and advice of an older man can smooth away obstacles and allay doubts which might be the starting point for serious deviations from accepted ethical and scientific standards

It is advisable for newly licensed physicians to affiliate themselves with organized medicine at the very outset of their careers In this way they establish contact both with their contemporaries and with established practitioners who have already solved some of the difficult problems confronting the novice

Physicians like to think of their profession as a universal fraternity The word has little meaning unless those who have "arrived" are willing to stretch out a

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EDITORIALS

The President-Elect

In Dr Terry M Townsend the Medical Society of the State of New York has a President-Elect who maintains the highest executive traditions of organized medicine Dr Townsend has won deserved fame both in the practice of his specialty and in the complex activities of his professional associations

Years of notable service to the Medical Society of the County of New York culminated in Dr Townsend's election to the presidency of that militant organization His experience there will stand him in good stead in the administration of the larger office which he is now to assume

For the rest, Dr Townsend is no stranger to the affairs of the Medical Society of the State of New York As head of its Public Relations Bureau he has had close and practical contact with the problems of modern medical practice The development of that Bureau into an effective weapon against vivisection, compulsory sickness insurance, and other adverse legislative proposals has to a large degree been principally of his doing

Dr Townsend is an able and experienced administrator He is thoroughly familiar with the questions which will come before him as President of the State Society Above all, he is free from sectionalism and petty prejudices and can be depended upon to take a broad view of the important problems confronting the profession today During his sabbatical year as President-Elect, he will have ample opportunity to observe the intimate workings of the State Society's official family, and learn upon whom to rely for advice and guidance, so that when he assumes his office a year hence, he will enter upon his duties further prepared to carry forward the work of organized medicine in this state

His election marks but another instance where service to organized medicine has been well appreciated He has deserved the great honor which has come to him

Soldiers of Healing

Monday was Decoration Day Many beautiful ceremonies commemorated the courage and self-sacrifice of those who have fought and fallen in the nation's wars

There is no memorial day anywhere in the country for those who wage the greatest war of all—the fight against disease In more ways than one, the physician is the nation's unknown soldier

We are not thinking solely of the great martyrs of medicine, who voluntarily immolated themselves at the altars of research We are thinking of the everyday practitioner, who carries an overpowering

scription of the attacks in arriving at a diagnosis, and considers this of far more significance than the findings obtained by the testing of auditory and vestibular function [1]

Those afflicted with this disease are disabled chiefly because of the vertigo The deafness and tinnitus, while disturbing, do not in themselves remove the patient from his sphere of activities From experience gained in a large series of cases, Crowe and Dandy state that the vertigo is always cured by the intracranial section of the vestibular branch of the eighth nerve Destruction of the end-organs in the semi-circular canals has also had a measure of success In some types of cases, a change in the patient's dietary regime to correct the water-balance metabolism in the body, as recommended by Furstenberg, has succeeded in curing Meniere's disease The condition, therefore, is no longer hopeless and here again Medicine has found the solution to one of the many problems with which it is confronted

1 Crowe S J *Medicine* Feb 1, 1938

CURRENT COMMENT

"I BELIEVE THAT SCHOOL CHILDREN should have individual preventive medical service, health examinations, and health supervision and that this service is not being encouraged in many situations, and that school children and parents are being wrongly educated because they have been led to expect that this modern form of service can and should be provided in school I believe there is need for the recognition of the fact that such service cannot be rendered on a wholesale basis Both the school authorities and the public have demanded a free service in school without taking the advice of qualified representatives of the medical profession as to the cost and time required for rendering this service on a basis of satisfactory medical standards The result is too often rapid inspections by a physician, too little observation for health disorders by teachers and nurses, and insufficient time given by the physician to cases that demand follow-up Practically every public school administrator is faced with the dilemma of limiting the number of examinations or of shortening the time spent on each child "—An interesting article by Dr Harold H Mitchell on the school health examination, to be found in the *Westchester Medical Bulletin* of May 1938

"THERE IS NO MORE REASON why medicine should be socialized than there is for the socialization of every other industry People are just as much entitled to free groceries, free clothes, free shoes, and every necessity of life as there is for free medical attendance

"Socialism will wipe out the rights of the individual and destroy the initiative and self-reliance which is the bulwark of our country

"Bureaucracy is always a curse, and centralization a lethal menace under any conditions Where the practice of medicine is concerned, it is fatal "—Editorial comment in the May issue of the *Illinois Medical Journal*

"TO ABSTAIN FROM MEDICAL ACTIVITIES under present menacing conditions is a wasteful squandering of that valuable asset of good teamwork at the very time when collaboration is absolutely vital One does not change horses in the middle of the stream When out in midocean in a storm you do not see anybody shoving off in a rowboat by himself to save passenger money Present conditions make mass action imperative and mass assaults can move mountains Few, if any, can deny need for maintenance by the medical profession of the strongest possible organization—strong in numbers, militant in spirit and untiring in its concerted efforts to protect the interests of the medical profession and in so doing the interests of the community"—Charles J Whalen

" AMERICANS CONTINUE TO SAVE, but they invest their savings in places which offer a small but certain yield—certain up to a point, but a point which, there is reason to suspect, is being passed Not everybody can find security in any direction, as workers are discovering after trusting to union agreements and seniority plans, as more workers will discover in Social 'Security' if the government's deficits continue, and as capital will discover if it clings too long to the idea that, because one security can be secure, all securities can be, after money has ceased to take risks "—Raymond Moley's remarks in *Newsweek* of May 16

brotherly hand to the young men and women who are struggling to "get there" The county medical societies, which are the core of organized medicine, should take a strong and sympathetic interest in the special problems of the newcomer in medicine

The Laxative Habit

"Did your bowels move today?" This question is the stock phrase of the intern, the pompous and all-important interrogation included in what is known as "the bedside manner," and the worried concern of the anxious parent It is the one phrase in all medicine which alone carries with it a note of threat, a feeling of superiority, and a sense of shame Really, it is terrific! With what other question can a house officer hope to cow a truculent nurse or impress her with his sense of generosity by not ordering an enema What else can so easily detract the sick patient from his aches and pains than by shaming him with a query concerning the function of his large intestine? And finally, what joy can be greater to a doting parent than to see his offspring go through the throes of a "spring tonic" or a dose of castor oil so that the heir apparent be thoroughly "cleaned out"

There are so many things in the world today which, because of their enormity might rightfully cause us concern, that at first it may seem frivolous for an earnest investigator to conduct a study on "Laxatives and Bowel Consciousness"[1] When we read the title we were amused, but when we read the text we realized that Kraemer had performed a fine piece of clinical investigation Utilizing the vast clinical material at the Presbyterian Hospital in Newark, N J, he found that seventy per cent of all patients took a laxative at least four times yearly, and *twenty-one per cent did so daily* This bowel consciousness he attributes to the medical profession and the advertisers of the innumerable laxatives on the market Habitues of the cathartics, and they can be so called in all truthfulness, are not, from a medical sense, constipated They have been indelibly impressed with the idea that at least one bowel movement daily is essential to the maintenance of a healthy body Consequently they become easy prey to the seductive copy of the commercial ads

Since laxatives never hurt anybody, why all this fuss? Merely this The average person who is chronically addicted to the use of laxatives imagines that he is a sick person, becomes a hypochondriac, and lives a very unhappy life The medical profession definitely has a problem on its hands to overcome the prevalent mild psychosis of "bowel consciousness"

Meniere's Disease

There is a great deal of confusion among physicians who are not otologists concerning the exact etiological basis for Meniere's disease Such a variety of conditions may produce the clinical picture that only after painstaking examination, concerned chiefly in eliminating these various other diseases, can a diagnosis of true Meniere's disease be made This is important because today there are at hand several methods of affording permanent relief from this disabling malady

In the main, it is essential to differentiate between those cases of vertigo, vomiting, and incoordination due to irritation of the central vestibular pathways and those which are the result of irritation of the vestibular end-organs In the former, the dizziness and staggering gait are more apt to be constant and there is less likelihood of intervals of freedom from attack In true Meniere's disease the violent attacks of vertigo appear suddenly and there is a sensation of objects whirling about Deafness is also present to a greater or lesser degree with or without tinnitus Crowe emphasizes the importance of the de-

1 Kraemer, M *Am J Dig Dis* 5 9, 1938

Presidential Address

Standards of Living

CHARLES H GOODRICH, M D, *Brooklyn*

This is not a ringside chatter about a planned economy that would hamstring life and thought and initiative Nor shall we list all standards of living in practical application during this confused and hysterical period of the world's history For this would be as difficult and tedious as calling the roll at Coney Island on a hot summer Sunday afternoon In fact the very *numbers* of standards demonstrate the weaknesses of many, and their qualities vary from the divine to such base absurdities and tragedies as have turned back the clock of the old world a few centuries and in some places stopped it altogether for the time being Individually it sometimes seems as though the leading motives in the lives of some men and women prompt the doing of those affairs which shorten or cripple life, their own or others A well-known scientist, on his way down-hill, when reproached by a friend replied, "I'm going to have a good time! Life is too short to be careful." His friend retorted, "Why take such *care* to make it short"

A lady came to our office in a hurry The reason she was in haste? She had tickets for the matinee! "So you like the theatre?" "Yes," she said, "about all there is worth while in life is eating and drinking and going to the theatre!"

Alfred Austin, the English poet thinks otherwise

> "Is life worth living? Yes so long
> As there is wrong to right!
>
> * * * * *
>
> While there is one untrodden tract
> For intellect or will
> And men are free to think and act
> Life is worth living still."

This recalls the aphorism of the waggish philosopher who said "Is life worth living? That depends upon the liver!"

We once knew a great man who said "I would rather die than be compelled to stop smoking" A shocking statement for a great man!

We remember two young ladies years ago in our days of innocence. Whenever they met "Where were you last night?" "Oh! I went to Charlotte's—played cards and danced" "What did you have to eat?" There always followed a vivid description of the large dices of lobster, the variety and fillings of the sandwiches, the colors of the ice cream and candies, the consistency of the cake and the contents of the punch Many Oh's and Ah's from the other!

When we read or listen to current references to "standards of living" we infer that these are affairs that can be legislated or materials which can or must be purchased And yet the next moment we think of where we live, the home, its locations and atmosphere, its furniture and foods, its sunshine and warmth, its cooling shelter after a hectic day, its enriching affections and all of its contribution to human contentment And because such things are notably lacking for so many we set about thinking how they can be brought to more people and we are a little discontented This discontent shows that we have a bowing acquaintance with one high standard of living —concern for others We need more than a bowing acquaintance. We need intimacy For *no one* can ride to enduring glory in this world or any other in a chariot of self-gratification It is self-love, self-indulgence, and self-seeking for power and exhibitionism to a degree which obliterates true concern for others that is one of the causes and curses of our panicky civilization where the stage was almost set for a demonstration of beauty and grandeur in thought and accomplishment, broadened vision, and an unclouded horizon.

Concern for others is a lofty standard in the life of the true physician. One and all we can agree with Mazzini that "Life is a mission Every other definition of life is false. Religion, science, philosophy though still at variance upon many points all agree in this, that every existence is an aim"

Forty years ago when the old Waldorf-Astoria was new, when a million dollars sounded as impressive as $37,000,000,000

Correspondence

[THE JOURNAL *reserves the right to print correspondence to its staff in whole or in part unless marked "private" All communications must carry the writer's full name and address, which will be omitted on publication if desired Anonymous letters will be disregarded*]

Professional Tax in Greater New York

Joseph D McGoldrick — Worth 2-4780
Comptroller
Samuel Orr
Special Deputy Comptroller

THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
Emergency Revenue Division
50 Lafayette St., New York City

Business Tax

Medical Society of State of N Y,
2 East 103rd Street
New York, New York

Gentlemen

You are requested to advise the members of your society that Returns of Excise Tax on Gross Receipts must be filed by all professional persons engaged in a profession or vocation, for the privilege of exercising their profession or vocation for the period commencing July 1, 1937 and ending June 30, 1938, or any part thereof, where their gross receipts from the profession or vocation engaged in, exceed $10,000 00 for the calendar year 1937

Returns must be filed on or before June 15, 1938, with the Bureau of City Collections in the borough in which the practitioner maintains his office A remittance for the amount of tax due must accompany the return when filed

The tax is based upon the gross receipts for the calendar year 1937 where a person was practicing his profession during the whole of the calendar year 1937 Where a person commenced to practice after January 1, 1937, it is advised that he communicate with the Emergency Revenue Division, 50 Lafayette Street, Manhattan, (WOrth 2-4780) for further details

The tax rate is 1/10 of 1% For example, a professional person having gross receipts of $14,000 00 would be required to pay a tax of $14 00

No return is required to be filed where the gross receipts are $10,000 00 or less In no case should salaries and office expenses be deducted in determining the amount of gross receipts subject to tax

Your kind cooperation in advising your members is solicited

Yours truly,
SAMUEL ORR
Special Deputy Comptroller

May 12, 1938

(The attention of the Metropolitan members of the Society is called to this new tax—Peter Irving, M D, Secretary)

Anent "Hollywood on Crusade"

Westport, Essex County, N Y

To the Editor

It is difficult for me to conceive of anything in the way of publicity that could not do more good than the expose of the methods of quacks such as was proposed in "Hollywood on Crusade" It seems a great shame that the idea was abandoned It would seem that the A M A is to be congratulated rather than condemned for the proposed collaboration in this enterprise.

Very truly yours,
HAROLD J HARRIS, M D

April 22, 1938

BEAUTY SHOP GETS A PAT ON THE BACK

Dr H McClure Young, Editor of the *Urologic and Cutaneous Review*, remarks that we read a good deal about the horrors, but not much about the benefits to the health of regular attendance at a beauty shop It used to be said that pretty women never had skin cancer because they took immediate cognizance of any blemish The ugly duckling who regards her appearance as hopeless and does nothing about it, is very apt to be unconcerned about any added blemish in the way of a skin disorder But the ugly duckling who frequents the beauty shop in an effort to minimize her handicaps will be just as solicitous as her beautiful sister when eruptions appear That vanity which takes her weekly to the beauty shop will take her, if she is well informed, to the dermatologist. Aesculapius may be served in the beauty shop as well as Venus

rest? Do we exercise in the main the currently *unused* muscles? Do we increase the reserve air in our lungs and empty out the residual air of last week or the week before? Mentally, under the choicest light, do we delight in history, biography, literary essays, and choicest fiction sparkling with genuine humor or do we insist on a strong meat diet of medicine or its alternative, the hair raising detective yarn? We must not forget humor, the comedy, the becoming decorations of serious affairs Humor is a mental antispasmodic which relieves the sense of weight and tension of responsibility and care Some have said, "How can Doctors joke when carrying on such heavy duties?" We reply that we must pick up humor and comedy where we can and share it with those in trouble. Most of our duties are of themselves serious Life *must* have *sparkle* and *shine* The safeguard must be to avoid seeming to lack sympathy when hearts are aching or breaking Socially do we discuss great and thrilling current affairs or do we gossip about little personalities?

Recreation is what we are reaching for in these moments when we are not physically and mentally working or feeding the body and mind The majority of people occupy leisure in such ways as to curtail sleep, eat and drink too much, and mostly do or overdo affairs that harm health and reduce efficiency, with the brain and nervous system as the outstanding victims This explains the positive decline in the average degree and quality of constructive thought and work efficiency The use of modernly extended leisure means added responsibility and deserves careful study by all intelligent persons It seems reasonable to suggest that many people could profit by advice from their physicians Also that physicians might profit by absorbing this advice for themselves and their families

After cheering for the Gospel of work, supported by proper diets, and the reconstructions by leisure our next step must be to indicate that the *progress of the world*, the *physical* and *mental* ability to *work depends* upon the development and preservation of *physical and mental health* This is an outstanding consideration in enumerating standards of living For after all health forms the pedestal upon which all mortal standards of living must be erected and exalted How can we assure this essential foundation? Certainly not by awaiting the coming of minor or major mishaps in the running of the machine or disintegration of parts here and there In this department the hope of the world is prevention of injury and disease. In the realm of public health there is a steady slow growth We physicians must so arouse the public consciousness and intelligence that the desire for the delivery of preventive medical care will ultimately largely transcend and forefend the need of restorative care Much of this must be produced as a result of regular periodic examinations whether or not good health apparently prevails

As we consider life in its broadest inclusive interpretations, elemental *spiritual* standards of living are found in the Commandments of God, the dictates of a lively discerning conscience, and faith in the brotherhood of man After these we list our little human contribution This is not really ours for it finds place in the galaxy of ideals treasured by and vitalizing hosts of physicians

Our thesis is that mental and physical progress, the *living forward* of mankind, depends largely upon these standards of living, mental and physical work, mental and physical diets, mental and physical recreation, which are all dependent upon mental and physical health As our official valedictory we urge that much may be contributed to physical and mental health by increasing the vogue of preventive medicine and the periodic inventory of what health we have and what, if anything, hazards or imperils its influence and effectiveness

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Hope for the thousands throughout the world afflicted by cancer, with dramatic demonstrations by dioramas of what science is accomplishing in fighting the scourge, is the theme of an exhibit to be made at the New York World's Fair 1939 by the New York City Cancer Committee

Contract for 500 square feet of display space in the exposition's $400,000 Medicine and Public Health Building has been signed by Dr Francis Carter Wood, Director of the Institute for Cancer Research Columbia University, and Grover A Whalen, President of the Fair Corporation

does now, the superintendent in charge of a nearby building under construction handed one of his hod-carriers his pay-envelope saying "Pat, there's your million" "My million?" said Pat "Yes!" said the boss —"but what would you do if you really had a million dollars?" "Phwhat would I do?" said Pat, "I'd go over there to the Wallydorf-Wistoria Hotel and get a fome room and leaf a call for six o'clock in the marning and when that bloody spalpeen of a bye came along and knocked at my door I would yell at him, 'Go to blazes— I don't *have* to'"

Returning to now Mr Henry Ford has often furnished us with interesting and helpful side-lights upon standards of living and some practical lessons as well A fortnight ago he visited the President and, soon after, he was interviewed by newspapermen Among the questions "Do you believe that it strengthens a man to undergo hardship?" Answer, "Of course it does"—"What about the hardship of unemployment?" "That's the worst hardship in the world" "Does *it* strengthen a man's character too" "It does if it drives him to get himself out of his unemployment"

Recently while we were passing a noisy restaurant-party discussing current events one of the participants shouted, "What's the matter with the world anyway?" We heard no more—but a few days later Mr Charles Hanson Towne provided an answer to this query in these lines

"The light o' the world has not died yet,
On many a peak and minaret
The sun still sparkles as of old,
With flaming flashes of mellow gold
* * * * *
The dew is still upon the rose
In many a dreaming garden-close,
The meadows shine, the aspens quiver
By every softly moving river
The birds still sing, the bees still hum
Though lands know pandemonium
Only man fails, and only he
Forgets what man was meant to be"

Moreover, "There is nothing of which man is so fond and withal so careless, as life," (LaBruyere) and this is our reason for briefly prattling about standards of living And as we proceed we must remember that "Life can only be understood backwards— but it must be lived forward." (Kirkegaard)

We believe in the Gospel of work, *mental work* which solves problems, discovers new truths, evolves new methods of procedure, and gains mental strength by brain exercise This thrills one's associates and followers with the assurance that life is better for everyone concerned if we think straightforwardly daily, vigorously but with restraint, confidently but gently, competently but without exultation Clean, wholesome exercise of the mind develops character, usefulness, influence, as well as more mental ability, and includes sound gaity and humor

We believe also in physical work which affords mutual service to mankind and increases the skill of mankind This makes life better for all through the simplest labor of field and home, of factory and street, in the application of heat, electricity, natural and fabricated power, in the developments of arts and sciences for increasing human comfort and satisfaction The *cultural* arts and sciences represent elaborate, often delicate mutual *adjustments* of mental and physical work

To work well physically and mentally, wholesome, digestible diets are required While physical diets may contribute somewhat to serenity and ability of mind we consider that in largest degree their calories produce the heat and energy which make muscular power and utility comprehensive and accomplished However, an excess of physical food may reduce the powers of motion and thinking

It is a very generalized standard of living that physical food should not be tainted, foul or offensive It is to be regretted that this standard is not observed equally with a lot of the mental pabulum which is for sale in our markets Much of it is so offensive that even goats might refuse it. The careful selection of physical and mental diets seems important in promoting our Gospel of work

To accomplish a desirable degree of work and to think forwardly and constructively we need to practice for ourselves and prescribe for our fellows a regular, systematic, sensible degree of recreation We will use the ancient pronunciation re-creation! There is its meaning! Mental re-creation! Physical re-creation We all know how we have planned it and *sometimes* carried out our plans We question if the prescription is always well-balanced! Is there enough sunshine, oxygen and joy in it? Is there a generous dosage of the best quality of

WORKMEN'S COMPENSATION

The Committee has received the following communication

Dr David J Kaliski, Chairman
Workmen's Compensation Board

Dear Doctor Kaliski

The question of the period of time x-ray plates should be kept as a matter of record in compensation cases was considered by the Industrial Council and the following recommendation was made to the Industrial Commissioner

All x-ray plates relating to compensation cases shall be kept on file by all physicians, hospitals, x-ray laboratories, insurance carriers and employers for a period of at least five years and that in no case shall they be destroyed without a report of the findings of such x-rays being filed as a permanent record No x-ray plates shall be destroyed which may be involved in any open and active compensation case

I am sending this recommendation to all interested parties requesting their cooperation

May I ask that you kindly arrange for the distribution of this recommendation to all authorized physicians requesting their cooperation

Yours very truly,

ELMER F ANDREWS
Industrial Commissioner

May 5, 1938

AMERICAN BOARD OF ANESTHESIOLOGY

The American Board of Anesthesiology, Inc., an affiliate of The American Board of Surgery, was organized in response to many requests to establish official recognition of physicians competent to practice and teach anesthesiology as a specialty This Board, through its affiliations with the American Board of Surgery, is a member of the Advisory Board for Medical Specialties

Committees representing The American Society of Anesthetists, Inc., and The American Board of Surgery, carefully studied the possibilities for the organization of this affiliate board As a result of these deliberations, delegates from The American Society of Anesthetists, Inc., The American Society of Regional Anesthesia, Inc, and the Section on Surgery of the American Medical Association, met and completed the plans for the affiliation with the American Board of Surgery in June 1937 In February 1938, the Advisory Board for Medical Specialties approved the affiliation and The American Board of Anesthesiology proceeded with its incorporation in the State of New York.

The cooperating societies and their representatives are

Dr Ralph M. Tovell, Dr Harry Boyd Stewart and Dr Henry S Ruth, from the Section on Surgery of the American Medical Association.

Dr Emery A Rovenstine, Dr T Drysdale Buchanan, and Dr John S Lundy, from The American Society of Anesthetists, Inc.

Dr Paul M. Wood, Dr Philip D Woodbridge, and Dr Ralph M Waters, from The American Society of Regional Anesthesia, Inc.

The following officers were elected President, Dr Thomas Drysdale Buchanan, Vice President, Dr Henry S Ruth, Secretary-treasurer, Dr Paul M Wood.

The term of membership on the Board will be six years

Two groups of candidates are recognized for qualification by the board (a) those who have already amply demonstrated their fitness as trained specialists in anesthesiology, the Founders' Group, and (b) those who, having met the general and special requirements exacted by the board, successfully pass its qualifying examination

The Founders' Group, on invitation by the board, may be chosen from (1) professors and associate professors of anesthesia in approved medical schools in the United States and Canada, (2) those who for fifteen years prior to the board's organization have limited their practice to anesthesiology, and (3) those who hold the certificate of Fellowship in The American Society of Anesthetists, Inc.

All applications for the Founders' Group must be received by January 1, 1939 No candidate will be considered after that date

Requirements for those to be qualified by examination will be

1 Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association or graduation from an approved foreign school

2 Completion of an internship of not less than one year in a hospital approved by the same council, or its equivalent in the opinion of the board.

3 Special training A further period of graduate work of not less than three years devoted to anesthesiology taken in a recognized graduate school of medicine or in a hospital or under the sponsorship accredited by The American Board of Anesthesiology for the training of anesthetists This period of special training shall be of such character that the relation of the basic sciences to anesthesiology shall be emphasized. Adequate clinical experi-

THE WOMAN'S AUXILIARY

To the Medical Society of the State of New York

THE THIRD ANNUAL CONVENTION of The Woman's Auxiliary to the Medical Society of the State of New York was held at the Waldorf-Astoria Hotel on May 9-12 The following officers were elected

President Mrs Daniel Swan, Queens
President-Elect Mrs G Scott Towne, Saratoga
1st Vice President Mrs Edwin A Griffin, Kings
2nd Vice President Mrs Louis A. Van Kleeck, Nassau
Treasurer Mrs Carlton F Potter, Onondaga
Recording Secretary Mrs Henry L. Hirsch, Nassau
Directors for three years Mrs Herman Galster, Schenectady
Mrs Francis Irving, Onondaga

DELEGATES

Mrs Francis Irving, Onondaga
Mrs Daniel Swan, Queens
Mrs Luther Kice, Nassau
Mrs George Scott Towne, Saratoga
Mrs Edwin Griffin, Kings
Mrs Henry Hirsch, Nassau
Mrs Louis Van Kleeck, Nassau
Mrs James Elliott, Kings

ALTERNATES

Mrs William Groat, Onondaga
Mrs James Dobbins, Queens
Mrs John L Bauer, Kings
Mrs Charles Goodrich, Kings
Mrs P A. Williams, Nassau
Mrs R. D Bullard, Nassau
Mrs A M Bell, Nassau
Mrs Louis Lally, Nassau

At the Post Convention Meeting Mrs Daniel Swan, President, appointed the following to serve with her

Corresponding Secretary Mrs Abraham Braunstein, Queens
Archives Mrs Albert Greene, Schenectady
Convention Mrs John Buettner, Onondaga
Finance Mrs William Godfrey, Queens
Hygeia Mrs Horace Whitely, Onondaga
Historian Mrs William Benenson, Queens
Legislation Mrs R. F Sengstacken, Rockland
Organization Mrs Luther Kice, Nassau
Parliamentarian Mrs Walter F Smith, Jefferson
Press and Publicity Mrs Thomas d'Angelo, Queens
Printing and Supplies Mrs Otto Pfaff, Madison
Public Relations Mrs J Emerson Noll, Orange

SPECIAL COMMITTEE

World's Fair Mrs Harry Mencken, Queens

The Convention activities were in charge of Mrs Edwin Griffin, who with her able committees spared no efforts to make the convention a success

The Monday morning session and part of the afternoon session were given over to the reading of reports by the Board Members Each County Auxiliary President or her representative spoke on what her auxiliary had done, or was doing The work of each county varies according to the interest or needs of its members

On Monday afternoon the guest speaker for the Auxiliary was Mr Dwight Anderson, chairman of the Public Relations Bureau of the Medical Society of the State of New York Mr Anderson spoke on "Public Relations and the Woman's Auxiliary" He suggested that one of the functions of the Auxiliary was to act as a liaison between the public and the medical profession. The Auxiliary should be careful not to initiate anything pertaining to medicine without the consent of the profession

The Annual Dinner of the Auxiliary members, doctor's wives, and their friends, held in the Le Perroquet suite was well attended Mrs Augustus Kech, President of the National Auxiliary, was the guest of honor

The Tea in the Le Perroquet suite was a delightful affair The Auxiliary members and their friends enjoyed the few remarks of Dr Charles Gordon Heyd, who in closing spoke briefly about the Physicians' Home. They also enjoyed the talented dancing of charming Mrs Joseph Eller

Mrs Griffin introduced Mrs John L Bauer, organizer of the Auxiliary and its first President

Another attractive feature of the Convention was the Hobby Show Here the doctors and their wives exhibited all kinds of articles either made or collected by the Hobbyist From the interest shown in the show this year, there is no doubt that new hobbies and exhibits will be fostered for the show at the convention next year

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MRS DANIEL SWAN is to represent the Woman's Auxiliary to the Medical Society of the State of New York at the Convention of the National Auxiliary in San Francisco this month

Public Health News

Division of Tuberculosis

J Rosslyn Earp, L R C.P, Dr P H
New York State Department of Health

The Division acted as host to a conference of District Health Officers and other members of the Department at the Hermann Biggs Memorial Hospital in Ithaca, April 18–20 The first two days of the conference were devoted exclusively to consideration of the campaign against tuberculosis The conference was opened by a really notable address by Dr Max Pinner, Chief Diagnostic Pathologist, Tuberculosis Hospitals Discussing the bacteriology of tuberculosis Dr Pinner attributes the contradictory results obtained in experiments on infection and immunity to the fact that bacteriologists have been working with the mixture of strains, some of which are highly virulent and others much less so He then turned to a defense of the old-fashioned method of finding tubercle bacilli in the sputum by staining a smear Concentration methods have received credit, he says, because smears are improperly made Not only so but the specimens sent in to be tested not infrequently contain nothing but saliva The patient does not appreciate the importance of providing a specimen from below the larynx and the doctor does not always take time to explain this to him In children and in others who swallow their sputum an examination of gastric contents may be necessary In the State Tuberculosis Hospitals a patient is not considered sputum-negative until after the sputum has been tested by inoculation into a guinea pig or by culture which is considered equally reliable.

When the available methods for testing sputum are properly and sufficiently used, every positive result means active disease. Moreover, a negative finding, statements in the textbooks to the contrary notwithstanding, has practically the same significance as a positive, a patient with a demonstrable parenchymal lesion in the lung, signs of activity, a reasonable amount of sputum, but with no tubercle bacilli in the sputum, almost certainly does not have tuberculosis Apart from such signs, and with x-ray evidence of tuberculosis a negative sputum signifies an early minimal lesion or a healed lesion

This very reliable sputum test is not sufficiently used either in case-finding or in diagnosis

Dr Pinner then turned to a discussion of the pathology of tuberculosis after the primary infection has taken place He did not attempt finally to decide the controversy as to whether reinfection comes from within or without, but presented with great cogency a number of forceful arguments in support of the theory that reinfection is usually endogenous An infected individual may be and, he thinks, very likely is, immune to ordinary exogenous reinfection but may still be subject to reinfection within as is the case in syphilis The possibility of massive infection exists only from the patient's own focus Massive infection from without is physiologically and physically impossible He admits that a higher rate of active disease is found in the group of contacts than in non-contacts but he points out that many studies of contact groups have been made in slum populations and states that a much wider variation of fatality rate (from 28 to as high as 250 per 100,000) results from variation in environment than results from the presence or absence of contact with an active case

In the presence of silicosis a rate as high as 500 per 100,000 is found and yet women living in these communities where the men suffer from silicosis and tuberculosis have mortality rates from tuberculosis no higher than those of women of the same age groups in the general population Again, at puberty and during the child-bearing age, tuberculosis is much more prevalent among women than among men Finally, Dr Pinner pointed to the effect of the war on the German tuberculosis death rate, the fall in the rate being rapid when food again became available after the war in spite of the continuance of great overcrowding due to the shortage of low-cost housing

* * *

The annual report of the Division contains a great deal of statistical evidence capable of correcting the impressions that may have been formed by an imaginative optomist. Those who have been engaged for the last ten years in the "early diagnosis campaign" have a cruel surprise in store Early diagnosis is still an ideal Ten years

ence in which the candidate has assumed the whole responsibility will be required An additional period of not less than three years of study or practice limited to anesthesiology

4 The candidate must present to the board sufficient evidence of good moral character, and that he has limited his practice to anesthesiology as a specialty and that he intends to be so engaged

The qualifying examination will be divided into two parts Part I, written, and part II, oral and practical Part I will consist of a written examination covering such topics as anatomy, biochemistry, physiology, pharmacology, physical diagnosis, therapeutics, pathology, and public health, in relation to Anesthesiology Part II, oral examination, may cover topics in the above list, and, in addition, such questions on physics and mechanics as are important in anesthesiology, especially dealing with electrical theories and the proper handling of high pressure gases and inflammable agents The practical examination will consist of actual observation of clinical work in the applicant's own operating theater when possible, and it may consist of cadaver demonstrations of regional blocks, sites for alcohol injection, and procedures for resuscitation or inhalation therapy and clinical experimentation

The fee for Group A, Founders' Group, shall be $25 The fee for Group B shall be $50, payable $25 on application, which shall be returned if the candidate is not accepted for examination, and $25 on taking the examination Re-examination within two years may be had if necessary without additional fee. Once a candidate has become qualified, he will have no further financial obligation to the board

The board will hold its first examination (Part I, written) at various points in the United States and Canada, during July 1938 Part I and Part II will be held in New York City, October 21, 1938

Requests for booklets of information, application blanks and other information should be addressed to the Secretary, Dr Paul M Wood, 745 Fifth Avenue, New York City

HEALTH OFFICERS AND PUBLIC HEALTH NURSES

Annual Conference Scheduled for June 28-30

Albany, May 15—Governor Herbert H Lehman, Dr Edward S Godfrey, Jr, state commissioner of health, and Dr William A Groat, president of the Medical Society of the State of New York are listed among the principal speakers for the opening of the annual conference of health officers and public health nurses at Saratoga Springs, June 28, 29, and 30, according to a tentative program announced today by the State Department of Health Conference headquarters will be in the Grand Union Hotel

At the joint conference during the afternoon of the first day addresses will be given by Dr Ludvig Hektoen, executive director of the National Advisory Cancer Council, Washington, D C, Dr George Baehr, New York City, and Dr Harry Kruse of the Milbank Memorial Fund, New York City

On the second morning of the conference the speakers will be Dr Lowell J Reed, dean of Johns Hopkins School of Hygiene and Public Health, Baltimore, Dr Eugene L Bishop, medical director of the Tennessee Valley Authority, Knoxville, and Bailey B Burritt, general director of the Association for Improving the Condition of the Poor, New York City

Speakers listed for the afternoon session of health officers on June 29 are Walter D Tiedeman, chief of the bureau of milk sanitation of the State Department of Health, F W Gilcreas, associate sanitary chemist of the division of laboratories and research of the Department, Andrew Allen, chief of the bureau of camp sanitation of the Department, Dr Samuel Frant, New York City Health Department, and Thomas C Stowell, assistant director of the division of public health education of the State Department of Health

At the conference of public health nurses on the second day the speakers will include Miss Marion Rickert, medical social work supervisor of the State Department of Social Welfare, Miss Marian A Davis, consultant public health nurse of the division of orthopedics of the State Department of Health, and Miss Marie E Swanson, supervisor of school nursing of the State Education Department.

The annual dinner of the Health Officers' Association and State Organization for Public Health Nursing will be conducted in the main dining room of the Grand Union Hotel at 7 30 P M on June 29

During the final session of the conference addresses will be given by Dr Paluel J. Flagg, chairman of the committee on asphyxia of the American Medical Association, New York City, Dr Louise Pearce of the Rockefeller Institute for Medical Research, New York City, and J E Long, Delaware and Hudson Railroad, Albany

serologically Treatment should be given as soon as the diagnosis of syphilis has been made and should be continued for many years The child of a syphilitic woman should be examined frequently Periodic serological, clinical and x-ray examinations should be made.

8. When stigmata indicating congenital syphilis are present, every effort should be made to confirm the diagnosis of syphilis in the child, its parents and other children Patients with signs of late congenital syphilis should also be treated

Laboratory Aids in the Diagnosis of Pernicious Anemia

Patients with pernicious anemia (Addisonian type) are apt to present themselves with one or more of the following groups of symptoms

I Weakness and pallor which may have a yellowish tinge.

II Vague gastrointestinal symptoms, sore tongue, and the red-glazed appearance due to atrophy of the lingual papillae.

III. Symptoms of nervous system involvement, particularly numbness and tingling in the extremities, and loss of vibration sense.

In the presence of such symptoms the correct diagnosis is often suspected even without any laboratory examinations, but rarely is it possible to be sure of the diagnosis on clinical observations alone Hence before starting a patient on a life-long program of liver therapy, all uncertainty about the diagnosis should, if possible, be eliminated Clinical observations, plus a few laboratory examinations, make this possible

Laboratory Aids in Diagnosis

I Hemoglobin and red-cell determinations The number of red cells is more diminished than the amount of hemoglobin and hence the color index is above one The blood film shows marked changes in size and shape of the red cells (anisocytosis and poikilocytosis), also polychromasia and punctate basophilia

II Leukopenia and reduction of blood platelets are almost constant.

III Determination of the mean corpuscular volume nearly always demonstrates an increase in the average size of the red blood cells

IV A reticulocyte count should always be made before liver therapy is started Repeated reticulocyte counts after adequate doses of liver have been administered will always show in pernicious anemia a marked increase of reticulocytes If the liver is administered by mouth, the maximum increase will occur between the sixth and tenth days, after parenteral liver therapy the peak will be observed between the third and eighth days Not infrequently the diagnosis remains in doubt until the reticulocyte response to liver therapy is observed.

V The icterus index is usually above ten, and the indirect Van den Bergh test positive.

VI Gastric analysis If free HCL is present, a diagnosis of pernicious anemia is almost certainly incorrect.

Differential Diagnosis

Other conditions in which there may be a megalocytic hyperchromic anemia, difficult to distinguish from pernicious anemia, are sprue, idiopathic steatorrhea, certain anemias associated with pregnancy, and occasional cases of gastric carcinoma To reach a correct diagnosis in these cases the collaboration of the clinician and the laboratory worker is essential

Leaflet No 10 issued by the New York State Association of Public Health Laboratories

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The Indiana State Clemency Commission has denied a parole to Robert Peterson who is serving a twenty-year sentence in the state prison for robbery of a South Bend physician Record of the case showed that the physician was called to the Peterson home at night by telephone, the call having been made by Mrs Peterson who said that a baby there was very ill On his arrival at the house the doctor was assaulted by Peterson and forced to turn over the money on his person Peterson was sentenced in the St Joseph County Superior Court March 9, 1934

British authorities find school children work faster and suffer less eyestrain when copying from a light yellow board than when copying from a blackboard. Blue chalk is used with the yellow board The continual alternation of the eye from the blackboard to the white paper and back causes the eyestrain

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A surgeon operating on the arm was asked, "Why do they call that the 'funny-bone'?" "Because," he replied, "it borders the humerus"—*Selected*

ago the proportion of minimal cases in the total reported was 19 15 per cent. Since then it has never fallen below nineteen per cent nor reached twenty-one In 1937 20 5 per cent of the cases of pulmonary tuberculosis was minimal, 27 6 per cent moderately advanced, and 37 1 per cent advanced The remainder were reported without the stage of the disease being indicated

The State now has a sufficiency of beds in public tuberculosis hospitals More than ever we need to discover our active cases Recent research by the Division has revealed a new and important means of making such discovery It is one that requires no new organization nor the setting up of new apparatus Routine x-rays of the chest of patients admitted to general hospitals upon films supplied by the Division has resulted in the diagnosis of active pulmonary tuberculosis in a large number of patients admitted for other diseases The uncovering of unsuspected tuberculosis in such cases is not only a benefit to the patient himself and to his home community but is also a protection to the staff and the other inmates of the hospital

It turns out to be much more profitable to x-ray the adults admitted routinely to the hospitals than to x-ray positive reactors among school children In this group only 1/10 of one per cent will prove to have active adult type tuberculosis The examination of adult family contacts of active cases will provide forty-one times as many new cases as the examination of school children, or in other words each new case can be discovered at 1/41 of the expense in dollars and in effort. At a time when there are so many family contacts still unexamined, it seems unnecessary to spend public money in combing schools

Finding and Treating Syphilis in Pregnancy

A conference at the New York City Health Department headquarters on April 6 considered the recently enacted prenatal blood examination bill and its relation to hospital and clinic practice Physicians, nurses, hospital and clinic superintendents, medical social workers, and other interested persons participated

The following pertinent paragraph from the Twomey-Newell Bill was read "Every physician attending pregnant women in the state during gestation shall in the case of every woman so attended, take or cause to be taken a sample of blood of such woman at the time of first examination and submit such sample to an approved laboratory for a standard serological test for syphilis"

The official form, 417V, for report of a venereal case, has been slightly modified by adding a question as to pregnancy The response to this new question will enable Health Department statisticians to properly record the facts

The follow-up resources of the Department of Health are at the disposal of all hospitals and clinics in an effort to maintain continuity of treatment of all pregnant women with syphilis Arrangements are being made for setting up a central file of syphilis in pregnancy This will permit a careful check-up of pregnant syphilitic patients attending clinics for the required treatment Each syphilis treatment clinic will be asked to report at stated intervals the progress of all women under treatment.

Health Department nurses and investigators will not supplant existing normal follow-up machinery of any institution Such services are designed to supplement inadequate or unsuccessful follow-up, on request, or may be utilized if no follow-up is available

Assistance and suggestions for harmonious cooperation in the effort to control congenital syphilis are welcomed

* * *

The Bureau of Social Hygiene of the Department of Health has summarized the following approved procedures for the management of syphilis in pregnancy and congenital syphilis

1 The recently enacted prenatal examination bill, now in effect, requires that every physician attending a pregnant woman take a sample of her blood at the first examination, and submit such sample to an approved laboratory for a standard serological test for syphilis

2 Every pregnant woman should have a complete physical examination at her first visit, the examination to include adequate history and serologic examination for syphilis If report is inconclusive, test should be repeated

3 Confirmatory evidence of syphilis in husband or other children should be sought when a Wassermann is reported positive.

4 Treatment of syphilis in pregnancy should begin as soon as the diagnosis is made and should continue through pregnancy to delivery Arsphenamine and neoarsphenamine are the drugs of choice.

5 A woman known to be syphilitic should be treated each time she is pregnant. Previous treatment and negative serological results should not deter the physician from administering antisyphilitic treatment.

6 Antisyphilitic treatment of the mother should be continued after the delivery of the child Husband and other children who require treatment should receive the same

7 A child born of a syphilitic woman should not be treated until a definite diagnosis has been made clinically, roentgenologically, or

tive Samuel B Pettingill, Democrat, Indiana, told the members present that the scheme of Senator James Hamilton Lewis of Illinois to secure federal control of the practice of medicine would place every physician in the United States on the payroll of the federal government and make the medical and allied professions subservient to the dictation of bureaucrats at the expense of the health of the people

THE APRIL MEETING of the Women Physicians' League was held April 25, at the home of Dr Enid C Brown

IT IS REPORTED THAT A few physicians are collecting annually less than $1,800 of gross income If this be the case such physicians are requested to contact the President of the Society, Dr Guess, who will bring the matter before the Comitia Minora for study

A SPECIAL MEETING of the Buffalo Academy of Medicine was held on May 4 at the Buffalo Museum of Science The program

Symposium on Endocrinology

1 "The Present Status of the Physiology of Sex Maturation," (Illustrated) by D K Kitchen, M D, Detroit, Mich

2 "Concepts Regarding the Clinical Application of the Anterior Pituitary-like Hormone," by R L Schaefer, M D, Detroit, Mich

Fulton County

DR IRVING W POTTER was the speaker at the meeting of the Medical Society of Fulton County held at Hotel Johnstown on April 21 His subject was "Version and Breech Extraction" Slides were used to illustrate his paper

DR. PAUL B BROOKS, deputy commissioner of the New York State Department of Health, was guest of honor at the annual Fulton-Montgomery District Health Officers' dinner at Hotel Johnstown, on April 27

Genesee County

DR GEORGE S YOUNG turned in his resignation as city physician of Batavia at the Council meeting on April 20, after holding the position since January 1 Dr Homer A Harvey was appointed to succeed him to the $1,500 a year position Dr Young explained that he desired to devote more time to private practice

Herkimer County

THE SECOND OF A SERIES of postgraduate lectures was given at the North Washington St. School, Herkimer, on April 28 Subject "The Surgical Aspects of Thyroid Diseases" by Dr John Mulholland, Assistant Clinical Professor of Surgery, New York University College of Medicine

Kings County

SUPREME COURT JUSTICE John M McCooey and Dr Frank L Babbott, president of the Long Island College of Medicine, were the guest speakers at the fifty-eighth annual dinner of the college's Alumni Association on April 30 in the Columbus Club About 350 persons were present

Justice McCooey spoke of the valuable service given by members of the medical profession Dr Babbott praised the city Department of Health for its cooperation with the college through the new Red Hook-Gowanus Health Center Stating that there were 451 students in the college ten years ago and 361 now, Dr Babbott pointed out that small classes provided greater opportunities for individual instruction

Dr Herbert C Fett, president of the Alumni Association, was toastmaster With him on the dais were Dr Eugene Marzullo, elected to succeed Dr Fett as president and the other newly elected officers

They were Dr Henry J Feaster, vice president, Dr Sutherland Miller, treasurer, Dr William T Daily, secretary, Dr Fedor L Senger, historian, and Dr George Freeman, assistant historian

Also on the dais were Supreme Court Justice Philip A Brennan, Dr Jean A Curran, dean of the college, Dr Nathaniel P Rathbun, alumni representative to the board of trustees, Dr John B d'Albora, president of the Kings County Medical Society, and the two oldest alumni, Dr Frank E West of the class of '76 and Dr Joshua M Van Cott, '85

THE ANNUAL DINNER DANCE of the Italian Medical Society of Brooklyn was held at the Hotel St. George on April 28 More than 500 persons prominent in medical and Italian circles were present

Monroe County

TO THOSE RELATIVES and friends who like to fondle somebody else's baby the Child Welfare Committee of the Monroe County Medical Society has addressed a warning in a report issued as part of the observance of Child Health Day "Indiscriminate kissing should not be permitted," in the opinion of the committee of which John Aikman, M D, is chairman Adoption of a program of standard

Medical News

Bronx County

THE THIRD ANNUAL Bronx Better Health Week was held in the last week in April Dr Emil Koffler, president of the Bronx County Medical Society, presided at the opening meeting In his address, he urged education as a means of spreading the principles of health among the public.

"In every community," he said, "we have a group of physicians, dentists, pharmacists, educators, public health and welfare workers Why not look to them for guidance? Let us make of better health week a permanent institution, let us make better health a reality"

Dr Louis A. Friedman, district health officer of the Tremont Health Center, urged parents to take advantage of the immunization service against measles, diphtheria and other communicable diseases

Other speakers were Dr Clarence J O'Connor, who spoke on "The Value of a Health Examination," and Dr Harry L Jones, whose topic was "The Value of a Semi-annual Dental Examination"

Free health films were shown every afternoon in the Veterans' Hall These films were

"Sight Saving," "Once Upon a Time—Safety," "Behind the Shadows," "History of My Life by Tee Bee," "Foot Health," "Pneumonia," "For All Our Sakes," "Preventing Blindness" and "How Teeth Grow"

Broome County

DR FRANK J HITCHCOCK, Broome County coroner, died on April 25 at the Binghamton City Hospital after a brief illness

Cayuga County

DR. ROSS E HEROLD, Clinical director, Willard State Hospital, spoke at a meeting of the Medical Society of the County of Cayuga on April 17 "Mental Problems Met in Every Day Practice"

At the monthly meeting on March 17 William A. Groat, president of the New York State Medical Society, gave a paper on "Recent Advances in the Treatment of Diabetes"

Clinton County

DR. FRANCIS B TRUDEAU was the principal speaker at the annual meeting of the Clinton County Committee on Tuberculosis and Public Health on April 28 at the courthouse in Plattsburgh

Other speakers were Miss Marie Goulett, representing the State Committee on Tuberculosis and Public Health, and Dr Joseph P Garen, New York State Health Department Official for Clinton, Essex, Franklin, and Hamilton counties

Columbia County

CONGRATULATIONS HAVE BEEN received by the Hudson Chamber of Commerce from T F. Cunneen, Manager of the Insurance Department of the United States Chamber of Commerce, upon Columbia County winning the first award among counties in its geographic division, namely, the Northeastern, in the 1937 Inter-Chamber Rural Health Conservation Contest.

Credit for the exceptionally fine record in health conservation in Columbia County is given to the able and conscientious supervision of Dr Louis Van Hoesen and his staff of the Department of Health

This is the second consecutive time Columbia County has won the contest

Erie County

DR. HENRY F. VAUGHAN, Detroit Health Commissioner, was the principal speaker at the meeting of the Medical Society of the County of Erie on April 18 He described a study he has conducted for a number of years to encourage the physicians of Detroit to give more consideration to preventive medicine in the field of public health to be practiced along with curative medicine in their own offices Approximately 1200 physicians in Detroit are a part of this cooperating unit, and a marked decrease in mortality rate is recorded.

THE FOLLOWING COMMITTEE has been named by Dr James L Gallagher, Chairman on Legislation, to publicize to the laity and to advise physicians and the clergy on the provisions of the amendment of 1938 to the domestic relations law, effective July 1, in relation to examinations and serological tests of applicants for a marriage license Drs Norman W Elton, William O Hill, Roy L Scott, John T Donovan and William A Barr

AT THE ANNUAL BANQUET of the alumni association, School of Medicine, University of Buffalo, held April 23, U S Representa-

profession was delivered by Dr Charles Gordon Heyd, professor of surgery at Columbia University, at the third annual dinner of lawyers and doctors of Onondaga County in the Onondaga Hotel on April 30

More than 250 lawyers and doctors were present Dr Oliver W H Mitchell, a professor at Syracuse University College of Medicine, presided as toastmaster

As past president of both the New York State Medical Society and the American Medical Association, Dr Heyd declared

The inevitable consequence of assuming a compulsory health insurance scheme is an increase in morbidity and in the number of hospital days throughout the country

It is impossible to set up any state system of medicine or compulsory health insurance without creating a class of bureaucrats whose self interest maintains them in office. And who would pay for such a socialized system? The service would cost at least ten per cent of the national pay rolls annually

THE PROGRAM OF THE ONONDAGA COUNTY Medical Society on May 3 was as follows Dr Wm F Snow, Medical Director of the American Social Hygiene Association spoke on 'Comment on Modern Treatment of Syphilis and Gonorrhea," and Dr William A Brumfield, Director of the Division of Syphilis Control of the New York State Department of Health, talked on Certain Clinical Aspects of Syphilis"

THE SYRACUSE ACADEMY of Medicine on May 17 listened to this program E C Reifenstein, Jr, and Eugene Davidoff spoke on "The Present Status of Benzedrine Sulfate Therapy" R J Mearin on "Insulin Therapy in Dementia Precox," and P J Rakov on "Treatment of Varicose Veins and Varicose Ulcer—Experiences in 800 Cases"

STANDARDS OF MATERNAL AND infant care in hospitals that may be incorporated in the city sanitary code will be drawn up by the maternal welfare committee of the Onondaga Medical Society

PLANS FOR THE SYRACUSE Medical Alumni Reunion on June 6 and 7 are complete. The scientific sessions will be held in the Medical School auditorium and the building will also lend itself to the exhibits The program follows

June 6

1 Inspection of completed Medical College.
2. Scientific Exhibits on syphilis and pneumonia.
3 Doctors' Arts and Hobbies exhibit.
4 Lunch at Medical College.
5 Dr Russell Cecil—Treatment of Pneumonia
6 Dr F L. Jennings—Pneumothorax in the treatment of pulmonary tuberculosis, recent trends and reviewing 25 years' experience
7 Annual banquet—Hotel Onondaga.

June 7

8 10 A M—Dr John H Stokes Treatment of Syphilis
9 Dr Harold E. B Pardee Treatment of heart disease during pregnancy and labor
10 Lunch at Medical College
11 2 P M—Dr John Corbett Rectal Fistula, illustrated.
12 Dr Charles Squires Diagnosis and Treatment of Acute Surgical Emergencies
13 Informal dinner at Hotel Onondaga.
14 Medical Revue.

Oswego County

THIRTY-FIVE MEMBERS OF the Oswego County Medical Society attended the dinner meeting at the Elks' Club on April 27, when Dr Doran J Stephens of University of Rochester School of Medicine was guest speaker Dr K Wood Jarvis, president of the society, presided and introduced the speaker, who presented a paper on "Practical Tests for Vitamin Deficiency and Their Clinical Application"

At the meeting at Oswego County Sanatorium in Orwell on May 9, Dr Howard Fox, skin specialist of New York University, was the speaker

Queens County

THE QUEENS COUNTY MEDICAL Society observed National Child Health Day with talks on health and a display of exhibits and posters at the Medical Building on May 2

The speakers were entertained at a luncheon at Forest Hills Inn by the child welfare committee of the society

There were exhibits and posters on child hygiene, prenatal care, pneumonia, syphilis, tuberculosis, stillbirth and premature births, diphtheria and mental hygiene, besides children's paintings presented under the auspices of the Federal Art Project.

X-rays on tuberculosis were shown under the sponsorship of the Queensboro Tuberculosis and Health Association

Dr Henry C Eichacker, president of the Queens County Medical Society, spoke on "Child Health from the Obstetrical Standpoint" Dr Carl Boettiger, president of the Queensboro Tuberculosis and Health Association, spoke on "The Value of Periodic Health Examinations for Children."

Dr Harold Mitchell, director of the Astoria Health Center, Dr Walter C. A Steffen, director of pediatrics at Queens General Hospital, Mrs Elmer Kleefield,

methods by which private physicians successfully may carry out necessary procedure for the protection of preschool-age children was announced by the committee which cooperated with state and local health agencies The committee's conclusions are based on recommendations of the Immunization Procedure Committee, American Academy of Pediatrics

Examination by a physician once each month during the first year of life was urged by the committee. Young children, especially, should be guarded against disease, and visits to the physician early in life may bring needed protective measures, it pointed out.

DR. WILLIAM S DEAN has been appointed police and fire surgeon of Rochester, at $3,456 per annum

DR HENRY T WILLIAMS, eighty, dean of the medical profession in Rochester, died on April 26 of a heart attack

DR. LUIGI BALDUCCI, fifty-five, physician to many Rochester Italian societies and captain in the Italian Medical Corps in the World War, died at his home on May 2

Nassau County

A DISCUSSION OF MODERN public health problems featured a meeting of the Medical Society of the County of Nassau at the Bar association clubhouse, Mineola, on April 26 Dr W G Smillie, head of the department of public health at Cornell University Medical College spoke on "The Present Day Concept of Public Health." Dr Earle G Brown, Nassau county health commissioner and his deputy, Dr William H.Runcie, led the general discussion following Dr Smillie's presentation.

The Nassau Review-Star announces that its "Distinguished Service Award" for 1937 will go to Dr Benjamin W Seaman, eminent surgeon and member of the board of managers of Meadowbrook hospital It says Dr Seaman's services to Nassau county were found to extend over a period of more than 20 years of sustained interest and influence in promoting the erection of hospitals, enhancing the facilities for medical services to the needy and contributing to the elevation of the health of the people. He was an active supporter of the Mercy hospital drive last year and was the recipient of high professional honors in recognition of his prestige in the field of surgery

THE SATISFACTION WITH WHICH the Medical Society of the County of Nassau has greeted the organization of the new county health department is reflected in the *Nassau Medical News*

In refering to the appointments of Dr Earl G Brown as health commissioner and Dr William H Runcie as deputy health commissioner, the *Medical News* said,

Doctor Runcie brings to the new department the experience of many years of efficient public health work in Nassau county

In Dr Brown we have a man whose merit is best vouched for by his elevation to the presidency of the Conference of State and Provincial Health Authorities of North America, to the presidency of his county and state medical societies and to the governing council of the American Public Health association.

With this combination of executives we look forward confidently to the realization of our long cherished ambition to see developed in Nassau county a health department which, with the co-operation of the practicing physicians, will make a real contribution to the national program of making modern preventive medicine available to all the people without regimentation of the medical profession

New York County

DR JOSEPH I SINGER was elected president of the Washington Square Medical Society, to succeed Dr Bonnard Teegarden, at the annual meeting of the society on April 26 at the Scudder School Auditorium

Election of officers and reports of committees preceded the program, dedicated to the memory of the late Dr Harlow Brooks, prominent member of the association who died in April 1936

Dr John J Moorhead, colleague of the late physician, offered reminiscences of the life of Dr Brooks and read a tribute to him Dr Emanuel Libman, by invitation, presented the Harlow Brooks Memorial Lecture About 150 doctors and friends attended.

Oneida County

DR P L TURNER, a cruise passenger on the Puerto Rico liner *Borinquen*, and Dr F C Devondorf, ship's surgeon, performed an operation at sea on the chief officer of the Royal Netherlands liner *Luna* on April 23

Thirty hours out of San Juan, the *Borinquen* received a call for medical assistance from the *Luna* The *Borinquen* sighted the *Luna* soon afterward and the two surgeons were rowed to the other ship, where they operated successfully on the chief officer, J L Booker

Onondaga County

A VIGOROUS ATTACK against government intervention in either the legal or the medical

Hospital News

Nassau's Critical Hospital Emergency

NASSAU COUNTY IS FACED with a serious shortage of hospital facilities, a lack steadily increasing which demands immediate action, according to the *Nassau Medical News*, journal of the Nassau County Medical Society

Citing the need for at least 800 more hospital beds in the county the *News* points out that there is a great demand for institutional care which cannot be met despite the erection of new buildings in the past fifteen years

In 1923 the society, seriously alarmed at the inadequacy of hospital facilities in the county, undertook an extensive study of the problem. At that time, with a population of about 170,000, Nassau possessed 120 available beds against a theoretical minimum need of 510, an indicated shortage of 390 beds

Shortage Has Grown

Since then the bed shortage has grown in proportion in spite of the erection of the North Country Community Hospital in Glen Cove, the South Nassau Communities Hospital in Rockville Centre, the Long Beach Hospital and Meadowbrook Hospital In the same period the capacity of Nassau Hospital has more than doubled.

In the opinion of medical authorities there, according to the article, the situation is even worse than the rough figures would indicate, because of changing habits of the people and improved medical skill, making necessary greater use of the hospitals Whereas in 1922 Nassau residents used the hospitals for less than twelve per cent of the county's obstetrical cases, last year fifty-two per cent of the recorded births occurred in hospitals

Advances in the treatment of cancer also have increased demands on the hospitals Because of the lack of money to build greatly needed new hospitals, the medical journal believes, the only possible immediate remedy for the situation is to make more economical use of the institutional facilities now available.

"If less than half of the people who need hospital care can find admission, the only intelligent thing to do is to select from the many applicants those who are most in need of care or for whom care would do the most good," according to the *News* "Cases admitted to ward care should be selected strictly on the basis of medical need and all other considerations should be subordinate.

"It should be remembered that every patient sent to a hospital who could be cared for at home is denying a bed to some other patient whose very life might depend on prompt admission."

Doctors Asked to Aid

Turning to suggestions for "making a bad situation less acute," the *Medical News* advises doctors to refrain from seeking immediate hospitalization for a patient on the grounds that the case is an emergency unless a few days' delay would actually jeopardize the life or future health of that particular patient.

Physicians also are warned to refrain from seeking admission of patients solely for convenience or because of friendship or social or business considerations A patient seeking such a favor should be "told that to grant it might mean the equivalent of passing a death sentence upon some one whose hospital need is greater but who does not have a 'friend at court.'"

It is advised that immediate steps be taken to include in the budget of the County Department of Public Welfare funds to be used for the medical and nursing care of persons who would be considered financially eligible for admission to charity wards but not eligible to receive other forms of material relief

Such an arrangement, providing home care for many of the sick, would cost about $10 a week per patient, as against more than $6 a day for hospital care. Hospital patients could be transferred to home care as soon as the dangerous phases of their illness were passed

president of the Medical Auxiliary, and Miss Henrietta Additon, director of welfare and hygiene at the World's Fair, also spoke

DR. S MEREDITH STRONG, SR., representing the Queens County Medical Society, spoke at the Blue Fair Restaurant, Flushing, under the auspices of the North Shore Pharmaceutical Association, Inc., on May 2

He urged cooperation in the fight against narcotic addiction

This, he said, is costing the nation millions of dollars every year More than 100 persons attended the dinner

Dr Strong also urged the pharmacists to cooperate with the physicians and the manufacturers of drugs, in reducing the cost of illness

THE ANNUAL DINNER OF THE Queensboro Surgical Society was held on April 28 at the Forest Hills Inn About 100 members and their guests were present. Following the dinner, the open meeting was held at the Queens County Medical Society Building The speaker was Dr John E Jennings, whose subject was "Modern Management of Cancer of the Breast."

DR. JOSEPH WRANA, president-elect of the Queens County Medical Society, opposed Dr Milton Malev of the Bronx, in a debate on "Whether Socialized Medicine Should Be Encouraged in the United States," at the Men's Club meeting in the Jamaica Jewish Center, May 11

DR SIMON R BLATTEIS, clinical professor of medicine at New York University, addressed the Medical Society of Queens County on "An Epidemiological and Clinical Analysis of Brill's Disease" at the County Society Building on May 6

DR MILTON H MORRIS was installed as president of the Rockaway Medical Society at a dinner at the Inwood Country Club on May 12

Rensselaer County

SCIENTIFIC PAPERS WERE READ by members of the medical and surgical staff of the Troy Hospital at a meeting of the Rensselaer County Medical Society in the hospital on April 12

Papers were read as follows "Carcinoma of Larynx," by Dr A J Hambrook, "Osteomyelitis of Femur," Dr M E DeLuca, "Meningitis," Dr J J Quinlan, "Some Interesting Dermatoses," Dr F J Fagan, "Stricture of Esophagus at Level of Larynx, Gastrostomy," Dr R. J Doody, and "Suppurative Parotiditis Complicating Pregnancy, Delivered by Cesarean Section," Dr O P Smith

A resolution of regret on the death of Dr Ira M Garrison was adopted

Rockland County

MEMBERS OF THE Rockland County Medical Society and police chiefs of the county were given instruction in first aid methods in traffic accidents by Dr Donald Gordon on April 27 The police chiefs were guests of the doctors at a meeting of the society at the New York Reconstruction Home, West Haverstraw

Speaking on "The First Hour of Injury," Dr Gordon not only explained the methods of first aid for various types of injuries but gave demonstrations of dressings, assisted by Chief of Police Joseph Vilord of Suffern, Chief John G Spissinger of Haverstraw, Chief Charles Leo Lunney of Spring Valley and Constable James Campbell of Stony Point Dr John Killifer of the Reconstruction Home volunteered to act as "patient."

Dr Gordon's talk covered nearly all possible types of injuries in traffic accidents, from simple shock to neck and spine fractures, and his instruction throughout his address was not to move the patient unless absolutely necessary, and not under any circumstances until someone who knows the proper method of moving him is present to give instructions

One of the most important considerations after an accident, he said, is to send for a doctor and tell him what to expect so that he may know what instruments and equipment to take with him

Warren County

DR TINSELY R HARRISON, of the Vanderbilt University School of Medicine, addressed the Glens Falls Academy of Medicine on April 29 on "Cardiac Dyspnea" The discussion of his paper was opened by Dr Irving R Juster Other physicians joining in the discussion were Dr Carl R Comstock, Dr Walter S McClellan, Dr Arthur Wright, and Dr James B Shields. Approximately seventy-five physicians were present. Preceding the scientific presentation in the auditorium, a dinner was served at The Queensbury in honor of Dr Harrison

Wayne County

ELMER G BUTTS, county welfare commissioner, and Dr George Allen of Clyde, physician to the County Home, were chief speakers at the monthly meeting of the Wayne County Medical Society at the County Home on April 12

THE MEDICAL STAFF of the Salamanca Hospital have voted to close the doctors' offices on each Thursday afternoon and evening Similar practices have been in vogue in Olean, Jamestown, Bradford and other nearby cities

For any emergency the hospital is to be phoned, where a physician will be on call each Thursday to take care of any immediate needs

THE JAMESTOWN CITY COUNCIL is investigating the financial affairs of the Jamestown General Hospital, as a result of disclosures made with the arrest of Archie H Luntz, head of the Empire Collection Agency, in connection with his collection of hospital accounts and alleged failure to turn over to the hospital approximately $1,200 from such accounts The transactions occurred about 1934 During 1936 and 1937 the hospital showed the best cash picture it has ever shown.

It is also announced that the state auditor, who has been working on the hospital accounts for several months, has uncovered documentary irregularities in connection with Luntz' accounts with the hospital but that lacking positive proof, nothing has been done until such proof could be secured The reason for the delay was that, if confronted, Luntz might have told hospital authorities he had paid over the money to Mrs Beatrice Carlson, who is now serving a prison term for defalcations amounting to several thousand dollars of hospital funds

TRINITY HOSPITAL, a private institution of 100 beds in Brooklyn, faces demolition under plans being advanced by the borough to create a public square on the site and speed the flow of traffic to the Long Island parkways

Officials of the hospital were taken aback when questioned concerning the future. Miss Elizabeth Nanes, superintendent, refused to believe the report. Why, she said, a $250,000 wing with additional bed space, laboratories and modern equipment was opened just ten years ago

Raymond V Ingersoll, Borough President, revealed the project in a communication to the Board of Estimate He explained that the scheme originated in a street plan of 1911, two years before Trinity Hospital opened It was endorsed by the borough planning board and has been referred to the City Planning Commission

DR. GEORGE GRAY WARD of the Woman's Hospital (New York City), was honored on April 18 at a reception marking his twenty years of service as chief surgeon of the institution The reception, held at the hospital, was attended by the board of governors, the assistant board and the entire surgical staff

Dr Ward's request that he be relieved of the arduous duties of chief surgeon was granted reluctantly by the board, which immediately appointed him chief surgeon emeritus and consulting surgeon He will continue to teach at the hospital, it was announced

A silver bowl was presented to Dr Ward on behalf of the board of governors by Grenville Lindall Winthrop, president of the hospital

A STUDY IN THE BLOOD-LETTING and "hocus-pocus medical practices" of the Middle Ages, designed as a horror sequence and titled "The Foibles of Medicine," was approved last month by the Municipal Art Commission for display in the waiting room of the Queens County General Hospital Companion panels of the mural series show Koch, Pasteur, Rontgen and Jenner advancing the cause of modern scientific preventive medicine

William Palmer, thirty-one-year-old WPA artist, created the murals under the Federal Art Project. He said of them "Originally I wanted to do foibles of medicine for the entire room, but then I decided it would be more constructive and educational if I offered it as a contrast to preventive medicine and let the public draw its own conclusions"

THE COMMON COUNCIL OF ONEIDA, in the interests of economy, has notified the welfare department not to send relief patients to the municipal hospital who can be cared for at home

TO COMMEMORATE THE OPENING of a greatly expanded department of physical therapy at Mt. Sinai Hospital (New York City), the institution was host to specialists

Newsy Notes

When He Attempted to discipline two workmen because they were not following his orders on the Brooklyn State Hospital, they told him that they were taking orders from the union and not from him, Isaac Penner, electrical contractor, testified on April 29 at the resumption of hearings in injunction proceedings against Local 3 of the International Brotherhood of Electrical Workers in Federal Court in New York City

Mr Penner, who is one of the principal witnesses for the National Electrical Manufacturers Association, which is seeking to enjoin the union from continuing its boycott against materials manufactured outside of New York City, said that the Brooklyn State Hospital job was being constantly sabotaged

The men installed conduits and outlets in the wrong places despite the fact that they had been told to follow blueprints for the work, he said. When these errors were discovered, he continued, he had to pay for having them corrected His efforts to supervise the work personally was effectively stopped by the union, he testified, by orders sent to the men to quit work, if he stayed on the job more than an hour a day

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The New York City Hospital Department plans to start in June a program for making blood available for transfusions to needy patients without cost. The equipment and refrigerators for storing blood will be installed in fourteen city hospitals by June 1 At first these will be stocked with blood from professional donors, but later it is planned to use blood contributed by relatives of patients receiving transfusions

Although the Number of patients and the cost of their care increased, the New York Hospital was able to reduce its deficit last year for the third successive year, according to the 166th annual report. The hospital's deficit of $250,515 was 30 per cent less than the deficit for 1936, the report said There was an expenditure of $4,190,795 to care for 19,551 bed patients and 49,157 outpatients

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What a New York Newspaper calls "the world's first brain wave clinic" has been established at Bellevue Hospital It is described as follows by Karl Bostrom in the New York *Post*

Although it has been known for several years that the brain produces electrical waves somewhat like radio waves, the Bellevue brain wave clinic is the first established in a major hospital for the routine diagnosis of brain conditions

The waves are called Berger rhythms, after the discoverer, Dr Hans Berger of Jena, Germany Considerable research on brain waves is now under way in many American medical schools and in Europe. Dr Joseph Owens is in charge of the Bellevue research

At present the Bellevue clinic is used as a check on other diagnostic findings in brain tumor and epilepsy cases Experience to date has shown that the brain wave receiver, or electro-encephalograph, can place the exact position of brain tumors in eighty per cent of the cases This is much more certain than other diagnostic technics

This is more accurate than the older method of drilling a hole in the skull, tapping the fluid, filling a brain ventricle with air and taking an x-ray

Such an operation is not required in the brain wave diagnosis This method requires only loosely applied metal electrodes slightly smaller than a dime. From these electrodes wires lead to the receiver

The pulsations may be heard over a loud speaker, but they are usually recorded on a roll of photographic paper The wave patterns vary with every normal and diseased person, with every condition, and for different sections and layers of the brain Brain tumors have distinctive pulsations

Because of the high amplifications required in detecting the brain waves, the patient, the receiver and operator are inclosed in a small room. The patient is separated from the operator and receiver by a partition The unique part of this small room is that the walls, ceiling and floor are lined with copper screen which eliminates all other radio waves and electrical static.

Not only is the brain wave detector expected to be of value in determining the position of brain tumors, but also in determining the exact nature of diseased brain conditions of many other types

There is a possibility that the clinic could pay for itself by disproving compensation disability claims due to brain conditions as a result of injuries

Electrical waves are now known to be given out by other parts of the body Recent research at Yale has shown that cancer in mice can be detected electrically several weeks before it becomes evident by other diagnostic methods

Medicolegal

LORENZ J BROSNAN, ESQ
Counsel, Medical Society of the State of New York

Lectures and Sale of Tablets as the Practice of Medicine

In a case decided recently by the highest court of one of the Western States, the Court was called upon to interpret the extent to which a so-called Basic Science Act could be invoked to put an end to the activities of unlicensed medical practitioners *

According to the charges against the defendant she had advertised herself as an assistant and staff lecturer for a certain Dr R of another state and she had conducted certain activities without a valid certificate of registration in the basic sciences It seems that she had advertised a series of free daily lectures at a certain hotel, and that during those lectures she had solicited a number of women to attend a lecture course which followed the free lecture and that in connection therewith fees were collected During these lectures, it was charged, the defendant described certain products and told of their uses and properties Circulars were distributed regarding the products, and they were announced for sale and actually sold by the defendant. The charges further indicated that she had derived a fifty-five per cent commission from such sales, and the balance of the moneys were turned over to Dr R, who was an osteopath in another state

One of the circulars was referred to as being entitled "How to Improve Your Health and Personal Appearance," and as containing a discourse on the treatment of anemia by the use of powdered red bone marrow and spleen Apparently she sold tablets claimed to contain red bone marrow and spleen which were labeled "Useful in Secondary Anemia" She was also charged with distributing circulars containing statements regarding dysfunction of the thyroid and ovarian glands, and the advantages to be derived from the use of glandular food In connection with the latter literature, and the lectures, it seems, the defendant sold certain female hormone tablets

The conduct above outlined was made the basis of charges against the defendant of having committed a public offense in violation of the State Basic Science Act. The defendant applied to the lower Court for a dismissal of the charges contending that even if true they failed to make out a valid case against her The trial Court dismissed her application and the question was taken to the Appellate Court upon a certified question to ascertain whether the charges in fact set forth a public offense under the law

The Basic Science Law in effect forbade the practice of healing without a certificate of having passed an examination by the board of examiners in the basic sciences The basic sciences were defined as including anatomy, physiology, pathology, bacteriology, hygiene, and chemistry The law defined the practice of healing as including "any persons who shall in any manner for fee, gift, compensation or reward, or in expectation thereof, engage in the diagnosis, analysis, treatment, correction or cure of any disease, injury, defect, deformity, infirmity, ailment, or affliction of human beings, or who for any fee suggests, recommends, or prescribes any medicine or cure thereof"

The defendant contended that there was no relation between the requirements of the basic science law, and the protection of the public as applied to her situation, and that, therefore, if that law prevented her from legally doing what she had done, her constitutional rights were violated The Appellate Court, however, sustained the charges against the defendant, and answered the certified question in the affirmative, stating in its opinion

With the defendant's contention we cannot agree It is essential to the public health and safety that persons who, for compensation, are suggesting, recommending, or prescribing medicine or treatment for the correction or cure of human ailments have a basic understanding of the subjects required by the basic science law In our opinion it is within the police power of the state to so require. According to the information lodged against her, the defendant induced women to come to lectures for which she charged a fee and for those who had menstrual troubles she suggested and recommended tablets which she had for sale for correction and cure of their affliction It is our view that her conduct came squarely within the basic science law and that the requirements of that law are germane to the safety and health of the public in the treatment of such

* State v Mielke, 277 N W 420

in this field of medicine from the Eastern coast in an all-day scientific session on April 13 This meeting was held as the annual spring session of the Eastern section of the American Congress of Physical Therapy

PREVENTION OF DISEASE was urged in an address by Dr William Paul Brown of the State Education Department at a meeting of the Cohoes Hospital staff on April 6 Dr Brown's subject was "The School and Health"

THE MEDICAL STAFF of St. Mary's Hospital of Brooklyn held its annual reception and dinner-dance on April 20, at the Hotel St. George. More than 2,000 friends and patrons of the hospital attended. Proceeds will go to a fund for the replacement of scientific instruments for the use of doctors in the hospital.

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THE PHYSICIANS' STAFF of the Rome and Murphy Memorial hospitals heard an address by Dr Robert K. Brewer, professor of biological chemistry at Syracuse University at the annual dinner at the Elks' Club in Rome April 12

Dr Brewer's topic was "Biological Chemistry in Relation to Modern Medicine." He was presented by Dr George C Reid, president of the staff Forty members and guests attended

Improvements

THE CONTRACT FOR CONSTRUCTING the new out-patient building at the Hospital for Joint Diseases in New York City has been awarded Plans call for a building of fireproof construction, four stories, approximately 99 by 195, to cost in the neighborhood of $450,000

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BEAUTIFICATION OF THE lower land lying south of Our Lady of Lourdes hospital main buildings in Binghamton with a sunken garden ninety by forty feet and a large grotto at the Susquehanna river and patterned after the groto at Lourdes, France, has been started through cooperation by St Mary's Home Boy Scouts and the Hospital Sisters of Charities

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AN ACTIVE CAMPAIGN has been started in Schenectady to build an addition to the City Hospital The president of the medical staff states there are not beds enough to handle even a mild epidemic

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ITHACA IS PLANNING AN addition to the Memorial Hospital, to cost $102,000, to be built in cooperation with the PWA

THE NEW VETERANS' HOSPITAL at Bath was dedicated on May 12

NINE ORGANIZATIONS COMPOSED of persons of Swedish descent have pledged themselves to raise at least $1,000 each toward the Brooklyn Swedish Hospital campaign for $250,000 building funds, it is announced by Col A W H Pohl, executive officer of the hospital

Members of all organizations reaching their $1,000 quotas will be entitled to a discount of twenty per cent in hospitalization charges for the next five years, Mr Pohl said

THE STEUBEN COUNTY BOARD of Supervisors are considering a plan to convert the Pleasant Valley Sanatorium into a county infirmary, at a cost of some $29,000 The old county infirmary at Bath has been condemned and the patients have been removed

THE NEW SOLARIUM at Corning Hospital is completed and was a feature of its exhibit to visitors on Hospital Day

At the Helm

THESE HOSPITAL OFFICIALS HAVE BEEN CHOSEN

Alfred Renshaw, to be president of the board of governors of Albany Hospital

Mrs Guy M Jones, to be president of the Schenectady City Hospital auxiliary

George A Buchanan, to be president of the board of directors of the Cohoes Hospital

Mrs J Roosevelt Roosevelt, to be president of the ladies' auxiliary of St Francis Hospital at Poughkeepsie.

Across the Desk

Sifting the Good Out of Indian Medicine

FATHER HIPPOCRATES VISITED India over 2000 years ago, to see if he could learn something or other worth while, very much as our doctors take trips to Europe to study the hospitals and medical schools, and scholars say that he learned there how to perform surgical operations, including laparotomies cesarean sections, trephining, and even inoculating for smallpox—beating Jenner by quite a bit!

If this story is true, then modern medicine is following in good footsteps, anyway, in its effort to sift the vast system of Indian medicine, and to find what good it can in the huge rubbish-heap of superstitions and hocus-pocus that goes by the name of Ayurveda. Gold itself is often extracted in tiny particles from masses of ore, a few dollars to the ton, and if that pays, then we need not scoff at an honest attempt to find the grains of truth in a medical system that has served the swarming millions of India for thousands of years

One Lucrative Result

This sifting has been in progress for some fifteen years at the Calcutta School of Tropical Medicine, under the guidance of Lieut-Col R. N Chopra, and the investigators have made findings of considerable value. They have discovered that almost all our pharmacopoeal drugs, or equivalent substitutes, grow wild in great abundance in India, or can be easily made to grow there, such is the marvelous variety of climate and soil This has eventuated from studying the remedies of the old system and comparing them with our own, and will bring a lucrative saving to the people.

The men of modern medicine are being brought to favor the native plant products in place of more expensive imported ones, and Indian medical manufacturers are organizing to use them, so that a great reduction in the cost of medicines is likely, enabling the masses of the poor to have the benefits of modern scientific medicaments This is the most promising result so far Investigation of the Ayurvedic methods of treatment has not brought to light anything to replace what we already have Some have value, but are not superior, or perhaps equal, to those of western medicine. Many have been proved, under rigid tests, absolutely worthless, which is vitally important, too, if the people can only be convinced of it.

Our Own System a Curious Mixture

We may smile if we like at the ancient medical systems of the Orient as conglomerations of trash, but we must remember that our own boasted system is a growth Its roots reach back into remote dark ages as benighted as the Punjab, the Kongo, or, say, the back districts of Kentucky today Modern medicine is a curious blend of the old and new, remarks Mr B Mukerji, pharmacologist of the All-India Institute of Hygiene and Public Health at Calcutta

Side by side in our pharmacopoeia with the most up-to-date chemotherapeutic and synthetic remedies, are the century-old drugs from all over the globe—opium, nux vomica, hemp, datura, spices, mercury, etc., from India, cinchona from Peru, ipecacuanha from Brazil, strophanthus or kombe arrow poison from Africa, coffee from Arabia, digitalis from Great Britain, cocoa leaves from Peru, antimony from Greece, and hosts of others from various sources

The true scientist is a seeker after truth, and, as Mr Mukerji truly observes, his duty is to pick the best from every system, whether it emanates from India, China, or any other part of the world, and "to knit all the experience together in freeing humanity at large from the sufferings to which flesh is heir," Mr Mukerji is a loyal son of India, but he is a scientist too, and, as he sees it, "Modern science is like a furnace through which we need not fear to put our precious lore," for "the rubbish will be burnt up, but the purified and glistening treasure will remain"

Laugh That Off!

There is no bigotry in science, it accepts truth wherever found, and it is just as in-

ailments as those for which she sold and recommended her tablets and medicines Such being the case no constitutional right of the defendant is infringed upon.

Hemorrhage Following Removal of Tumor

A woman about thirty-five years of age consulted a physician who specialized in general surgery, for the purpose of undergoing a general physical examination following a hysterectomy which he had performed upon her sometime before. He found that she had a fatty tumor under her right arm which was the size of a walnut.

He advised its removal The patient consented and the doctor undertook the operation in his office, administering a local anesthesia of novocain The tumor was removed without difficulty and a sterile dressing applied There had been practically no bleeding The patient was sent home a short time following the operation, with instructions concerning aftercare. The same evening a man called the physician and told him that the patient was bleeding quite freely and sought advice as to what should be done. Since the doctor's office was a considerable distance from the home of the patient, he advised that she either go to the nearest hospital or obtain the services of a neighborhood doctor He also suggested that if any further difficulties developed he should be advised and he would do whatever he could

The doctor later ascertained that the patient did call upon a nearby physician who sent her to a hospital where a few sutures were inserted to stop bleeding which had developed Thereafter an action was brought against the doctor charging him with having improperly treated the patient and also charging him with having abandoned the patient in that he failed to respond to the call that he had received

The case came on for trial before a Court and a Jury and at the conclusion of all the evidence the Court on the motion of defendant's counsel directed the jury to render a verdict in favor of the defendant thereby exonerating him of all charges that he had failed to properly care for his patient

Claimed Improper Diagnosis of Cancer of Breast

A married woman, twenty-five years of age, was referred by a general practitioner to a physician who specialized in surgery, with a tentative diagnosis of cancer of the breast The surgeon examined the patient and found a hard lump along the outer upper part of the breast about the size of a tangerine, with some enlarged glands in the axilla. His diagnosis was carcinoma of the breast

An operation was advised and performed the following day, consisting of a radical mastectomy of the left breast. Prior to the operation no biopsy was taken but following the surgery, a specimen was taken to the laboratory of the hospital for pathological examination The section appeared upon gross examination to be typically a malignant growth When the pathological report was received it was to the effect that the patient had been suffering from purulent cystic mastitis The patient remained in the hospital about ten days and had an uneventful recovery

Some time later a malpractice action was brought against the surgeon in which the charge was made that he had performed an unnecessary operation upon the plaintiff on a mistaken diagnosis of cancer When the case was about to be reached for trial the plaintiff's attorney attempted to negotiate a settlement which led to a discussion of the case in which he was finally convinced that there was no merit to his action against the doctor and he, therefore, consented to discontinue the action

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PNEUMONIA WILL NOT WAIT

"Pneumonia has come to be classed as an emergency just as truly as apendicitis is an emergency," declared Dr Peter Irving, secretary of the Medical Society of the State of New York, at a meeting sponsored by the Yonkers Health Department. He continued, "This changed aspect is due to the development of the use of serum as an adjunct in the treatment of some cases To be most effective, the serum must be administered within a day or two after the onset of the disease Hence immediate diagnosis has assumed greater importance, and this calls for recognition of symptoms by the physician, and before that, *recognition* of danger by the patient and his family"

"Who is that man over there snapping his fingers?"

"That's a deaf-mute with hiccups"—*Medical Record*

Books

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and the interest to our readers

RECEIVED

Diseases of Women for the General Practitioner By Paul Titus, M D Edited by Morris Fishbein, M D (National Medical Monographs) Duodecimo of 320 pages, illustrated New York, National Medical Book Co, Inc., 1937 Cloth, $3 00

Heart Disease in General Practice By Paul D White, M D Edited by Morris Fishbein, M D (National Medical Monographs) Duodecimo of 338 pages, illustrated New York, National Medical Book Co, Inc., 1937 Cloth, $3 00

Diseases of the Blood. By Cyrus C Sturgis, M D and Raphael Isaacs, M D Edited by Morris Fishbein, M D (National Medical Monographs) Duodecimo of 302 pages New York, National Medical Book Co, Inc., 1937 Cloth, $3 00

Management of the Sick Infant and Child By Langley Porter, M D and William E Carter, M D Fifth edition, revised Octavo of 874 pages, illustrated St Louis, The C V Mosby Company, 1938 Cloth, $10 00

Workbook in Elementary Diagnosis for Teaching Clinical History Recording and Physical Diagnosis By Logan Clendening Quarto of 167 pages, illustrated St Louis, The C V Mosby Company, 1938 Cloth, $1 50

The New International Clinics Original Contributions Clinics, and Evaluated Reviews of Current Advances in the Medical Arts Edited by George Morris Piersol, M D New Series One, Volume 1, March, 1938 Octavo of 322 pages, illustrated Philadelphia, J B Lippincott Company, 1938 Cloth, $3 00

The Development of the Vertebrate Skull. By G R deBeer, M A Quarto of 552 pages with 143 plates, illustrated New York, Oxford University Press, 1938 Cloth, $10 00

Civilization and Disease By C P Donnison, M D Octavo of 222 pages Baltimore, William Wood & Company, 1938 Cloth, $3 00

REVIEWED

Minor Maladies and Their Treatment. By Leonard Williams, M D Seventh edition Duodecimo of 439 pages Baltimore, William Wood and Company, 1937 Cloth, $3 75

The preparation of another edition of this interesting little book is evidence of its continued popularity Dealing with common disorders of the respiratory, digestive, nervous and endocrine systems, it makes no pretense to thoroughness or originality but rather to usefulness Innumerable old drugs are described which the reviewer had never even heard of before, while a fair warning is issued that one ought not to grasp at new proprietaries as immediately as they appear

Occasionally, the author makes rather surprising statements, as when he recommends that the inside of one's nostrils be washed once—or better—twice daily with soap and water precisely as one washes his face, or when he states that two very helpful signs in the diagnosis of diphtheria are the early absence of knee jerks and the presence of albumenuria, or when he remarks that if "a dyspepsia in a young woman proves intractable to the ordinary remedies, the probability is great that the cause will be found in the ovarian region" The book has a rich store of interesting stories and anecdotes

ANDREW M BABEY

Radiation Therapy Its use in the Treatment of Benign and Malignant Conditions By Ira I Kaplan, M D Octavo of 558 pages, illustrated New York, Oxford University Press, 1937 Cloth, $10 00

This work is intended to be used for reference by the student, general practitioner and specialist.

The book is planned in an orderly way The first chapter deals with the history and development of radiation therapy Following this an introductory chapter takes up the fundamentals of x-ray and radium dosage, and considers dosage from a physical and biological standpoint. Then follow two excellent chapters on general considerations in the use of radiation therapy and applied x-ray physics

A short chapter is also included which discusses briefly the physics of electrosurgical currents

The major portion of the work is given over to the use of radium and x-ray therapy in various diseases The diseases are considered according to the anatomic system which they involve The lists of conditions for which x-ray therapy may be used is exceedingly complete In most instances only one technique is given, since a full discussion of techniques possible for each condi-

tolerant and bigoted for the modern man to reject the old systems *in toto* as it is for their followers to reject modern medicine. We must not forget that the ancient peoples of the East were faced with the same life-and-death struggle that we have today, and the very fact that they survived the ravages of epidemics and disease is a silent testimonial to the measures they took to combat them Where are the most populous countries on the globe? Where has life won the most overwhelming victory over death? Is it not in the very lands where the medical systems seem most preposterous? It is vastly funny, but can we laugh it off? A system which has survived to such an extent the destructive influence of time, and a system which is still a living system in many parts of India, remarks Mr Mukerji, cannot entirely be brushed aside as unscientific, and he quotes Dr Hugh S Cummings, president of the U S Pharmocopeia Commission, as saying that "any system of medicine, or, for that matter, any ancient usage or custom that has held its own for generations usually has something at the back of it, no matter how little it appears to be supported by modern science."

Medicine's "Cradle" Is Rocking

India has been called "the cradle of medicine" The earliest mention anywhere of the medicinal use of plants was in the Rigveda, written about 4,500 B C, perhaps the oldest repository of human knowledge in existence The book of Ayurveda (or Science of Life), written in 1,000 to 2,500 B C, gave the definite properties of drugs and their uses and was the foundation stone of India's ancient medical science The Hindus understood the uses of 700 drugs, and about 700 or 800 B C Susruta wrote a treatise on surgery After India came under the power of Asoka (300 B C), the Buddhist religion brought in the idea of social service, hospitals were built in every town, the poor and sick were cared for, and Asoka issued an edict, still legible on a rock in Gujerat, commanding that hospitals be built throughout his vast kingdom The foundations of some of them can still be traced. So Indian medicine is certainly worthy of our respect

It may be that, as it stands today, nothing in it is worth saving Perhaps not But a greatly significant fact is that the modern scientific investigation and sifting that have been going on for fifteen years have caused a section of its practitioners to declare that they will accept only those teachings of Ayurveda which have stood the test of time and are found of value as judged by modern science. If this modern wing of the ancient system can be encouraged, it may come about that in time the rubbish will be sloughed off and Ayurveda be brought into step with modern knowledge.

Die-Hards Are Ready for a Fight

But the old guard of Ayurveda, the right-wingers, the last-ditchers, the die-hards, are not going to give up without a fight. By good fortune *The Journal of Ayurveda*, published in Calcutta, comes regularly to this desk, so we can learn their feelings at first hand Modern medicine, it seems, is a mere upstart, whereas Ayurveda is founded on "the experienced knowledge accumulated over centuries and centuries" And what is more, a mere investigation of the drugs of Ayurveda is worthless, for their curative value depends on their proper application, as we are assured in the following editorial, which may not be entirely intelligible to all of us

> The supremacy of Ayurveda, be it noted with care, is due not to any potent indigenous drug, but to the application of that drug in conformity with the principle of Vayu, Pitta and Kapha, and as such it is no use judging their worth and value through pharmacological standards of western medicine. Analysis, Synthesis, Active principle and Standardization are so many chimeras of Science to catch the center of the circumference of the Science of Life that Ayurveda is Elusion and Delusion is the rightful reward of the western medico that assays to judge by his jejune criteria of crude Laboratory methods Rasa, Virya, Vipaka and Prabhava of Drugs and their application to Doshas in conformity with the principle of Vayu, Pitta and Kapha is the correct criterion and medical vampires cannot vindicate Ayurveda on flimsy scales of pseudo-Science.

Far from being ready to give up, Ayurveda, as we are assured in another editorial, "dreams of a glorious future, when Ayurveda shall come to occupy its rightful position as the real system of medical relief of the world"

Well, after that, if we still insist on practicing what the Indian editor calls "allopathy," we can't say we weren't warned

NEW MACMILLAN BOOKS

Among the discoveries made during the past two decades, in the field of nutrition those related to Vitamin B_1 are perhaps of greatest significance It now appears that the chief function of this vitamin is to regulate the most fundamental of all life processes cell respiration. Because of the recent demonstration that many forms of neuritis and allied disorders are directly related to impairment of this process the present book will be of immediate interest to the clinician The authors presentation of the subject is unusual in that it gives the clinical application of laboratory findings for the use of the physician in his practice The book will be of interest also to the pediatrician as well as to the student of nutrition and of certain branches of chemistry *Ready in June Probable price* $5 00

A Macmillan Medical Monograph

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By R R. Williams, Sc.D
and Tom Douglas Spies, M.D

The whole world knows of Dr Jackson, eminent American laryngologist and pioneer of the bronchoscope. His skill in removing foreign bodies from lungs and bronchial tubes, with the aid of his famous bronchoscope has brought patients to his Philadelphia clinic from far and wide. Dr Jackson bridges the gap between two ages in medicine. He has helped to make the modern age what it is not only by his invention, but also by his enlightened training of assistants to carry on his work. Few people, however, know the story of Dr Jackson s life—how he came to take up this humanitarian work, how his remarkable skill was acquired. In this book Dr Jackson tells, for the first time, his life story beginning with his early childhood and continuing through the successive stages of his brilliant career Handsomely illustrated with scenes from the author s life as well as with reproductions of his own paintings. *Ready in June Probable price* $3 50

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A complete study of pain referred from all levels of the gastro-intestinal tract in normal individuals describing the important phenomena underlying most digestive tract symptoms. Contains clinical observations having a direct bearing on the production of alimentary tract pain. $2.50

Strecker-Chambers—Alcohol One Man's Meat

"No thinking physician can read it without deepening his understanding of the problems of alcoholism and increasing his ability to cope with them, for the treatment suggested is directed not so much to the disease itself as to its underlying causes."—*Annals of Internal Medicine* $2.50

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tion would be obviously impossible in a single volume

The chapter on complications and injuries following radiation is all too brief but here again in a book which is attempting to cover such a large subject in a single volume, one cannot expect too much detail

There is a short discussion of nursing requirements for patients under radiation treatment for malignant disease. This is a subject usually not sufficiently stressed, and is well worth reading

The organization of a cancer service in the municipal hospitals of the City of New York is described

Considered as a whole, this book is very handy as a reference, but because of the fact that it is necessarily brief, full use must be made of the rather ample bibliography Everyone doing x-ray therapy should have a copy of this book, and it is also understandable and useful for the general practitioner and specialist in determining types of cases which should receive radiation therapy

A L L Bell

Neurology By Roy R. Grinker, M D Second edition. Quarto of 999 pages, illustrated Springfield, Charles C Thomas, 1937 Cloth, $8.50

The reviewer admits an immediate prejudice in favor of a "Thomas" book, because of the beauty and technical substantiability of its workmanship Naturally this outer frame work has no direct bearing on the quality of its written contents This outer promise is fulfilled by a review of Grinker's book which possesses a uniform excellence.

The title *Neurology* is well-selected because it completely ignores the field of psychiatry

It is a large, detailed undertaking consisting of one thousand pages, thirty chapters, and 400 well selected illustrations In its revision new material has been added in the chapters dealing with the vegetative nervous system and the cerebral cortex. Unusual stress is laid on therapy A profusion of references, considered an absolute necessity in a modern text book, will gratify the student.

Throughout the book the author has tried to maintain a fundamental purpose—correlating all the basic scientific facts, stressing anatomy, physiology and pathology, in a consistent fashion very pleasing to one who teaches neurology

For emphasis excellent illustrations and clinical cases are scattered throughout the book.

It is a well-rounded neurology

Harold R. Merwarth

The Patient and the Weather By William F Petersen, M D with the assistance of Margaret E Milliken, S M Volume IV Part 2, Organic Disease Quarto of 729 pages, illustrated. Ann Arbor, Edwards Brothers, Inc., 1937 Cloth, $11 00

This volume is another in a series which correlate meteorological changes and disease processes In this one, clinical observations on common endrocrine disorders, blood dyscrasias and tuberculosis are presented. One is awed by the tremendous research, the effort and correlation which has gone into it To one who has read the preceding volumes there comes a realization that Petersen is proving his premise, e g —the influence of weather on human beings and their bodily ailments

The subject matter does not lend itself to easy reading, and requires slow, thoughtful digestion Numerous graphs and charts permit a graphic visualization which aid in the understanding of the text. Many beautiful photographs of pathological conditions are included in this volume Once again the format is photo-lithograph from perfect type script This has enabled the publishers to keep down the cost of these volumes

Joseph L Abramson

Practical Proctology By Louis A. Buie, M D Octavo of 512 pages, illustrated Philadelphia, W B Saunders Company, 1937 Cloth, $6 50

This is an excellent book on the subject, fully illustrated, well printed, and carefully written Under chapter one, entitled "The Attitude of the Physician and of the Patient", might well have been included history taking of a proctologic patient and method of charting pathologic findings The subject of constipation warrants an entire chapter devoted to it instead of inclusion under conditions which cause constipation. The same holds true for the various types of abscess, perianal perirectal, and pelvirectal, which are included under anal fistula

However these minor criticisms detract very little from a book on the subject of proctology so competently handled No specialist in the subject will fail to acquaint himself with the contents of this book, and it is highly recommended to any physician or surgeon who treats diseases of the rectum

Charles Goldman

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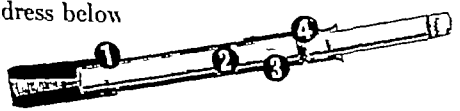
Many Physicians Have Had Marked Success with this Filter-holder Which Eliminates More Than 70% of Nicotine and Tar Products from Tobacco Smoke

THE ADVICE to 'cut down smoking' is often most difficult to follow, even with good intentions of the patient

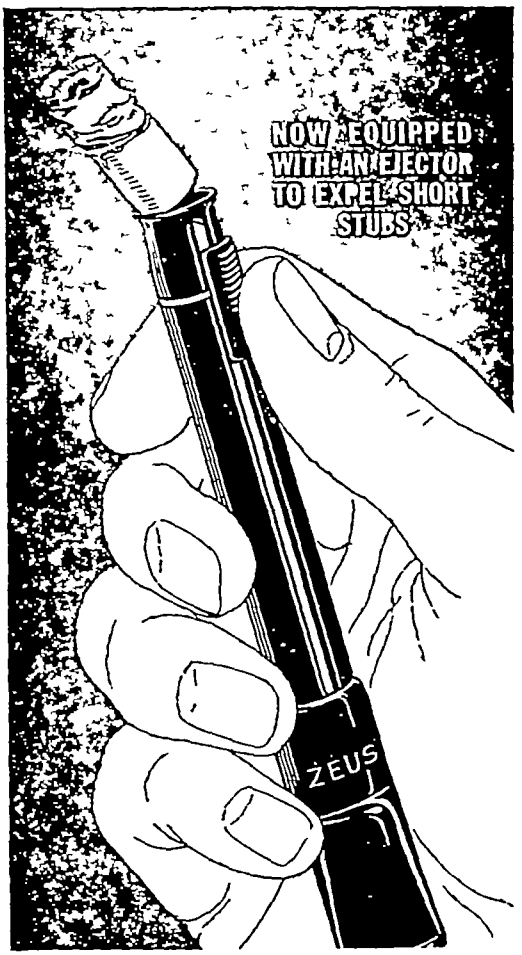
The use of the Zeus Filter-holder permits a 70% reduction in the intake of nicotine and tar products without the user's mental resistance or physical distress (More than a million men and women now use Zeus for smoking pleasure alone)

Many physicians have observed its value in cases of respiratory irritation and other toxic manifestation due to nicotine

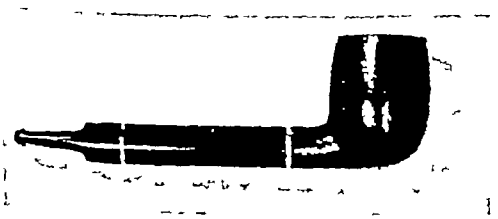
Full details about Zeus and the tests conducted by leading scientific institutes, will be gladly mailed you Please write to the address below

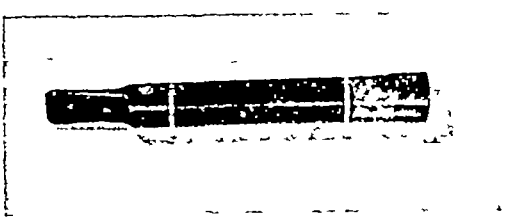


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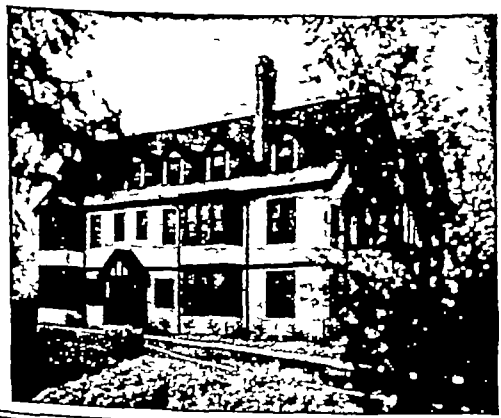
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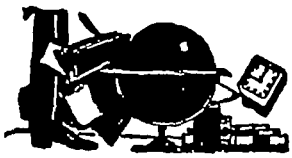


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Just as the forms are closing for this issue, T R. Gardiner, popular business manager of this JOURNAL, announced he was leaving on a combined honeymoon and well-earned vacation

According to his plans, Mr Gardiner expects to become the first 1938 June bridegroom somewhere in Connecticut, from which point he will leave immediately for an undisclosed destination.

While receiving the congratulations and good wishes of his friends in and out of the Medical Society, before leaving, Mr Gardiner was questioned regarding the rumors of a contemplated change by the New York State Medical Society in the management of their Journal, Directory and Commercial Exhibits of their annual convention

"As to the management itself," said Mr Gardiner, "I know of no changes contemplated by the Society In fact, under the terms of the existing agreements, the present management continues for a number of years

"There were, however, certain financial changes recommended by the Journal Management Committee and Council to the Society which came up for debate at the recent meeting I understand that these were not approved but were referred to a Committee, which probably accounts for the various rumors you have heard"

Mr Gardiner then went on to point out how ridiculous the rumors were, and that he wanted to assure the advertisers, exhibitors and subscribers that with their continued cooperation they could depend on him to do everything in his power to build a bigger and finer Journal, Directory and Annual Exhibit.



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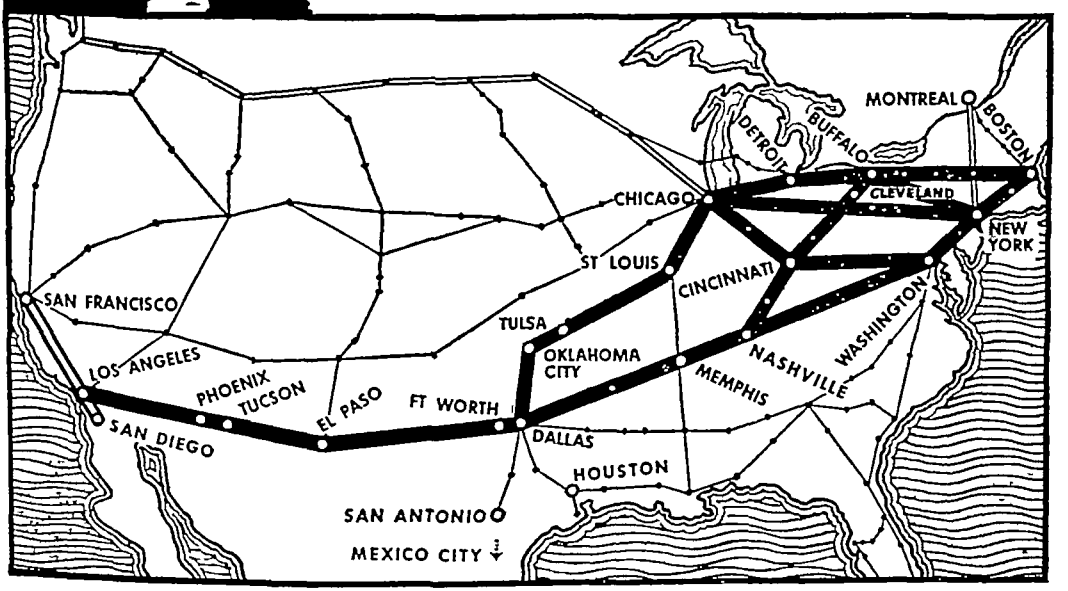
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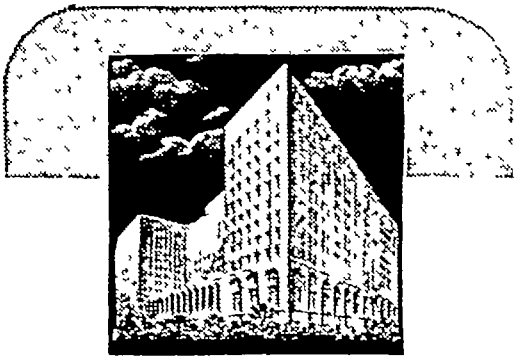
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and Jacob Two-Young-Men—admitted Mr Mitchell to blood brotherhood in the tribe, christening him O-Ha-Zo-Na-Ne, or Spotted Cloud.

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(Continued on page xlii)

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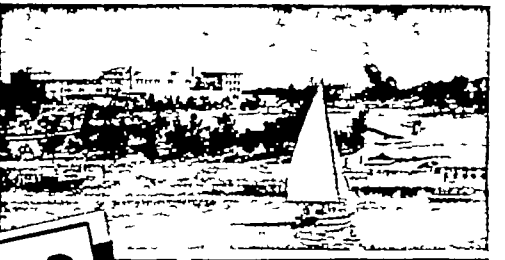
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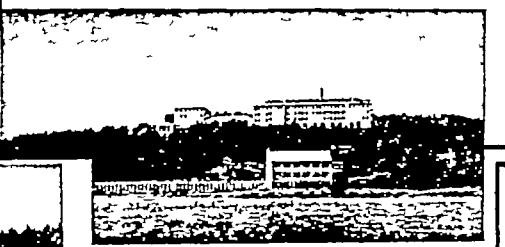
For information rates, and reservations—your travel agent, the hotel or New York Office, 51 East 42nd St., MUrray Hill 2-8442. *Restricted patronage*

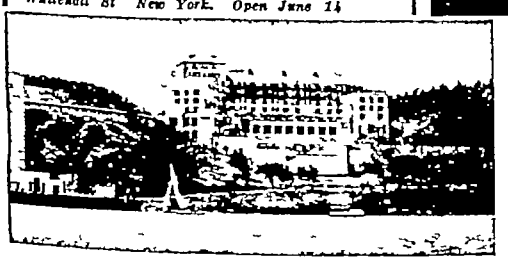
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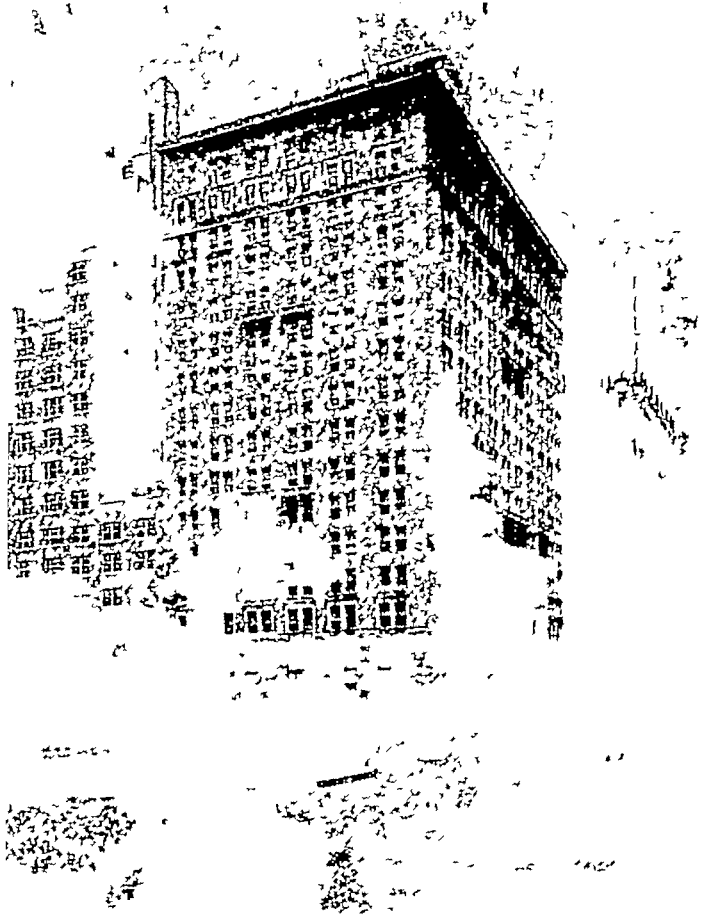
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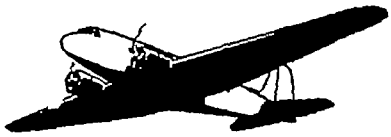
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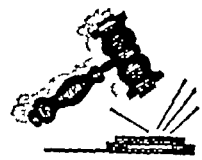
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(Continued from page xxxix)

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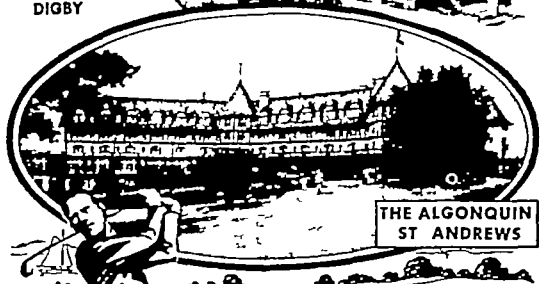
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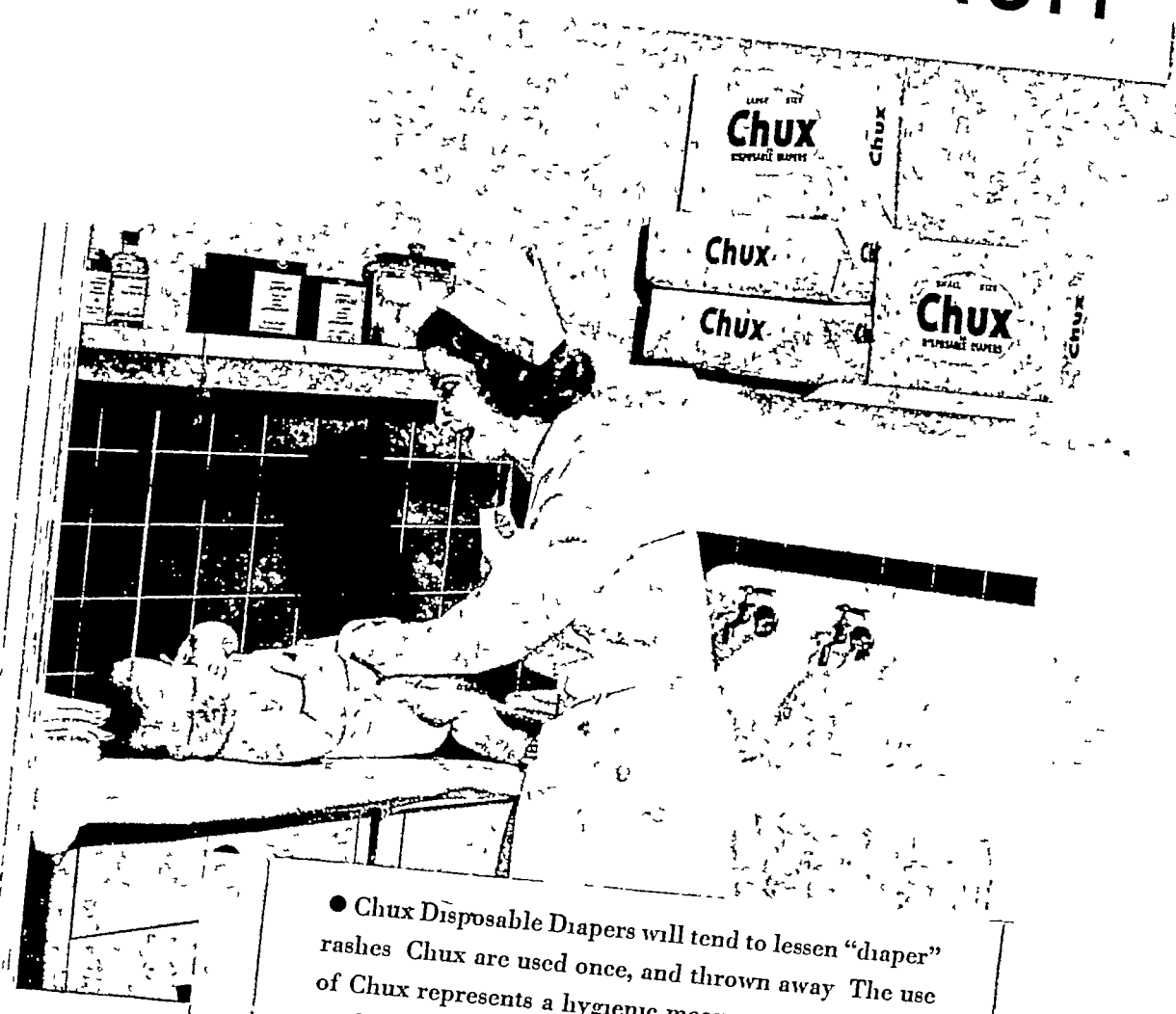
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Trigger Finger — *Clifton W Henson, M.D*

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HOUSE OF DELEGATES
MINUTES OF ANNUAL MEETING

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	Per Cent		Per Cent
Protein (N x 6 25)	32 6	Calcium as Ca	0 098
Fat	0 8	Iron as Fe	0 058
Calories per ounce	40	Magnesium as Mg	0 13
Sodium Chloride	11 1	Copper	0 00275
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Are the Neuritic Symptoms of Pregnancy *due to a deficiency of vitamins B_1 and G?*

SUCH common neuritic symptoms of pregnancy as pains in arms and legs, muscle weakness, and (less frequent but more serious) paralysis of the extremities may result from a shortage of antineuritic vitamins, recent investigations appear to show Although neuronitis of pregnancy has long been considered a toxemia, no toxins have ever been identified

Clinical observations of Strauss and McDonald lead to the conclusion that the condition is a dietary deficiency disorder similar to beriberi, caused by lack of vitamin B_1, complicated by symptoms which may be traced to shortage of vitamin G They report recovery in their cases receiving this therapy, including dried brewers' yeast

Hyperemesis as Cause of Avitaminosis

Wechsler observes that all cases of polyneuritis of pregnancy recorded in the literature were preceded by long periods of severe vomiting "It would seem," he adds, 'that because of actual starvation these patients suffered from avitaminosis and consequent neuritis," a view likewise held by Hirst, Lukart, and Gustafson Plass and Mengert observe that the practice of giving high carbohydrate feedings for hyperemesis gravidarum is still more likely to cause avitaminoses B and G

Dried brewers' yeast, as it is far richer than any other food in vitamins B_1 and G, is being used with benefit both in the prevention and treatment of polyneuritic symptoms of pregnancy Lewy found that additions of yeast to the diet reduced electric irritability of the peripheral nerves and brought clinical improvement. Vorhaus states that he and his associates, after administering large amounts of vitamin B_1 to 250 patients having various types of neuritis, including that of pregnancy, observed in about 90% of cases "varying degrees of improvement, i e , from partial relief of pain to complete disappearance of all symptoms '

Need for Vitamins B and G in Lactation

Evans and Burr, Hartwell, Sure and co-workers, and Macy *et al* are among numerous authorities who find that the nursing mother also needs supplements of vitamins B_1 and G, from 3 to 5 times the normal requirement. Tarr and McNeile report that the physical, mental and emotional status of 120 pregnant and lactating women receiving Mead's Brewers Yeast and other foods high in vitamin B was superior to that of a control group of 116 women



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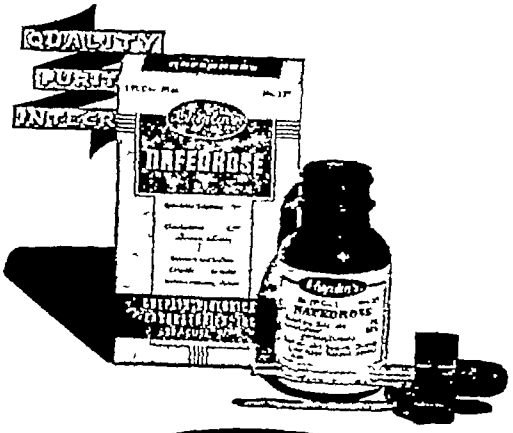
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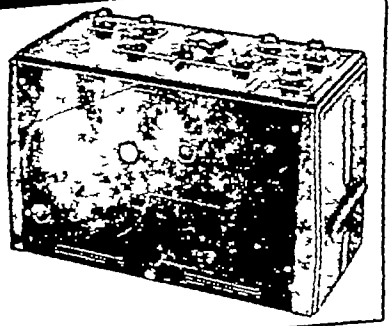
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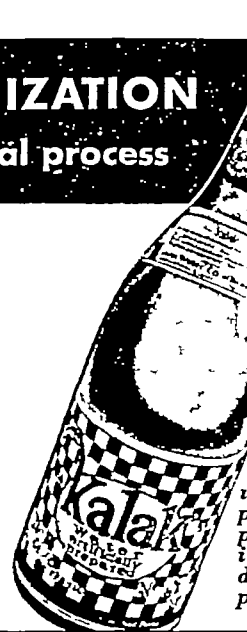
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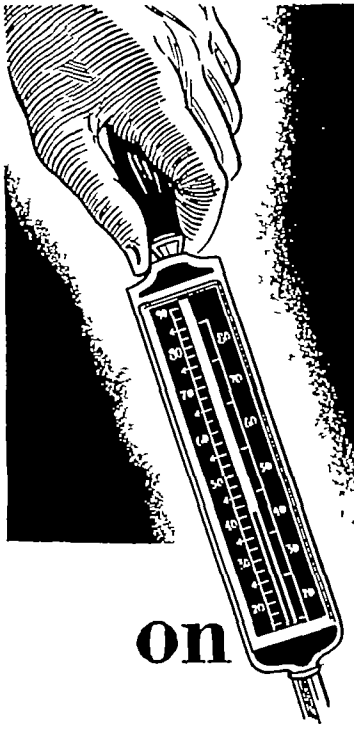
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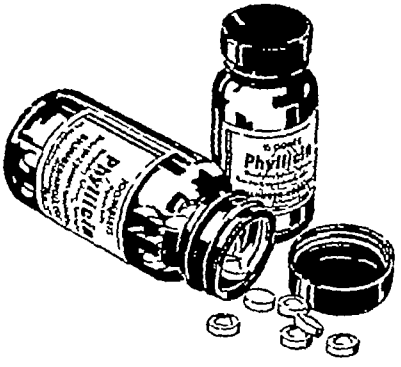
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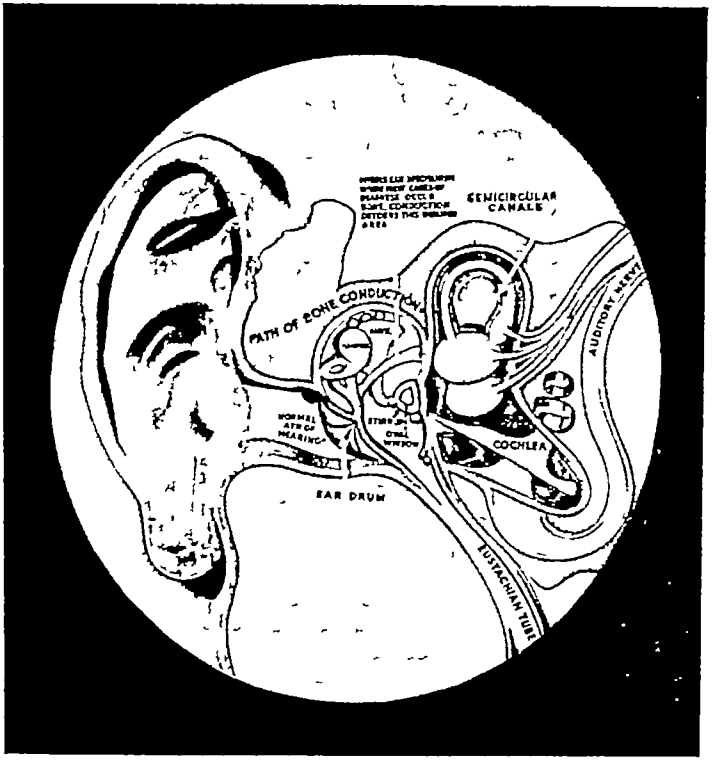
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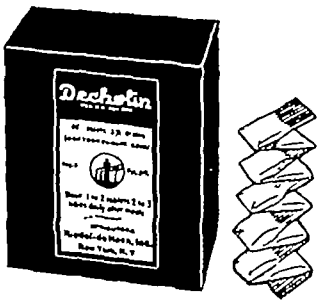
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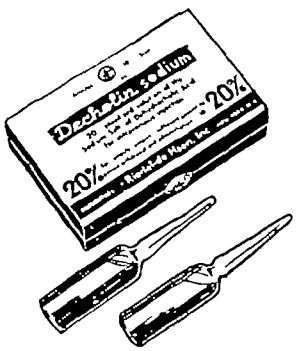


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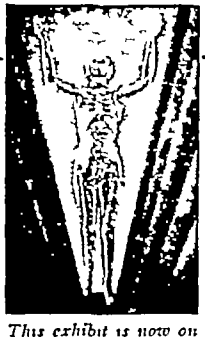
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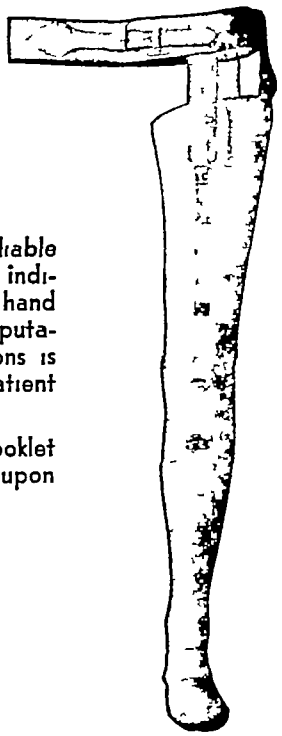
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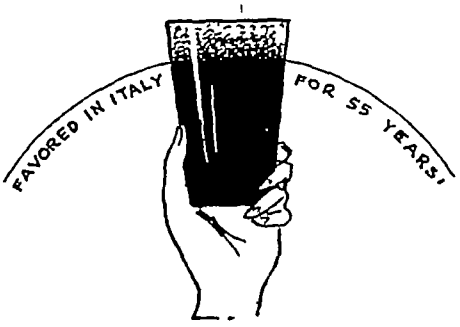
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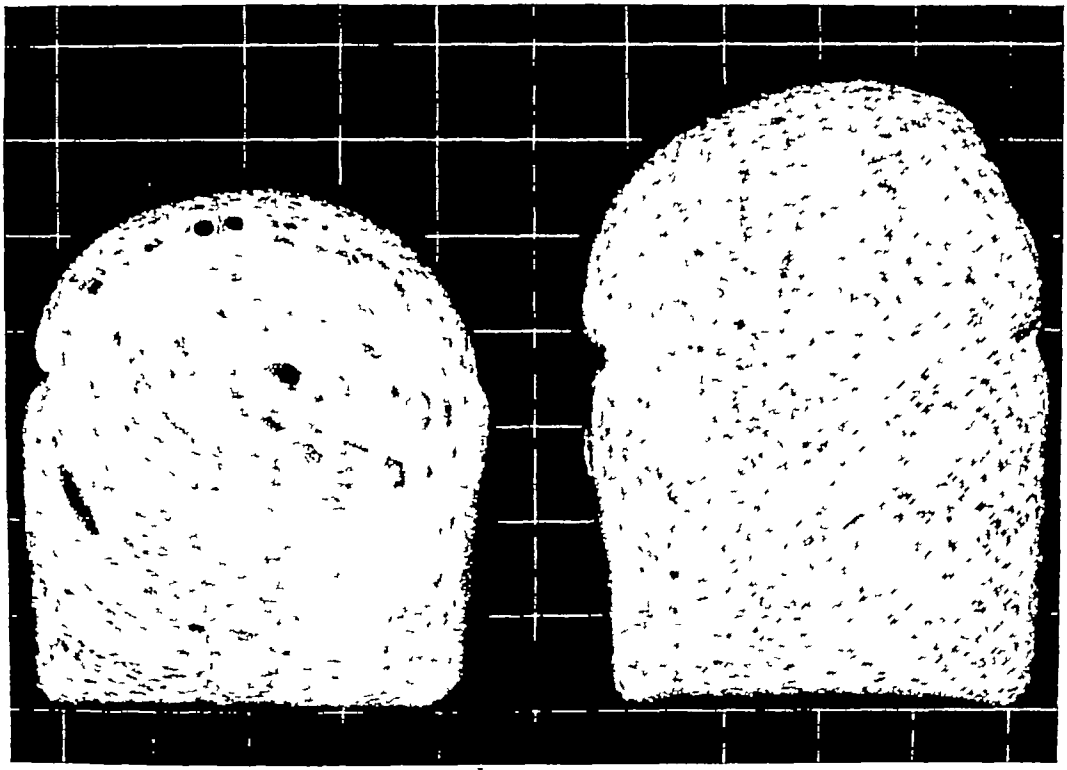
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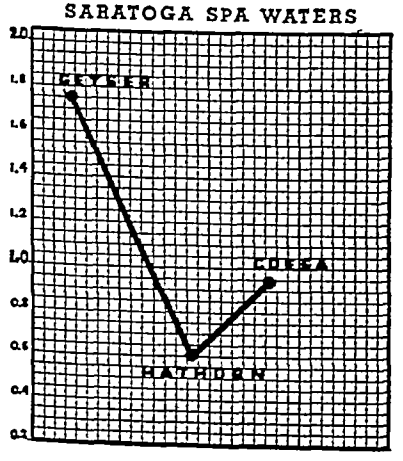
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CARCINOMA AND ADENOMA OF THE RECTUM

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The coexistence of carcinoma and adenomas of the rectum gives rise to much speculation as to the relationship between these two neoplasms Does carcinoma of the rectum arise from essentially normal mucous membrane or is it the result of a malignant change in a pre-existing adenoma? Adenomatosis (multiple polyposis) of the colon has a familial tendency and is known to undergo malignant metamorphosis in fifty per cent of cases [1] The carcinoma probably arises in one of the multitude of adenomas that stud the colon and in an adenomatous colon it is not infrequent to find two or more carcinomas in different stages of development.

Dukes[2] made a detailed study of the intestines in 127 cases in which the patients had died of some condition other than carcinoma of the large intestine He found adenomas in twelve (9 4%) of these cases He found six adenomas in one case, four in one case, two in one case, and one in each of the remaining nine cases In twenty-five of thirty-three cases (79%) in which intestinal resection was performed for carcinoma of the rectum or sigmoid colon, he found adenomas in the portion of intestine which was removed

In eight (4 7%) cases of carcinoma of the rectum and sigmoid colon, Yeomans[3] found associated adenomas He suggested that carcinoma of the colon is frequently mediated through an adenoma but at the present time it cannot be affirmed that all carcinomas of the rectum and sigmoid colon originate from adenomas

Stewart[4] said that in twenty-one of seventy-nine cases of carcinoma of the colon (26 6%) necropsy revealed associated polyps

Many pathologists and surgeons believe that adenomas (polyps), especially those situated in the lower part of the gastrointestinal tract, are particularly prone to undergo malignant change, however, proof of this has been very difficult to obtain Martin[5] said that adenomas are either the principal agents or are predisposing factors in cases of carcinoma of the rectum Wide excision of the carcinomatous intestine was advised by David[6] so that potentially malignant polyps in the vicinity of the carcinoma, also may be removed. Schmieden[7] said that cancer of the intestine develops from polyps, which are precancerous lesions and undergo malignant degeneration as a result of external irritation.

Lockhart-Mummery and Dukes[8] said that the sequence of events preceding carcinoma is believed to be hyperplasia, adenoma (precancerous state), then cancer They studied the mucous membrane of the large intestine in the region of a carcinoma and found multiple areas of epithelial hyperplasia, most of which were only visible under the microscope They also found adenomas which were visible with the naked eye They interpreted these areas of hyperplasia as the initial event in the development of carcinoma. The next step is a crop of sessile adenomas scattered over a large area of mucous membrane. Then, after a long or

TABLE I—RELATION BETWEEN GRADE OF CARCINOMA AND PRESENCE OF ADENOMA

Grade of carcinoma	Cases	Sessile adenomas		Pedunculate adenomas		Cases in which both sessile and pedunculate adenomas were present		Cases in which no adenoma was found	
		Number	%	Number	%	Number	%	Number	%
I	6	5	83	0		0		1	17
II	62	35	57	7	11	16	26	4	6
III	21	11	52	5	24	0		5	24
IV	11	2	18	1	9	1	9	7	64
Total	100	53		13		17		17	

TABLE II—METASTASES IN REGIONAL LYMPH NODES IN CARCINOMA OF RECTUM

Grade of Carcinoma	Cases	Carcinoma found in regional lymph nodes		Carcinoma not found in regional lymph nodes	
		Cases	%	Cases	%
I	6	1	17	5	83
II	62	24	38	38	62
III	21	16	76	5	24
IV	11	6	55	5	45
Total	100	47		53	

short interval, a carcinoma begins in one of the adenomas or in the neighboring epithelium and the remaining areas of hyperplasia and the adenomas regress so that the mucous membrane about a carcinoma at the time of resection may contain only a few benign lesions

Cattell[9] observed the transition of polyps into malignancy and advised that every polyp of the rectum, irrespective of size or benignancy, should be fulgurized

Solitary adenomas of the rectum and lower portion of the sigmoid colon were found by sigmoidoscopic examination in one hundred and forty-three cases at the Mayo Clinic between 1920 and 1928 Brust[10] in analyzing these cases found that in eighty-seven, the adenomas were not treated and at the second examination, at intervals of two to ten years from the first examination, in three instances the untreated adenoma apparently had increased in size In one case there was no change in size or appearance of the adenoma after three years Four untreated patients were examined and found to have carcinoma superimposed on the site of the previously noted adenoma

Dukes, in comparing experimental tar cancer to cancer of the rectum, said that they both pass through comparable stages Under the influence of some carcinogenic agent the epithelial cells of the mucous membrane of an extensive portion of the intestine are stimulated to more vigorous growth in separated areas Later, a crop of adenomas arises from this sensitive field and some of these become surrounded by secondary tumors The mucous membrane in the clefts between the primary and secondary tumors becomes folded inward and the dislocated cells may be the first to undergo malignant change

Method of Study

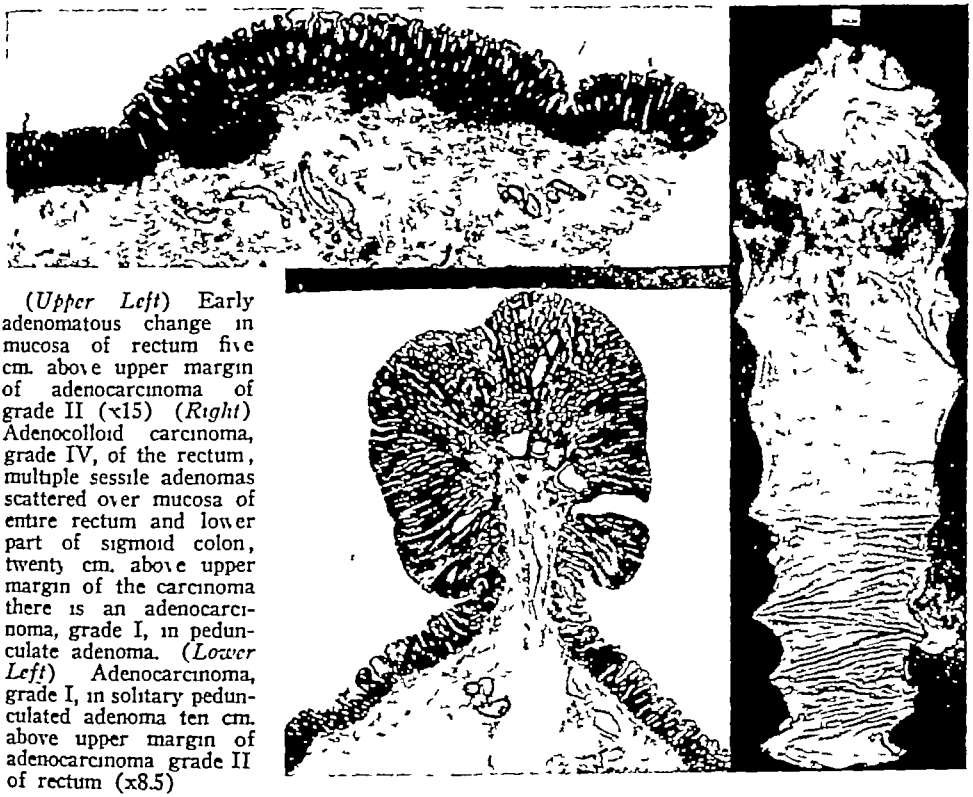
The specimens studied were carcinomas of the rectum and rectosigmoid which were removed at the clinic in the years 1936 and 1937 The resected rectum was examined in the fresh condition shortly after operation in most cases while the remaining specimens were fixed with formalin The mucous membrane of the entire specimen was examined with the naked eye and areas suggestive of adenoma were examined under the low-power dissecting objective Blocks were cut from the carcinoma in the fresh state so that the type and grade of the tumor could be determined A careful examination of the lymph nodes in the specimen was made to ascertain if metastasis had occurred

Results of Study

In all, one hundred cases of carcinoma of the rectum and rectosigmoid were studied In ninety-three, the tumor was an adenocarcinoma, in six it was a colloid adenocarcinoma, and in one a melanoepithelioma was found In eighty-three cases sessile adenomas, pedunculated adenomas or both were found (Table I), and in only seventeen was the mucous membrane in the region of the carcinoma free from adenomas

Metastatic lesions were present in the lymph nodes of the perirectal tissue in forty-seven cases (Table II) The highest incidence of metastasis occurred in cases in which the carcinomas were grade III (76%) and grade IV (55%)

The distance from the mucocutaneous junction of the anus to the lower border of the neoplasm was found to be 2 6 cm in cases in which the carcinoma was grade I 5 3 cm in cases in which it was grade II, five cm in cases in which it was grade



(*Upper Left*) Early adenomatous change in mucosa of rectum five cm. above upper margin of adenocarcinoma of grade II (x15) (*Right*) Adenocolloid carcinoma, grade IV, of the rectum, multiple sessile adenomas scattered over mucosa of entire rectum and lower part of sigmoid colon, twenty cm. above upper margin of the carcinoma there is an adenocarcinoma, grade I, in pedunculate adenoma. (*Lower Left*) Adenocarcinoma, grade I, in solitary pedunculated adenoma ten cm. above upper margin of adenocarcinoma grade II of rectum (x8.5)

III, and 4.3 cm in cases in which it was grade IV

The sessile adenomas were found much more frequently (53%) in association with carcinoma than were the pedunculated adenomas (13%) This lends support to the statement of Brust that, "it has been frequently stated that the sessile type of adenoma is more prone to malignant change than the pedunculated type"

The highest percentage (94%) of adenomas was found in conjunction with grade II carcinomas, while the lowest percentage (36%) was found with grade IV carcinomas

Comment

The association of adenoma with carcinoma of the rectum in eighty-seven per cent of the cases studied is significant This figure is so much higher than that for the occurrence of adenomas in a large series of normal intestines (9.4 per cent) that it cannot be regarded as an incidental or unrelated finding

The higher percentage of adenomas associated with carcinoma of the lower grades suggests that the carcinoma has developed in an adenoma while other adenomas have been arising and growing There is usually a longer period of time between the inception of malignancy and time of operation in the low grade carcinomas (I and II) than in the higher grades (III and IV) of carcinoma. This longer interval allows the carcinogenic factor a greater period of time in which to exert its force on the area of low resistance (rectum) and causes the precancerous condition to appear In this case it is the adenoma which must be regarded as the precursor of the carcinoma

If the carcinoma is allowed to continue its growth, other adenomas may become malignant and multiple carcinomas may be found in the rectum It is very common to find low grade adenocarcinoma in an adenoma of the rectum (See above illustrations)

In the case of the more highly malignant carcinomas, that are growing rapidly, it is reasonable to postulate that the original adenomas have been destroyed

by the advancing malignancy and that of the rectum have been examined for time has not been adequate for the the presence of adenoma In eighty-growth of additional adenomas three, adenomas were found associated All adenomas of the rectum should be with carcinoma of the rectum There is considered potentially malignant and a definite relationship between adenoma should be removed as soon as they are and carcinoma of the rectum Adenomas diagnosed of the rectum should be regarded as potentially malignant and, for the safety of the patient, should be removed as soon as they are diagnosed

Summary

One hundred specimens of carcinoma

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AN UNUSUAL COMPLICATION OF LABOR

CAPTAIN FRANK A MINAS, M C and 1ST LIEUT DAVID J GRAUBARD, M D,
Med-Res, U S Army Station Hospital, Fort Jay, N Y (DJG)
New York City

De Lee mentions that "as a result of overpowerful bearing-down pains and efforts the woman may fracture her sternum " We wish to present a case of fracture of the xiphoid process of the sternum occurring during the second stage of labor in a multipara with a previous normal history

A hasty review of the mechanical forces producing an increase in abdominal pressure which is so vital to the second stage of labor leads us to the following conclusion That during an expulsive pain there is a powerful bearing-down effort which is produced by the downward excursion of the diaphragm and contractions of the recti, the obliqui, and the muscles of the flanks The above mentioned muscles are attached to the xiphoid process of the sternum as follows on the posterior surface to the diaphragm, and on its lateral borders to the aponeurosis of the abdominal muscles The xiphoid being thin and elongated and more or less ossified can be bent or twisted by the contractions of the named muscles However, we must remember that it also articulates with the body of the sternum and that any similar force may also cause a dislocation or a dislocation-fracture

Case Report

M R., age thirty, wife of an officer, nativity U S, was admitted to the Station Hospital, Fort Jay, N Y, April 4, 1935 Previous medical and surgical history was irrelevant *Obstetrical history* Normal delivery of a normal male child in 1929 Patient claimed she had "pyelitis" during the last gestation Her last menstrual period was July 8, 1934, and the estimated date of delivery was April 14

Her chief complaints on admission were Restlessness, difficulty in getting about, swelling of the ankles, and moderate increase in blood pressure Physical examination was essentially negative although the blood pressure was 154/94 X-ray examination verified a twin pregnancy, both fetuses showing cephalic presentation without locking *Urinalysis* One plus albumin with innumerable leukocytes microscopically *Blood count* Hgb—sixty per cent, RBC—3,870,000, WBC—13,500, Polymorphonuclears eighty-three per cent. Wassermann and Kahn reactions were negative. *Blood Chemistry* NPN—twenty-eight Mg per cent, Glucose—eighty-six Mg per cent, Urea N—14 Mg per cent, Creatinine—1 3 Mg per cent, Calcium—11.2 Mg per cent, Phosphorus—5.2 Mg per cent The temperature was normal, pulse eighty-four, respirations eighteen The patient desired to leave the hospital after two days and

was discharged *Diagnosis on discharge* Pregnancy, twin, near term, not in labor

On April 15, the patient was readmitted to the hospital although she was not in labor Her general physical condition was the same as at her previous admission It was thought advisable to start labor, since the time of the estimated date of term had been reached and at 12 30 P M, April 17, the membranes were ruptured artificially Soon thereafter the patient began to have pains which became severe enough to warrant taking her to the delivery room at 7 00 P M The pains continued with satisfactory progress At about 2 30 A M (April 18) the pains suddenly ceased The patient complained of pain in the epigastrium and tenderness at the tip of the sternum Examination revealed no abnormalities in the mother or fetuses The patient made no progress and it was deemed best to resort to operative procedures At 9 15 A M a midforceps was applied and a male child delivered Fifteen minutes later, a version and extraction was done in the delivery of a second male child

Soon after delivery, and after the patient was conscious, she complained of a small protruding mass in her epigastrium Examination revealed the xiphoid process to be disarticulated ventrally from the sternum No treatment except the application of a tight binder and ice-bag was given The relaxation of the abdominal muscles and pressure helped reduce the fracture. The patient made an uneventful recovery and was discharged April 28

The patient was seen several months later and had no complaints referable to the epigastrium or sternum and the xiphoid protrusion which was evident at delivery was firmly fixed in its normal position.

Discussion

Dislocation of one of the normal segments of the sternum from another is a rare injury and one not always to be distinguished clinically from fracture In an extensive review of the literature [1-4] we were unable to find any single specific report of a fracture, dislocation or fracture-dislocation of the xiphoid process due to the muscular stress of the abdominal muscles during parturition, although several texts have mentioned the possibility of the phenomena. It is in view of the rarity of this condition that this article is being presented

It is not new to us that the abdominal muscles play an important part in the expulsion of the child even though the role played may be only one of the secondary forces We know that the exciting causes of fracture are three-fold (1) Direct violence, (2) Indirect violence, (3) Muscular action Of the latter it is said that the most frequent cause of fracture of small bones or of osseous processes into which powerful muscles are inserted is the tremendous pull of muscles An example of this force is the fracture of the patella following attempts to prevent or ease a fall, or the olecranon process of the ulna

Fracture of any part of the sternum is rare and may be incomplete, multiple, transverse, longitudinal or oblique Fracture of the body is most common in the upper half, those of the xiphoid, including its separation from the body are extremely rare Its displacement may be forward or backward The treatment consists in reduction by direct pressure, aided if there is overriding by extension of the trunk and by deep inspiration by the patient, and in retention by a broad band of adhesive plaster around the chest

The diagnosis in this case is, clinically, beyond a doubt, fracture, simple, complete transverse of the xiphoid process of the sternum with anterior displacement We were unable to demonstrate it with the x-ray

Summary

1 Fracture of the sternum may occur in parturition when the strain is excessive and distension increased as in multiple pregnancies

2 Cessation of active labor pains may be one of the results of fracture of the sternum, necessitating operative interference for a healthy mother and viable offspring

(DJG) 574 West End Ave.

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THE CINDERELLA OF MEDICINE

KARL A MENNINGER, M D, *Topeka, Kansas*

The title I have selected may have led you to expect a fairy tale I shall begin what I am to say, however, with a special version of one of Aesop's fables

Six blind men sat by the gate of a great city as an elephant was led slowly past Inspired by scientific curiosity of the highest degree, the six blind men rushed forward to palpate the great beast and to determine the nature of his being

The first man's hands fell upon the elephant's tusks "Ah," said he, "This creature is a thing of bones, they even protrude through his skin" Later on, years having past, this man became an orthopedist

At the same time the second blind man seized the elephant's trunk and identified its function "What a nose!" he exclaimed "Surely this is the most important part of the animal Accordingly he became a rhinologist.

The third man chanced upon the elephant's great flapping ear and came to a similar conclusion, for him the ear was everything, so he, in time, became an otologist

The fourth blind man rested his hands on the huge chest and abdomen of the elephant "The contents of this barrel must be enormous," he thought, "and the pathological derangements infinite in number and variety" Nothing would do but that he should become an internist

One of the blind men caught hold of the elephant's tail "This," he said, "would appear to be a useless appendage It might even be a source of trouble Better take it off" This blind man became a surgeon

But the last of the six men did not depend upon the sense of touch Instead he only listened He had heard the elephant approaching, the rattle of chains and the shouts of the keepers It may be that he heard the elephant heaving a great sigh as he trudged along "Where is the creature going?" he asked No one answered "Where did he come from?" he asked No one knew

Then this man fell into a deep reverie What was in the elephant's mind, he wondered, in having left wherever he was and having come to this great city Why does he submit to the indignities of our curiosity and the slavery of chains? And while he was wondering how to find out the answers to these questions the elephant was gone

This man became a psychiatrist

The other blind men were disgusted at this impracticality They turned their backs upon their visionary companion What difference does it make, said they, what the elephant's purposes may be? And his chains—they constitute a legal not a medical problem The important thing is to recognize the animal's structure!

Then they fell to quarreling among themselves as to whether the elephant's structure was primarily that of a nose or that of an ear or that of a tail And although they all differed flatly from one another on these points they all agreed that the psychiatrist was a fool

It would be pleasant for me to assume that this allegory no longer represents accurately the attitude of the specialties of medicine toward one another and toward psychiatry In some respects I think that the proper continuation of the allegory would represent the six blind men taking counsel with one another and making some concessions that the elephant had ears as well as a nose and that he had purposes and feelings as well as tusks and a tail The tendency in all scientific research is to lose one's perspective in the intensity of one's special interest Psychiatrists may do this no less than surgeons or otologists

But in the main it is true that physicians have forgotten or ignored or repudiated the psychological factors in their patients Modern medicine is based upon three basic sciences—physics, chemistry, and psychology Of these chemistry is the oldest For many centuries it completely dominated medicine The

Read at the Annual Meeting of the Medical Society of the State of New York, New York City, May 10, 1938

physics of the body were considered unimportant and physical methods of treatment were considered unethical, undignified, unscientific It was only in very recent times, relatively speaking, that some members of the barber guild became surgeons, that bonesetters became orthopedists and that stone crushers became urologists It was only in recent times that the mysticism and magic that permeated the recipes of the pharmacopoeia were purged by the cold light of pharmacological science But it has been still more recent that psychological data have assumed some recognized validity of their own and ceased to be a vague compilation of theories, variously derived from philosophy, religion, and superstition A systematic physics of the body was arrived at before a systematic chemistry, but both became the common property of physicians long before a systematic psychology was known to anyone.

It cannot be said that psychology has been incorporated into medicine as yet, either in theory or in practice In practice, medical science has long since become so great in its scope and complex and in its detail as to favor the development of three kinds of physicians those depending chiefly upon physical concepts especially in their treatment methods—and here I have in mind the surgeons—those depending chiefly on chemical measures—and here I have in mind the internists—and those depending on psychological methods—and here I have in mind the psychiatrists What a physician should be called who utilizes all three of these basic sciences in his work I do not know, unless it would be that we come back to a new and prouder use of the simple word "physician" In that case what I am extolling are not psychiatrists but that kind of a physician, one for whom physical chemical, and psychological data have equal validity

As a general thing, however, I am afraid this does not prevail Patients are much more apt to get good physical and laboratory examinations than to get good psychological examinations, or good psychological treatment I have previously made the statement that if a psychiatrist were to make a diagnosis of appendicitis on the basis of a psychological examination alone he would be justly criticized, yet many doctors are quite willing to make a diagnosis of psychoneurosis on the basis of a physical examination alone.

Suppose I should ask you—and you are representative, progressive physicians—did you in examining that patient yesterday make any psychological examination? Did you, for example, ask him anything about his dreams? No? Why not? Are they not a part of him, a product of his anatomy and physiology and psychology? Meaningless? Negligible? Compare the reactions of a practitioner of medicine fifty years ago when a youngster, recently from medical school, proposed that he examine his patient's urine "What? Urine? I *did* examine it—it was dark and stank What more is to be examined? Urine is of no importance—it's only an excretion, to be thrown out quickly" And can you imagine the old fellow's scorn when his son diffidently asserted that it was considered by some doctors to be really possible to examine urine with a flame, with chemicals, and with a *microscope*—*for* the purpose of understanding better the organs and the human being from which it came?

And is it really so very different from the proposal that dreams, too, can be analyzed—if one studies the technics?

I am reminded of course that there are practical reasons why surgeons, dermatologists, and others feel justified in omitting some of the technic of a complete personality inventory "Psychiatrists," they say, "are overwhelmed with too many data They can't use all they have We don't have time to get so much information about the patient A patient might die while we are getting it Furthermore it is unnecessary for the determination of the best practical treatment in many cases"

I won't deny the fact that short-cut methods of examination are desirable What I deny is that one has any right to make this short-cut method at the total expense of the psychological factor If a man breaks his leg, it is perfectly true that he doesn't want his surgeon to spend three or four hours getting a family or social history or making an intelligence test or analyzing dreams before he puts the leg in a splint On the

other hand, a complete omission of the psychological factor might lead, and I think often does lead, to serious errors in the treatment Such an investigation in this case, for example, might prove that the man had broken his leg while in a fit of rage, trying to kick his dog or his child or that his insurance policies paid him $500 a month disability, or that this was the fourth time that he had fallen in this particular spot and the second time he had sustained a fracture in such a fall, suggesting that there was something more than mere chance involved In other words, a broken leg is a piece of local destruction and may be a covert form of self-destruction One can confine himself to merely repairing the destruction as a carpenter repairs a broken joist and wait for the next piece of self-destruction or the next accident or the next infection—or one can look at it in the broad sense and compare this with other self-destructive events in the life of the individual and relate them to some more fundamental patterns

All this sounds so logical—at least *I* think it sounds logical—that the question ought to be, why is not psychiatry the queen of the medical specialties—in a sense the mother of them all, the integrating and synthetic phase of medicine itself? Or at least why is it not better integrated with the rest of medicine? To some extent, as my brother Will has said, the psychiatrist himself is responsible for this For many years he contented himself with his assigned but very limited task of looking after an esoteric group of individuals in a secluded cloister on the periphery of a village He spoke infrequently and then chiefly about such imponderables as dementia precox and depersonalization, sometimes about dairy barns He seemed closer to his patients than to the profession and the rest of life

Thus for years psychiatry remained, as I have indicated in the title, the Cinderella of medicine She sat alone by the fire in the kitchen, while her proud sisters Ophthalmology and Pediatrics strutted in the parlor Sister Surgery was there, too, forgetful of her humble origin in the barber-shop, and Mother Obstetrics was never reminded of her poor relations, the Midwives

When, by the Fairy Godmother's aid, the transformed Cinderella appeared at the Great Ball (the war), she outshone all her sisters It was there she won the Prince's favor (popular esteem), and thereafter she came out of the kitchen and consorted with her fashionable and now deferential sisters, and at last married the Prince It was Thomas Salmon, of New York, who first used this figure, a man whose broad vision, whose keen mind, and whose winning personality did much to favor the ascendancy of this Cinderella And while it is true that the laity has assimilated the principles of psychiatry more rapidly than have some parts of the medical profession, I do not think it was the public alone whose good graces put psychiatry where it is today I think the intelligent, honest realization of an important portion of the medical profession itself that the psychological factor in medicine could no longer be ignored, forms our most dependable support Some have felt, not without justice, that psychiatry has been oversold, this is true if one means that a greater need for it exists than our present supply of psychiatrists can fill

For it was inevitable that science should have gradually displaced the ancient superstitions and taboos attaching to the medical man whereby it was inconceivable for him to be imperfect So long as the medical man could not bear to examine his own psychology he could not logically concede it to have any importance among the clinical data of his patients Among the discoveries of Freud, perhaps the greatest are those pertaining to the scientific study of the emotional bonds which develop between the patient and the physician So long as it was taboo for the doctor to ask himself, "Why am I a physician? Why am I interested in disease? Why does the specialty of pediatrics appeal so to me?" and similar questions, it was necessary also to avoid, "Why did the patient expose himself to syphilis? When did the gastric ulcer patient begin to hate his wife? What is the purpose of this woman's illness?"

For are not the wishes the dreams and desires, the fears, and hates and envies of a patient as much a product of his being as his urine, his blood, his spinal fluid?

Are they not as deserving of analysis and as amenable to treatment measures?

What I have been saying may have carried some of you beyond your convictions or my persuasions, so I shall pursue that line of thinking no further, because it is not necessary to explain why psychiatry, the Cinderella, left the kitchen and married the prince The fact is that she has done so If you doubt this, reflect upon the fact that in several medical schools more time is devoted today to the teaching of psychiatry than to the teaching of surgery, that more hospital beds are filled with psychiatric patients today than are filled with all the medical and surgical and tuberculous and orthopedic and all other cases combined That the state of New York spends many thousand times as much upon the care of psychiatric cases as upon the care or prevention of medical and surgical diseases of all other types And if you reply that this is because of the social importance of psychiatry I should reply that all disease has social importance and that the failure as physicians to recognize this has laid us open to criticism and to error I do not mean by this to indicate my approval of the state care of the ill It does not have my approval I only mean to remind you that the state has for a long time been in the business of caring for some of the ill and that this some is a much larger number than many of you realize As a psychiatrist in private practice, I can get no satisfaction out of the fact that the state is my largest competitor and that although we are friends, we are not cooperators And I strongly feel that had we physicians recognized from the first that *psychological and social factors are a part of medical science* that we could have made a better arrangement for the care of the mentally ill than now exists and better arrangements for other illnesses that now threaten Those of you who fear that state medicine will compete with private initiative in other forms of illness might take this as a warning I must tell you in frankness that some physicians whom I have heard loudly declaiming against state medicine, sometimes do everything possible to prevent a patient from receiving the psychiatric care he needs and resort in the end to sending him to a state hospital without any inkling of the inconsistency of this program It is this very inconsistency—this blindness to the psychological and social aspects of the human being, a blindness of which a few of our colleagues seem even to be proud —which is one reason for the rise of state medicine

I am sorry to have injected this serious note into the hour of relaxation afforded by this banquet after the heavy program of the day You see, I have had some theories about the instinct toward self-destruction, the way in which man fights against himself I have extended it from clinical phenomena such as martyrdom and suicide to social phenomena such as crime and even to nations warring against nations, and against themselves Our profession, too, sometimes betrays this human trait of fighting against itself As a psychiatrist my daily occupation is the recognition of such tendencies and the outlining of programs for their circumvention or redirection You must forgive me if I cannot resist the application of my professional technics to the problems of my own—our own—profession

I do not know what the future of psychiatry will be I would certainly not leave you with the impression that we psychiatrists have so great a lack of modesty as to assume to guide the development of all medicine We have no monopoly on the comprehensive study of the human being, unless by neglect you force it upon us From the indications of your courtesy in having invited me here to speak for my fellow psychiatrists and having listened so graciously to my strictures and suggestions, I have the impression that you have no wish to do so On behalf of Cinderella, ladies and gentlemen, my appreciation and my compliments!

THE MENNINGER CLINIC

More than 4 000,000 pounds of aspirin were used in the United States last year, which only goes to show the size of the national headache—*Troy (N Y) Record*

TRIGGER FINGER

CLIFTON W HENSON, M D, *New York City*
Assistant Attending Surgeon, Broad Street Hospital

The condition known as trigger finger, locking of a finger upon semiflexion, necessitating unusual force to accomplish extension, which occurs with a snap, is often an irritating problem to the surgeon on account of its persistence in spite of treatment The minor nature of the disturbance often causes refusal of open operation, and dissection of the finger, and the operation is not always successful when allowed

Abbe[1] described a method of operative treatment based upon the principle that the pathology consisted of constricting fibrous bands, stretched across the flexor tendon at the metacarpophalangeal joint He stated that a case was cured by inserting a bistoury through the skin on the anterior surface of this joint, and making longitudinal incisions in the tissue and tendon beneath, moving the knife and skin together, thereby separating transverse adhesions, through a puncture wound He stated that the cure occurred immediately

The following case is reported to illustrate the usefulness of the procedure recommended by Abbe even if a cure is not immediately accomplished

Case Report

Patient's left hand was pressed between an elevator door and a hand truck, which was being pulled through the door Pain was immediately experienced over the anterior surface of the left ring finger This pain continued for one week, and then disappeared There were no further symptoms until three weeks later, when the man awoke to find his finger semiflexed, extension being accomplished only by the use of force, and accompanied by a snap The typical symptoms of trigger finger continued

Examination Slight tenderness was present over the proximal interphalangeal joint of the left ring finger The joint locked upon flexion, extension occurring suddenly with a snap upon the application of force Diagnosis was trigger finger

Treatment A splint was applied holding the finger in extension for a period of two weeks No improvement followed Vigorous massage was then undertaken for a period of two weeks, with no benefit.

Due to the negative results following conservative treatment the patient consented to an operation after the method of Abbe, stating that under no circumstances would he allow open operation upon the finger Although it appeared that the pathology was located in the vicinity of the proximal interphalangeal joint, judging by the location of the tenderness and the snapping sensation, the bistoury was first introduced in the manner described by Abbe over the metacarpophalangeal joint, and deep longitudinal incisions were made in the tendon and tissues beneath, moving the bistoury and skin together No relief occurred and therefore the same procedure was attempted upon the proximal interphalangeal joint. As no relief of symptoms resulted, it seemed that transverse, constricting adhesions were probably not responsible This condition may be due to other causes such as nodular enlargement of the tendon or displacement of a sesamoid bone or joint cartilage.

It was therefore thought that sufficient scarification upon the anterior surface of the joint causing subsequent fibrosis and adherence of the anterior margins, might prevent any change in relationship of the articular surfaces upon flexion The anterior surface of this joint was therefore thoroughly scarified, and although upon flexion the locking still occurred, the finger was fixed in extension by means of an anterior splint.

Upon removal of this splint at the end of two weeks, no locking occurred upon flexion The motion was limited approximately twenty-five per cent and slight thickening was present over the anterior surface of the joint. Baking and massage was advised, but the patient appeared for only two treatments

Course Examination of the patient three months later revealed slight thickening on the anterior surface of the proximal interphalangeal joint and ten per cent limitation in flexion of this joint. The patient, however, experienced no pain and stated that the slight stiffness in no way affected the usefulness of the finger

30 E. 40 St

Reference

1 Abbe, R *Medical Record*, March 7, 1914

FIBROMA OF THE OVARY

JOHN F CURRAN, M D, F A C S, RAYMOND H GOODALE, M D, and EDWARD T CRANE, M D, *Worcester, Mass*

From the East Surgical Service, City Hospital (Worcester) and Surgical Service, Holden District Hospital, Holden, Mass

Of the benign tumors originating from the stroma of the ovary, the fibroma is perhaps the most important The prognosis with operative intervention is excellent The following cases illustrate the symptom complex associated with this type of tumor

CASE 1 L O, age twenty-six, white housewife, was admitted complaining of pain and enlargement of the abdomen About one year ago she began to feel the abdomen enlarge, but was not aware of a mass until six months ago She lost eleven pounds by dieting, but her abdomen remained the same size. It grew much larger during the two weeks previous to admission and during this time she experienced pain in the right side especially toward the back She then had difficulty in breathing, was nauseated, and vomited foamy fluid once just before admission

Bowels and bladder were normal (negative) She has always had dysmenorrhea

Physical examination showed the abdomen rounded, especially the lower third A hard, freely movable, round mass was present extending from the pubis to just below the ensiform There was some bulging of both flanks The right upper quadrant was tender

Vaginal examination revealed a laceration of the cervix on each side Both vaults were tender The above mentioned mass was palpated and seemed free from the uterus

Operation Laparotomy was done under gas-oxygen and ether anesthesia A hard tumor was found occupying the greater part of the abdominal cavity, attached to the left tube and apparently arising from the left ovary There was considerable free serous fluid in the abdomen The tumor, tube, and appendix were removed

Pathological report Specimen consists of a round firm tumor apparently growing out of the ovary It weighs 4 6 kilograms (10¼ lbs) and measures 25×20×20 cm On section it is pale blue and has streaks of yellow The upper pole is cystic and degenerated.

Microscopic description The section shows a spider-web arrangement of hyalinized connective tissue in most fields There are no mitoses

Diagnosis Fibroma of ovary

CASE 2 E H, age fifty, white housewife, was admitted complaining of slight vaginal bleeding for two months, and a mass in the abdomen for the past six years Her menopause took place eight years before admission She had nocturia two to four times for two years

Physical examination showed a large, irregular, hard mass filling almost the entire lower abdomen Pelvic examination revealed a marital introitus and a small amount of fresh blood oozing from the vagina and cervix. The uterus seemed slightly enlarged and displaced to the left On palpating the right vault, the mass described above moved

Operation A laparotomy was done under gas-oxygen and ether anesthesia A large firm tumor was found originating from the left ovary by a double pedicle

Pathological report Specimen consists of a firm, white roughly oval, lobulated mass measuring 20×12 5×13 cm It has a blue-grey cystic structure on the surface measuring 4×3 5×3 5 cm On section the center is hollow and contains necrotic material and blood clot The distance from the surface to the central hollow area varies from 2 to 5 5 cm and is composed of homogeneous, firm white tissue

Microscopic description Section shows short interlacing spindle cells in large numbers forming a solid field There are no mitoses

Diagnosis Fibroma of the ovary

Discussion

Both of these patients had an uneventful convalescence and were discharged without symptoms

Meigs[1] discussed twenty-nine cases of fibroma of the ovary and mentioned the following significant facts

The ages ranged from 20 to 79 years Twenty-six were married and twenty-one had children Eight patients had normal and regular periods before the onset of the present illness The menstruation of four

RAYMOND S ROSEDALE

IN Y State J M

Summary

Two cases of fibroma of the ovary are discussed A resumé of their symptoms indicates that such patients are aware of a mass in the lower abdomen, and have moderate pain over the same region One patient in addition had abnormal vaginal bleeding and nocturia The other patient has dysmenorrhea and vomited once Operative removal of the fibroma dispelled the symptoms in each case

CITY HOSPITAL.

was profuse, and of four, painful Twenty-two complained of pain, which was low abdominal Ten complained of urinary symptoms, pelvic examination showed a pelvic mass in eighteen Four tumors were infarcted and necrotic

The microscopic picture of ovarian fibromas suggests that they arise from the stroma However, they have been described as arising from the corpus luteum, tunica albuginea, organized blood clots, corpus fibrosa, and the walls of blood vessels None of these possibilities seems as likely a source as the stroma

Reference

1 Meigs J V *Tumors of the Female Pelvic Organs* The Macmillan Co 1934

HYPODERMIC NEEDLE IN STOMACH WALL

RAYMOND S ROSEDALE, M D, *Buffalo*

From the Department of Pathology, Buffalo City Hospital and the University of Buffalo Medical School

Cases of needles being recovered in situations quite remote from their alleged portals of entry have been reported many times However, in reviewing the literature of the last eighteen years concerning such cases, no report of a hypodermic needle in the stomach wall was found Lane[1] recovered a "cambric" needle, found in the posterior wall of the stomach near the greater curvature, by gastrotomy

A hypodermic needle in the posterior wall of the stomach was found in a recent postmortem examination at the Buffalo City Hospital The patient had died of cardiac decompensation He had given a history of having been treated for syphilis ten years previously There was no laparotomy scars, nor evidences of repeated hypodermic injections over the surface of the body

At autopsy the needle was discovered by a sense of induration conveyed in palpating the area where the needle was lodged, there being no visible signs suspicious of such a condition On dissection the immediately surrounding tissues were brownish-tinged The needle was firmly imbedded in the tissues but on removal was found to be frail and easily broken It measured 2 3 cm in length, and was estimated to be about an #18 gage, the surface was faintly irregular with rust The lumen and also a taper point were still recognizable

Sections of the site of embedment revealed a typical foreign body inflammatory reaction consisting of multinucleated giant cells, lymphocytes, connective tissue, and histocytes, some of which contained iron pigment

276 NORWALK ST

Reference

1 Lane William J *Boston M &S J* 189 144 1923

A premarriage clinic has been opened in Sydney, where health tests are available for couples about to marry, reports the *AMA Journal* The clinic is subsidized by the state government of New South Wales and is sponsored by the Racial Hygiene Association It arranges an exhaustive overhaul by any of twelve specialists for a nominal fee It issues certificates that (1) the parties contemplating marriage are fit to marry and raise a family, (2) the marriage should be delayed for from three to six months or (3) the marriage should be permitted without parentage or should be discouraged The clinic receives 100 letters a month on marriage problems

HEMOLYTIC STREPTOCOCCIC MENINGITIS

Recovery in a Case

BENJAMIN SCHWARTZ, M D , LL B , *New York City*

Consultant Physician Gouverneur Hospital, Department of Hospitals, New York City, Attending Physician Broad Street Hospital, Consultant Physician Manhattan General Hospital, Visiting Physician Peoples Hospital

Before the use of sulfanilamide, meningitis due to the hemolytic streptococcus had a case fatality of at least ninety-five per cent During the past few months, however, recoveries in this disease following the use of sulfanilamide have been reported fairly frequently

This case is being reported on account of the general interest in the subject

Case Report

S.L , age forty-three, female, married, was seen in consultation on February 28, 1937 She had been ill for about three weeks with an upper respiratory infection On February 24 it had become necessary to do a paracentesis on the right ear This was followed by free drainage of pus which cleared up within a week. At that time (February 28), she was suffering from headache and vomiting and had a temperature of 104° F As there was slight stiffness of the neck, a diagnosis of meningitis was made and she was admitted to the Manhattan General Hospital A lumbar puncture was done and cloudy fluid obtained under great pressure. Antimeningococcic serum was given intraspinally, awaiting the bacteriological report. No organisms were found in the fluid until March 1, when gram positive cocci in chains appeared in the smear The growth on culture media yielded a hemolytic streptococcus

On March 1, the patient was given ten c.c. of prontosil intramuscularly every four hours and 7½ gr of prontylin by mouth every six hours At this time the patient presented all the typical signs of meningitis and was in a deep coma Antistreptococcic serum was also given intraspinally The blood count showed 21,300 white blood cells with seventy-four per cent polymorphonuclears and ten per cent stab forms

After receiving the prontosil and prontylin for about three days, the patient came out of her coma and seemed clinically very much improved, although she still had a rigid neck, was running a fever between 100–102° F and had a positive culture of the hemolytic streptococcus in the spinal fluid On March 6, the dose of prontosil was cut to five c.c. every four hours and the dose of prontylin was increased to ten gr The spinal fluid remained positive for organisms until March 11 Occasional punctures were done until March 22, at which time the spinal fluid was clear—showed only sixty five cells per cubic mm , most of which were mononuclears, a slight increase in the protein and a normal sugar The smear and culture were, of course, negative The temperature reached normal on March 9 Prontosil was discontinued on March 11, but the use of the prontylin was still continued.

On March 14 the temperature began to rise again with the onset of serum sickness This was attended by urticaria and pains in the joints On March 19, the temperature rose to 104° F The patient became jaundiced vomited and was very listless

It is impossible to say whether this was the effect of the serum sickness or a toxic effect from the continued use of the prontylin In any event, since the spinal fluid had long since been sterile and all signs of meningitis had disappeared the prontylin was discontinued The temperature became normal again on March 22 and the patient was discharged six days later in excellent condition

270 PARK AVE.

The author wishes to acknowledge his thanks to Dr Josephine B Neal and Dr Henry W Jackson of the Meningitis Division of the Bureau of Laboratories, New York City Department of Health for their kind cooperation and suggestions

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Mrs Owens "I wonder if the doctor's wife meant anything personal just now "

Owens "What did she say?"

Mrs Owens. "She said we might at least pay them a visit"—*Doctor's Quarterly*

The interiors of about five per cent of automobiles tested on the highways contain sufficiently high concentration of carbon monoxide to produce symptoms such as dizziness or collapse—*Jour A M A*

BETWEEN MENTAL HEALTH AND MENTAL DISEASE

B LIBER, M D, DR P H, *New York City*

Editorial Note *Under this title will appear short summaries of "transition cases" from the service of this author in the New York Polyclinic Medical School and Hospital The descriptions are not complete clinical studies, but will accentuate situations from the point of view of individual mental hygiene such as crop up in the every day practice of medicine*

Look, Listen!

The first business of the doctor is to *observe*, to stop, to look, and to listen—impartially, to search for the truth wherever it will lead him, not to make up his mind before he has gathered his facts, to inspect, to view before he touches or palpates In mental hygiene he must make the greatest effort to be *neutral*, to let the patient speak—what he says, how he says it is the chief part of the examination—or to put his questions in such a way that they can be answered in the affirmative or in the negative or that they may call forth a narrative *Leading questions are misleading* and deceiving, they are signs of impatience and betray a layman's lack of training

Two physicians, an old and a young one, were interviewing a male patient whose complaints seemed to be somatic He claimed to suffer from fatigue and from a feeling in the eyes as if he needed "to rub" them There were "stabbing" pains in the legs and feet, on the sides and in the arm pits, headaches after four or five hours of sleep, "sitting up chases the headaches away," difficulty in breathing, heart palpitation

The young doctor, a postgraduate student, thought there must be some organic cause to those troubles and he was assigned the duty to examine the patient, which he did as thoroughly as possible The result was negative But he had neglected the first indication contained in the patient's speech—*the facial expression* that failed to confirm the complaints His "fatigue," his "stabbing pains," his "palpitation," his "headache" were mentioned with many details, but *indifferently*, unconvincingly, not to speak of the *incoherence* of these symptoms Evident *exaggerations* abounded!

At the second session the patient, apparently unsatisfied with the impression he had made, produced a paper with many notes—some of them repetitious Two bones on the head were swollen and sensitive to touch, "knife-like" pains in the heart, heart "fluttering in the chest," pressure "on the brain," "losing consciousness of a sudden" and feeling sick to vomit, dizziness and sleepiness, pains "in both lungs," switch-like" pains in arms and legs, "shooting" pains in the head (again the head), pains in the eyes (repetition) when touched, and pains "back of the head" (a variety of his headache?), "the scalp of the head is drawn" (another form of sensation in the head?) After several questions he said "I like to live, but I am afraid of worse pains at some future time I feel, therefore, that suicide would be a good thing" And then he went over some of his previously mentioned symptoms and pointed to his arms and legs "In here, it is as if a dead nerve, as if a drop of cold water were constantly present"

About his stomach he said it was all right but sometimes "when he had gas it was coming even from his ears" Was he drinking? No, he would not put "his finger" into a glass of whiskey "for ten thousand dollars"

Patient was asked about his past life, about his family, about his sex intercourse He was not interested, answered quickly and superficially, except when speaking of sex "Sometimes I have an urge to overindulge Is it wrong? But I am not doing it"

When questioned about his habits and about reading he replied that he was sober and that he read nothing "But when you used to read it was only newspapers, was it not?" "True—one paper, always the same" The young doctor had an interrogative glance The patient's sophisticated English, his stilted journalese language revealed his brand of culture

Then came the most delicate of all the questions It went into the patient's relationship with each member of his family during childhood and with his present household That he evinced no concern for the health and welfare of his wife and child, for that of his parents and siblings, was not surprising *This is characteristic for that type of mental condition* But there was an exception regarding his youngest sister and when emphasis was laid on his former friendship for her, the postgraduate student again seemed perplexed However, there was nothing extraordinary in this discovery The incestuous tendency was evident to anyone who had not missed the patient's features at the mention of this sibling Then came the corroboration in

the form of a long confession, which proved actual incestuous activity in the past Indeed, this behavior of long ago of our patient, with his deep regret and feeling of guilt, was the pivot on which the entire illness hinged This secret in his life took, in this case, the form of a *neuropsychosis with manic-depressive trends* Happily, it was not very advanced and did not interfere with the patient's occupation

This was a good example of the great importance of scrutiny and observation.

It reminded me of the story told about the medical teacher who, while speaking before his class about diabetes mellitus and the ancient method of tasting the urine with the tongue, put his finger into the specimen and showed how Then he called out a student and encouraged him to do the same thing But when the poor boy, after imitating the master, was nauseated, the angry admonition came "Why don't you learn to observe? This will be a good lesson for you! Didn't you see that I put in one finger into the urine and licked another finger?"

But a well-known Viennese proctologist who was a very careful and exact observer regarding his narrow field, happened to be absent-minded about the general appearance and the physiognomy of his patients—which would be particularly bad from the point of view of the mental student. (And which progressive doctor is not or should not be a mental student?) One day in his crowded waiting room, each time the doctor emerged from his consulting room, a man stood up and wanted to be examined The answer was "It is not your next Sit down!" But when this patient was finally admitted into the sanctum and had undressed, without being permitted to utter a single word, the doctor, facing the postoperative hemorrhoidal scar, recognized his exalted client immediately and, bowing deeply, he exclaimed *"Ich habe die Ehre, Herr Graf! Ich habe die Ehre, Herr Graf!"*

To return to our case, conversations which helped the patient to reject sinfulness and persuaded him that his conduct in his youth must not necessarily bring mental or physical illness, were immensely beneficial Then the frank and repeated analysis of each one of his complaints tore them to shreds He was not completely cured but the few unpleasant feelings that remained, were weak and harmless A real mental disease had been *averted*

611 W 158 St

NEW YORK COUNTIES AND CITIES WIN AWARDS IN NATION WIDE HEALTH CONTESTS

Two counties and seven cities of New York State have received awards in the 1937 rural and city health conservation contests conducted by the United States Chamber of Commerce in cooperation with the American Public Health Association, reports *Health News* (Albany)

Columbia county won first award and Cortland county an award of merit among the competing rural health units in the Northeastern Division of the United States while Yonkers, Auburn, Elmira, Watertown and Middletown received awards of merit among cities throughout the country in their respective population groups Schenectady and Syracuse, both of which had previously won first awards and were therefore barred from the regular contest, received special awards for having maintained during 1937 their high standards in health protective services

In announcing the awards, the Association made it clear that the prizes are not for the healthiest communities but for the most effective efforts to meet local health problems Awards are not based on health department programs alone but rather on the community-wide efforts of all agencies and groups including the work of private practitioners of medicine and dentistry

'ASK YOUR DOCTOR" ALL RIGHT, TELL THEM

Tired of the blatant ballyhoo over the radio, a New York physician, Dr N Thomas Saxl, writes to the *New York Medical Week*

Why not fight fire with fire? When one listens to the daily radio programs one cannot but be impressed by the fact that a goodly percentage are sponsored by proprietary medical products The constant repetition of 'Physicians prescribe' or "Doctors advise" or "Ask your doctor" is bound ultimately to impress the laity with the veracity of such statements

Would it not be possible for the proper committee of the New York County Medical Society to note these for a period of time and then reply through the medical information bureau in one of our own medical broadcasts that these products do not have the sanction of organized medicine?

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EDITORIALS

In Appreciation

In the bustle and rush of the transaction of current business at our recent meeting of the House of Delegates, an announcement of Dr David J Kalıskı, Director of the State's Committee on Workmen's Compensation went almost unheralded and unnoticed Nor does the simple statement that the Honorable Elmer F Andrews, Industrial Commissioner, *had promulgated the metropolitan fee schedule to apply to the entire state,* tell the story of a long and tedious fight, the many clashes and conflicts with industrial organizations, who—through the efforts of their central organization, known as the Compensation Insurance Rating Board—endeavored to secure a fee schedule which reduced the rates from ten to twenty per cent of that paid for the same work in the metropolitan area [See page 942, Section 8]

For once it became possible, although it was by no means an easy task, to create unanimity of opinion among the various county societies Here the obstacle to be overcome was the influence exerted by physicians who heretofore had been doing a large amount of industrial work and also other doctors who felt that they were particularly entitled to even higher fees than prevailed in the metropolitan area

For once the entire profession was united, and eventually even those not actively recognized as in organized medicine, all fell in line

No particular purpose is accomplished in going into the details of the controversy The desired objective, whose achievement was sought, was not so much the adoption of the metropolitan fee schedule which would put an additional sum of money into the pockets of the profession in this state—although this too is not altogether to be forgotten —but it was an earnest endeavor on the part of organized medicine to attract to this work a better type of medical man to undertake industrial surgery and thus bring better medical care to injured workmen and help to restore them sooner to gainful occupation—rather than continue them in the hands of less skillful and perhaps "cheaper" medical men In accomplishing this, a great medical step forward was made It eventually will put added dollars into the pockets of these working men, and in the long run it will save the insurance carriers money

During all the time that the controversy was raging, there was little awareness on the part of the general organized profession of the fighting Dr Kalıskı and his committee quetly but efficiently carried the burden nor shall praise be withheld from his colleagues—Dr Frederic E Elliott and Dr Joseph C O'Gorman We are told that there was no

better lieutenant to Kaliski's captaincy than the devoted Dr Frederic E Elliott

It is a truism which every school-boy learns, that republics are proverbially ungrateful and forgetful of public services rendered, and our democratically organized profession is no exception to this rule We therefore desire to make record of this fine contribution toward better health and public welfare As a profession we stand greatly indebted to these men The public, too, is equally indebted to them They have written a page in medical history in its public relations which is an outstanding refutation of many of the quasi-charges thoughtlessly levelled at the profession Additionally they have demonstrated that when the question of evolving ideas and schemes for delivering a high type of medical care is placed squarely before the medical profession, it will prove true to its age-long traditions—and having the men and the experts—it will develop a method, or a manner of meeting the situation at issue, with the public welfare as its first consideration, and its own economics as a subservient concern

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Certification of Experts

Organized medicine's role in the administration of the Workmen's Compensation Act in this state is endorsed by the Court of Appeals' decision in the case of *Szold* vs *Outlet Embroidery Supply Company* This decision upholds the right of the Legislature to limit the treatment of compensation cases to physicians certified by their county medical societies No practitioner not on the approved panels may collect from insurers for services rendered for injuries falling within the purview of the Compensation Law

The recent refusal of the United States Supreme Court to review this case places the seal of finality upon the Court of Appeals' decision It also paves the way for adoption of a similar principle to improve the quality of expert medical testimony in the courts

Incompetent, biased testimony, particularly on the issue of insanity and in actions for personal injuries, impedes justice and is a source of embarrassment to all upright physicians and lawyers In the past year a Special Committee on Medical Jurisprudence of the Bar of the City of New York has been cooperating with organized medicine to devise a plan whereby expert medical testimony may be confined to physicians possessing the requisite qualifications

The success of the medical panel for workmen's compensation suggests a similar method to solve the problem of expert testimony As the report of the Bar Association's Special Committee on Medical Jurisprudence recommends, a panel of medical experts could be "created by the several Appellate Divisions of the State on the basis of lists certified by duly accredited examining boards representative of the medical societies of the various counties and of the state "

The panels created by organized medicine for workmen's compensation and medical home relief have worked out very well They are democratic and just and maintain the required standards of service There is no reason why this system should not prove effective in the limitation of expert testimony in the courts to genuine experts

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A Bad Precedent

There is before Congress a bill which would give osteopaths almost the same status as physicians in the treatment of federal employees under the United States Employees' Compensation Act If the Drew bill, which has been favorably reported by the House Judiciary Committee, is passed, it will break down an important barrier between medical practice and the sectarian healing cults

The Committee on Judiciary of the House of Representatives recommends

that osteopathic treatment under the Drew Act be limited in each state to services permitted by state laws In addition, only osteopaths designated by the United States Employees' Compensation Commission would enjoy the privileges conferred

In spite of these limitations, the Drew Act should be defeated Osteopaths are not qualified to practice medicine If they were, they would receive the medical and not the osteopathic degree The whole system of osteopathy is based on a fallacious theory which ignores major factors in the causation of disease Diagnosis and treatment are accordingly defective

Osteopathy has a limited value in certain conditions Osteopathic training has improved greatly in many states in the past two decades However, osteopathy is still no substitute for medicine and the osteopaths are not qualified to take over the physician's functions It would be dangerous in the extreme to grant osteopaths the right to diagnose and treat disease on a parity with medical practitioners

Besides its threat to the health of federal employees, enactment of the Drew Act would set a dangerous precedent If osteopaths were recognized by the federal compensation laws, it would not be long before chiropractors, naturopaths, and a host of others clamored for similar privileges

Write your Congressman to nip this dangerous movement in the bud by defeating the Drew Act

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Toxic Effect of Sodium Bicarbonate

With but few exceptions, there is no drug more universally employed by the laity, and the profession as well, than sodium bicarbonate It occupies a prominent place in every medicine chest, and can always be found in the pantry under its alias "baking soda" Its apparent innocuousness has lulled all fear of overdosage Consequently the report of Latchford[1] which details the menaces of sodium bicarbonate comes as somewhat of a shock

According to this observer, cases of tetany have been known to follow the indiscriminate use of this drug While it may be difficult to comprehend the dangers of such a simple substance, it has been demonstrated that, like carbon monoxide, it impedes the normal liberation of oxygen by the circulating blood This is due to its pleionectic action on hemoglobin In pleionexy, less oxygen is liberated to the tissues because the affinity between the hemoglobin and the oxygen is increased over the normal status of mesonexy The body tissues therefore fail to receive a sufficient quantity of oxygen for their normal metabolism and, due to this, a functional disability ensues This may or may not be a permanent one, depending upon the degree of anoxemia

Clinically, severe gastric distress, the very symptom for which sodium bicarbonate is taken, may be increased Cardiac dysfunction and tetany also may be observed These symptoms are the result of the shifting of the dissociation curve of hemoglobin to the left and a decrease of oxygen supply to the tissues In view of the clinical findings of Latchford, supported by the experimental studies of Barcroft, the pharmocology of sodium bicarbonate merits additional attention The gentlest of dogs sometimes do bite

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Air-Conditioned Operating Rooms

Air conditioning is destined to play an increasingly important role in the treatment of the sick The ability to maintain a constant optimum temperature at all times should materially aid in the enhancement of convalescence and in the reduction of the untoward effects due to the daily, or even hourly, variations of thermometric readings Nevertheless, the enthusiasm which is now

1 Latchford, J K. *Canad Med Ass Jour* 38 356 1938

manifest for this new physical aid has brought about certain harmful situations

Particularly is this true for the air-conditioning of operating rooms which have not been built for the accommodation of such a system Many institutions which have installed such a system in their operating rooms have done this with two purposes in mind They have endeavored to render the patient less subject to the dangers of secondary pulmonary infections which are most frequently noted during the hot summer months and also to ease the operator in his work during this period These objectives have not been achieved in many instances The sudden change in temperature from the air-conditioned operating floor to the ward which is not air-conditioned is much more apt to produce a sudden lowering of the skin temperature and so be followed by a pneumonia The surgeons themselves often complain of this difference in temperature, and several have been known to suffer from severe upper respiratory disorders following an operative schedule

It would be advisable, therefore, when contemplating the installation of an air-conditioning system in a hospital already built to equip the entire institution rather than certain of what are commonly considered the most important or most used parts In the construction of a new building, of course, this question does not present itself In the reconditioning of an infirmary already erected, the air-conditioning engineer must be thoroughly cognizant of the demands which both the sick and the people who care for them require Such an understanding must be realized by both the engineer and the hospital administrators if the ultimate benefits of air-conditioning are to be realized in the field of curative medicine

CURRENT COMMENT

"THE ARTIST CAN WITHIN CERTAIN limits make what he likes of his life In other callings, in medicine for instance or the law, you are free to choose whether you will adopt them or not, but having chosen, you are free no longer You are bound by the rules of your profession, a standard of conduct is imposed upon you The pattern is predetermined It is only the artist, and maybe the criminal, who can make his own "—From "The Summing Up" by W Somerset Maugham

"SINCE 1847 OVER THREE THOUSAND surveys have been made by a variety of organizations looking into the practice of medicine and the distribution of medical care Soon there will be indicated a survey of surveys It is about time to declare a closed season on surveys that are becoming a popular pastime and in some instances something worse. "—Comment in the May issue of *California and Western Medicine*

"YOU'RE BURNED UP OVER a piece of impending legislation You tell somebody you're going to send your protest to your Congressman Your listener happens to be a pooh-pooher of the citizenry's power to influence legislation, a charter member of the 'our-hands-are-tied' school of political do-nothings

"'Save your time,' he'll answer you 'If you have to exercise your democratic perogative, sign a petition What's the difference? They all go into the same wastebasket anyhow'

"But Gerald P Nye, Senator from Nebraska, and Arthur Capper, Senator from Kansas have put the Indian sign on such fatalistic nonsense

'Says Senator Nye 'Let no one discount the influence of the intelligent letter which is written the representative by his constituent

"Says Senator Capper 'Twelve letters carry more weight than a hundred signatures on a petition'

"Put those in your fatalistic friend's pipe —and let him smoke them"—Good advice from *Medical Economics*, May 1938

"WE ONCE HEARD PROF T V Smith of the University of Chicago, make a speech in defense of politicians It was an effective speech, and considerably influenced our attitude toward professional politics The professional politician is, in a way, a sort of professional whipping boy, as well as a professional worrier He undertakes a sort of mass job of worrying for all of

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very costly course of treatment. Two other targets were recommended for shotgun diagnosis with cogent argument. Miss Jean Downes points to the high incidence discovered in adults of relief families through a WPA project of case-finding and adds that seventy per cent of the cases discovered were in the minimal stage of the disease. Dr Leonard Greenburg reminds us that certain diseases, particularly those involving exposure to silica dust provide tuberculosis hazards far beyond those of the general population He warns that in order to secure the cooperation of the industrialist we must assure him that we shall help him to solve the social problem which inevitably results from the diagnosis of an active case of tuberculosis

Dr Marion Loew, Assistant Director of the Division of Maternity, Infancy and Child Hygiene of the State Health Department, drew attention to a group which has not yet been systematically surveyed so that the cost of finding cases cannot at present be ascertained but, at whatever cost, it is a group that deserves consideration Since pregnancy and especially parturition are known to add to the risks of latent tuberculosis, activating the quiescent case and breaking down the resistance of cases that might otherwise never become active, there is certainly a strong argument for making routinely chest films at some stage of pregnancy A study is to be made to determine the practicability of this procedure in the antepartum clinics of the State Health Department. The exact month at which it is most desirable to make the routine examination has yet to be determined Tentatively Dr Loew suggests the fifth month of pregnancy as being the latest month to which such a test can safely be postponed if the patient is to benefit from the recognition of her condition It may, also, be advisable routinely to photograph the chest at some stage after parturition since signs of activity may only appear as a result of the strain of labor

If we accept these indications for a procedure which seems to derogate the nicer forms of clinical judgment which we have been taught to admire, this does not mean that the art of medicine has lost its value. Special technics may be convenient for exposing pathological states but sick people—people afflicted with an infinite variety of fears and responsibilities, and endowed with an equal variety of resources in courage and common-sense—will provide plenty of opportunity for the practice of the art of medicine for our generation at least.

THE WOMAN'S AUXILIARY

To the Medical Society of the State of New York

THREE HUNDRED GUESTS ATTENDED the Supper Dance of the Woman's Auxiliary to the Medical Society of the County of Queens at the Arrow Brook Country Club on the Evening of May 21 The dance was given in honor of Mrs Daniel Swan of Flushing, the newly elected President of the Woman's Auxiliary to the Medical Society of the State of New York

The committee was headed by Mrs Henry C Eichacker Assisting her were Mrs W J Godfrey *Treasurer*, Mrs J M Dobbins *Tickets* Mrs W J Lavelle, *Reception*, Mrs A Braunstein, *Seating*, Mrs M J Schultz *Decorations*, Mrs T M d'Angelo, *Arrangements*, and Mrs F G Riley, *Publicity*

The members of the Queens Auxiliary presented Mrs Swan with a traveling clock as a token of their esteem

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THE HOPE HORMONE

Our increasing coronary disease, at earlier and earlier age levels, is just one of the many seeming proofs that a Frankenstein is at the heels of civilization We are paying a heavy price for it As war, taxes, road traffic, the competitive struggle and coronary disease strike us down in depression, bankruptcy, panic and collapse, will not our system itself tend to break down?

No! Replies the *Medical Times*

What then, keeps the wheels crazily turning?

The hope hormone. The gods will continue sardonically to see to it that this most miraculous of all hormones continues to be produced in sufficient amounts by the endocrines of the soul and that the world will go on in a fashion no matter how lunatic the trend.

us, and when mistakes are made, takes a whipping for his troubles

"Consider for a moment the so-called medical politician There are very few professional ones But it is not uncommon to hear certain of our professional confreres rather disparagingly referred to as 'medical politicians' Who are they? For the most part they are the men who carry the brunt of the burden for medical organization They are the ones who attend to the business, right or wrong, of keeping Medicine organized They sit in the councils, in policy making commissions, they contact legislators, from township trustees to U S Senators in an effort to influence legislation in behalf of Medicine. They are 'that clique which run things'

"Now this is not being written with any feeling of bitterness It is all very true The politicians do try to run things They have to do so The crux is, how to impersonalize such leadership In democratic organizations the politician tries, or should try, to execute the wishes of his constituents, not all, perhaps, but seeking a compromise program that is acceptable to most.

For the sake of expedience the constituency elects representatives, but the fact that it has done so does not absolve it from further responsibility If it does not know its own mind, if it is unwilling to submit for compromise important, divergent issues, the politician, who must act, can not be blamed for exercising his personal judgment. On the contrary if the chosen representatives refuse to carry out a compromised and acceptable program, they should be replaced by others who will do so "—A sound discourse "On Politicians" from the *Bulletin* of the Toledo Academy of Medicine of recent date

Public Health News

Case Seeking

J Rosslyn Earp, L R C P, Dr P H
New York State Department of Health

At the annual meeting, May 24–26, of the State Charities Aid Association, Dr Robert E Plunkett received special commendation for his slogan "Early tuberculosis must be seen (by the x-ray) since it cannot be heard (by the ear)" Mr Homer Folks' eulogy of this doctrine, coming after the symposium upon "means, procedures, results, and approximate costs of searching for tuberculosis" filled me with somewhat glowing reflections I began to wonder whether the art of medicine in which I had been cradled, is now an anachronism. I saw visions of "contacts" being passed before the x-rays like punch cards through a sorting machine and a suitable proportion of "active reinfection type cases" mechanically deposited into the hopper On returning to Albany I received some comfort from the Division of Tuberculosis Inspection, palpation, percussion, and auscultation are still in vogue, they tell me. A careful anamnesis, they say, is still of value. In the state clinics, at least, clinical judgment is the supreme court of appeal And still, as I understand it, the x-ray examination is of primary importance in seeking to discover early cases of tuberculosis

If we are to diagnose by shotgun methods, then it is profitable to discharge our shot where the ducks are flying most thickly together In the past, children in the grade schools have been very commonly subjected to this method of attack, but it is now proved that the congregation in the grade schools, while tempting to the hunter, is very unprofitable hunting Ninety-nine per cent of the cases of clinically significant tuberculosis found in the state clinics in 1936–37 were more than fifteen years of age although thirty per cent of the persons examined were under fifteen years of age. A much more profitable group for the hunter consists of the adult contacts of open cases of tuberculosis, even though these must be artificially congregated The highest proportion of active cases will be found in the later adult age groups The highest proportion among active cases of those in the minimal stage of the disease is found in the late adolescent and early adult groups In actual diagnosis it costs less per diagnosed case to examine the older adults and this, as Dr Herbert R. Edwards points out, is the cheapest way of removing contagious cases from a susceptible population On the other hand, as Dr J Burns Amberson demostrates, although it may cost somewhat more to discover the minimal cases among young adults, such discoveries eventually save expense in the

12. Medical Care vs. Hospital Care
14 Federal Subsidies for Consultation for Obstetric and Pediatric Patients
15 The Matter of Contract Practice
H Supplementary Report — Proposed Plan for County Society Study of Medical Care
George Baehr, *Chairman*, New York
Homer J Knickerbocker, Ontario
Harvey B Matthews, Kings
Stanley E. Alderson, Albany
Frank R. Mazzola, Queens

REFERENCE COMMITTEE ON REPORT OF COUNCIL NO VII

13 Nursing in New York State
16 Delegates to American Medical Association
17 Exchange of Delegates with Connecticut and New Jersey State Societies
18 Nominations for State Department Positions
19 County Society Membership
24 Miscellaneous
John D Carroll, *Chairman*, Rensselaer
Moses A. Stivers, Orange
James M Dobbins, Queens
Emily D Barringer, New York
Moses H. Krakow, Bronx

REFERENCE COMMITTEE ON REPORT OF COUNCIL NO VIII

21 Annual Meeting—Arrangements
22 Annual Meeting—Scientific Work
23 Annual Meeting—Scientific Exhibits
G Supplementary Report—Section or Session on Gastroenterology
Walter D Ludlum, *Chairman*, Kings
Lyman C. Lewis, Allegany
Aaron Sobel, Dutchess
Albert A. Gartner, Erie
F Edward Jones, Lewis

REFERENCE COMMITTEE ON REPORTS OF SECRETARY, CENSORS AND DISTRICT BRANCHES

C Supplementary Report—District Branch Executive Committee Meetings Report of Executive Officer
Louis A Van Kleeck, *Chairman*, Nassau
Andrew Sloan, Oneida
Harry C. Guess, Erie
Maurice J Dattelbaum, Kings
B Wallace Hamilton, New York

REFERENCE COMMITTEE ON REPORTS OF TREASURER AND TRUSTEES

1 Supplementary Report of Treasurer
2 Supplementary Report of Trustees—Financial Portion and Recommendations 3-4-5
Louis H. Bauer *Chairman* Nassau
William Klein, Bronx
John T Donovan, Erie
Albert G Swift, Onondaga
Walter P Anderton, New York

REFERENCE COMMITTEE ON REPORT OF LEGAL COUNSEL

F Supplementary Report—Malpractice Insurance
Clarence V Costello, *Chairman*, Monroe
Stephen H. Curtis, Rensselaer
Olin J Mowry, Oswego
Richard H Sherwood Niagara
Stanley C. Pettit,, Richmond

REFERENCE COMMITTEE ON REPORT OF COMMITTEE TO CONFER WITH STATE HOSPITAL ASSOCIATION

Edward T Wentworth, *Chairman* Monroe
Conrad Berens New York
John J Masterson, Kings
Frederic C. Conway Albany
Richard B Cuthbert, Jr Madison

REFERENCE COMMITTEE ON NEW BUSINESS A

Edward R. Cunniffe, *Chairman*, Bronx
Adolph G DeSanctis, New York
Warren Wooden, Monroe
Christian W Schmidt, Schuyler
William Hale, Jr, Oneida

REFERENCE COMMITTEE ON NEW BUSINESS B

Thomas M. Brennan, *Chairman*, Kings
Floyd J Atwell, Otsego
Edward C Brenner, New York
William A MacKay, Monroe
Leo F Schiff, Clinton

REFERENCE COMMITTEE ON NEW BUSINESS C

Clarence G Bandler *Chairman* New York
Harry Aranow, Bronx
James H Donnelly Erie
Robert F Barber, Kings
John J Rooney, Monroe

SPEAKER KOPETZKY These Reference Committees will find places for themselves, after the matters referred to them by this House of Delegates have been assigned, on the first balcony As you enter those little cubicles, you will find a sign specifying your Committee. There is where you will hold session, and members of the House of Delegates having business with Reference Committees can consult with them there.

SECRETARY IRVING Leo F Schiff, of Clinton, appointed on New Business B sent in a telegram that he would not be here. I believe Dr Anton S Schneider would be ready to serve in his place.

SPEAKER KOPETZKY We will substitute the name of Dr Anton S Schneider, of Clinton, for the name of Dr Schiff on New Business B

Assignments

SECRETARY IRVING There are four supplementary reports, all of which have been placed in type, either stenographic or as a reprint from the JOURNAL. The first three typed ones have been distributed to every member of the House of Delegates by mail within the last week or so, and the printed report, which is supplementary to the report from the Committee on Matters Pertaining to Medical Care, an appendix as it were, is on the tables before the members in reprint form from the May 1 issue of the JOURNAL.

DR. WALTER W MOTT, *Westchester* I would like to request permission to incorporate this supplementary report as an integral part of the Committee's Report on Matters Pertaining to Medical Care.

SPEAKER KOPETZKY They have been received and will be assigned. This year under the new set-up it was necessary for the Speaker, so that we can expeditiously handle matters, to take these reports and subdivide them rather than send them to one committee to handle the whole matter because the Council's report covers a multitude of topics, each of which comes in a special field, and each of which should be reported on by a committee that makes it its special study Therefore, the Speaker is referring these as follows, and if you will take your Annual Reports, you can check them

HOUSE OF DELEGATES

MINUTES OF THE ANNUAL MEETING

May 9 and 10, 1938

The 132nd Annual Meeting of the House of Delegates of the Medical Society of the State of New York was held at the Waldorf-Astoria Hotel, New York, N Y, on Monday, May 9, 1938, at 10 00 A M

Dr Samuel J Kopetzky, Speaker, Dr James M Flynn, Vice-Speaker, Dr Peter Irving, Secretary, Dr Edward C Podvin, Assistant Secretary

1 Report of the Reference Committee on Credentials

SPEAKER KOPETZKY I recognize Peter Irving, Chairman of the Reference Committee on Credentials

SECRETARY IRVING Mr Speaker, there are no disputed delegations, and all those seated are entitled to vote.

SPEAKER KOPETZKY I declare the 132nd Session of the House of Delegates open for the transaction of business

2 Roll call

The Secretary called the roll by counties and stated "There is a quorum present"

3 Approval of the Minutes of the 1937 Session

SECRETARY IRVING I move that the reading of the minutes of the last meeting be dispensed with and that the minutes be accepted as printed in the *July 1, 1937* and *August 15, 1937* issues of the JOURNAL, with one correction Change the years for which Delegates and Alternate Delegates to the American Medical Association were elected from "1937-1938" as printed in the July 1, 1937 issue, to "1938-1939" That was a typographical error I move the acceptance of the minutes as printed, with that correction

The motion was seconded, and there being no discussion, was put to a vote and was unanimously carried

4 Reference Committees

SPEAKER KOPETZKY The appointments by the Speaker of his Reference Committees, Mr Secretary, please read the appointments

Secretary Irving read the Reference Committees for 1938 as follows

REFERENCE COMMITTEE ON CREDENTIALS

Peter Irving *Chairman*, New York
Edward C Podvin, Bronx
Nathan Ratnoff, New York
George Scott Towne, Saratoga
Robert Brittain, Delaware

REFERENCE COMMITTEE ON REPORT OF PRESIDENT

John L. Bauer, *Chairman* Kings
William W Street, Onondaga
Herbert H Bauckus Erie
Howard Fox, New York
James R. Reuling, Jr, Queens

REFERENCE COMMITTEE ON REPORT OF COUNCIL NO I

1 Public Health Pneumonia, Cancer, Syphilis
3 The Deaf and Hard of Hearing
D Supplementary Report—Deaf and Hard of Hearing

James A Miller, *Chairman* New York
Charles C. Trembley, Franklin
Charles A Prudhon, Jefferson
John B D'Albora, Kings
H P Mencken, Queens

REFERENCE COMMITTEE ON REPORT OF COUNCIL NO II

2 Tuberculosis Case Finding
4 Preventive Medicine
5 Maternal Welfare
6 Medical Education
E Supplementary Report—Detroit Plan of Tuberculosis Case Finding

Joseph C O'Gorman, *Chairman*, Erie
Solomon Krell, Bronx
Irving J Sands, Kings
Frank L. Sullivan, Schenectady
Laurance D Redway, Westchester

REFERENCE COMMITTEE ON REPORT OF COUNCIL NO III

7 Journal, Directory, Technical Exhibits
A Supplementary Report—Directory Frequency Supplementary Report of *Trustees*—Recommendations 1 and 2

Horace M Hicks, *Chairman*, Montgomery
Thurber Le Win, Erie
J Sturdivant Read, Kings
Peter J Di Natale, Genesee
David J Kaliski, New York

REFERENCE COMMITTEE ON REPORT OF COUNCIL NO IV

8 Medical Publicity
9 Legislation
B Supplementary Report—Medical Expert Testimony
I. Supplementary Report—Medical Publicity
J Supplementary Report—Legislation

Merwin E. Marsland, *Chairman*, Westchester
John S Kenney, New York
Thomas A McGoldrick, Kings
William A Moulton Tioga
Leon M Kysor, Steuben

REFERENCE COMMITTEE ON REPORT OF COUNCIL NO V

10 Workmen's Compensation
John J Buettner, *Chairman*, Onondaga
Alec N Thomson, Kings
Charles E Farr, New York
Edward E. Powers, Oneida
Stephen R. Monteith, Rockland

REFERENCE COMMITTEE ON REPORT OF COUNCIL NO VI

Report *Special Committee on* Matters Pertaining to Medical Care and Appendix
and
11 Medical Care Welfare Law Revision, Medical Expense Indemnity Insurance
Other Insurance and Group Plans for Medical Care

facility and enjoyment of the visting officers We presume that this service has been exceedingly satisfactory before. It is only just that I should carry over to you the satisfaction with which your President observed the consistent energized ability of Dr Lawrence The omission of this expression in the Annual Report was due to an official slip in preparing the final copy of our previous report.

Since the President's Annual Report was rendered to the Society, two expected events have happened in the legislative houses of our country The United States Senate has passed a bill under the aegis of Senator Wagner for the investigation of provision of health and medical care for the people of the United States The appropriation is $50,000 In the New York State Assembly, Robert Wagner, Jr introduced a bill for the study of State conditions of health and medical care and this bill passed by both houses has recently been signed by the Governor The appropriation in this case is $15 000 These two actions were prophesied and expected at the time of the writing of the President's Annual Report. Therefore, the renewal of the conflict between the enemies of modern medicine and medical organizations will test our every effort and resource in the immediate future. Hence your President's recommendation for an increase in dues and the appointment of a liaison officer of extraordinary knowledge and ability We must have the means and the command of abilities with which to engage competently and confidently in the defense of what is right or we must lay meekly and weakly down and let wrong prevail

At the Annual Convention of the American College of Physicians, the President of that organization saw fit to launch some polemic phrases which the newspapers interpreted as signifying a great conflict within the ranks of organized medicine. The Council of the organization prepared an announcement in which they declared the views expressed were not the opinions of the College and to this President Means cheerfully subscribed his name If any of our membership saw only the first newspaper reports, it is wise for them to take cognizance of the fact that the organization disclaimed any responsibility for the views contained in the President's address It is well for all officers in organized medicine to be cautious and be on solid ground before they make expressions of personal opinion in public that may be interpreted as opinions of the organization

Since the Annual Report was furnished we have received from the American Medical Association a request for a survey of medical care furnished in each County of our State—a part of a nation-wide survey The report of the special committee of the Council is included in the Supplementary Report of that body Your President *recommends* that every possible effort be made to cooperate with the national organization in this admirable work, details of which must be managed by some specially designated persons at headquarters

Your President wishes to thank the District Branches and County Societies for the invariable courtesy and cordiality with which he has been received upon all of his visits He regretted that it was an impossibility physically to accept all invitations Had it been feasible nothing would have been more heart-warming than visiting all I hope that we are a better knit organization for the year that has passed. Intimate, harmonious, constructive thinking should be the watchword of the hour Any other course means great danger at an extremely dangerous time. May we make *good*, righteous, helpful history of medicine during this session!

SPEAKER KOPETZKY Referred to Reference Committee on Presidential Address, Dr John Bauer, Chairman.

7 Address of President-Elect

Section 64

SPEAKER KOPETZKY Will Dr Aranow escort the President-Elect to the platform?

The delegates arose and applauded as Dr Aranow escorted President-Elect Groat to the platform

VICE-SPEAKER FLYNN May I introduce to you Dr William A Groat, President-Elect (Applause)

PRESIDENT-ELECT GROAT The custom which calls for a report from the President-Elect gives me pleasurable opportunity to thank you, the House of Delegates, for the honor which you have conferred upon me. It also seems proper at this time to tell you as seriously as I may of the good intentions I have for fulfilling the forthcoming obligations which acceptance of this honor has imposed

From time to time there have been changes in the governmental policies of the Society Over the entire period of its existence, however, certain general principles have been secure regardless of changing conditions One of the most important of these fundamentals is that the House of Delegates is the supreme controlling body and that the component sovereign County Societies through their representatives make up this, our legislative body The annual meeting from the first has been a combination of scientific attainment, business transaction, and good fellowship These are the things which should be preserved forever

One year ago to the end that the traditions of the Society be preserved and the business of the Society which has increased so enormously, be carried on as closely as possible to the original plan, yet as promptly and efficiently as the growth of ideas seems to demand a new constitution and by-laws was adopted by you We are greatly indebted to the committee which so carefully studied the governmental practices of the past and formulated policies suited to the tempo of the present. In operation now not yet one year, the plan has functioned and has shown its possibilities for orderly government. Certain minor defects may have appeared as might be expected in an instrument of this kind. It would be strange indeed to believe that a new setup could reach its full effectiveness and that there could be extracted from it all possible benefits in these few months To have had that expectation would have been presumptuous indeed. Therefore, pointing out to you the atten-

(The Speaker then read out the assignments which he had made for the Reference Committees on the various reports with particular attention to the distribution of the numbered topics in the Council Report, as indicated under the titles of the Reference Committees in Section 4—*Secretary*)

SPEAKER KOPETZKY Topic No 20 of the Council Report, "Amendments to the By-Laws," which the Council has submitted will come on the floor of the House at its next session in 1939

The supplementary reports that are at hand are referred as follows The Supplementary Report of the Council on "Report of the Detroit Plan of Tuberculosis Case Finding," to Council Committee No II, Supplementary Report on "Directory Frequency," to Council Committee No III, the Trustees have handed in a supplementary report, and their recommendations Nos 1 and 2 also go to Council Committee No III, the rest of the Trustees' report goes to Reference Committee on the Reports of the Treasurer and Trustees, there are three sections, "B", "I" and "J" of the report of the Council that go to Council Committee No IV, Dr Mott just spoke of an appendix that he was incorporating in his report, and that is sent, and hereby referred to Council Committee No VI, there is a supplementary Report from the Council on a 'Proposed Plan for County Society Study of Medical Care," caption 'H", and that goes to Council Committee No VI There is a supplementary report from the Council, on the "Deaf and Hard of Hearing," caption "D", and that is referred to Council Committee No I There is a supplementary report from the Council on a Section or Session on Gastroenterology, caption "G", and that is hereby referred to Council Committee No VIII The supplementary Report of the Treasurer and the financial portion of the Board of Trustees' report, as well as Recommendations 3, 4 and 5, are referred to the Committee on Reports of Treasurer and Trustees, the supplementary report on "Malpractice Insurance," caption 'F' is hereby referred to the Committee on Report of Legal Counsel There is a supplementary report captioned 'C", "District Branch Executive Committee Meetings—Report of Executive Officer," and that will go to the Committee headed by Dr Van Kleeck, "Reports of Secretary, Censors and District Branches"

SECRETARY IRVING There are two more supplementary reports

SPEAKER KOPETZKY I am informed that Dr Cottis has a supplementary report from the Board of Trustees The Chair recognizes Dr Cottis It has been printed

DR. GEORGE W COTTIS Is anything more necessary than to have it printed?

SPEAKER KOPETZKY It is assigned to the Reference Committee on Report of the Board of Trustees

I understand the Treasurer has a supplementary report.

DR. GEORGE W KOSMAK That has been mimeographed and distributed to all of the members of the House of Delegates

SPEAKER KOPETZKY It is referred to the Reference Committee on the Treasurer's Report

Recommendations 1 and 2, of the Supplementary Report of the Trustees, as previously announced, is referred to Reference Committee on the Report of the Council No III, and the financial portion and Recommendations Nos 3, 4 and 5, to the Reference Committee on Reports of Treasurer and Trustees That straightens that out.

5 Introduction of Guest

We have in the room here this morning a very distinguished guest who comes from overseas He is visiting these United States, and is our guest speaker I have seen the quality of his presentation in a special field I would ask Dr Chas Gordon Heyd to escort Mr Victor E. Negus of London to the platform, so that we may greet him officially

The delegates applauded as Dr Chas Gordon Heyd escorted Mr Victor E. Negus to the platform

MR. VICTOR E NEGUS It is the very greatest of honor to me, Mr President and Gentlemen, to be here today I can assure you that I appreciate your kindness very much indeed I have been at meetings at Atlantic City of the Laryngological and Otological Societies, and I have been deeply impressed with the kindness that I have received at all hands I have always been proud of being a member of the medical profession, but when I see the kindness and mutual help that are displayed in this country towards our rather distressed country, it makes me still more proud to be a member of this profession Thank you very much indeed!

6 Address of the President

Section 63

SPEAKER KOPETZKY I am going to ask Dr Trick and Dr Fisher to escort the President to the platform

The delegates arose and applauded as Drs Trick and Fisher escorted President Goodrich to the platform

SPEAKER KOPETZKY This gentleman needs no introduction anywhere in the State of New York He will present what he pleases, but particularly his address

PRESIDENT GOODRICH My address, ladies and gentlemen, will take the form of a very brief supplementary report to that report which was published in the JOURNAL of April 1

I want to say I thank you for the cordial welcome, and I hope that you will find this meeting throughout a very helpful and a very inspiring affair

In my previous and published report there was a serious omission The value of Dr Joseph Lawrence in our legislative work is well understood Your President wished to especially commend Dr Lawrence for the thoughtful and energetic competency with which he assisted in the direction of the District Branch meetings during the year He was helpful in arranging dates, in suggesting types of programs, many of which were original, and in assuring the provision of every detail which made possible not only very successful meetings but all those arrangements which contribute so much to the

SPEAKER KOPETZKY Evidently they are not here.

From the Medical Society of New Jersey, Drs William J Carrington and Thomas K Lewis!

(There was no response.)

SPEAKER KOPETZKY They are not here.

Dr George G Marshall, from the Vermont State Medical Society

(There was no response.)

SPEAKER KOPETZKY In absentia I greet them (Laughter)

I am, however, definitely informed that there is a guest here from another state society who because of some lack of detail, failed to function and give him the necessary credentials, but he is here, and it is a particular pleasure to welcome him Anyone having to do with forestry knows that he who does not take care of an after-growth is a very poor forester We have had a very distinguished man at the head of our organization for the last year I want to show you the after-growth From Missouri there comes his son, Dr Howard Brant Goodrich Will you rise, sir? (Applause)

SPEAKER KOPETZKY Dr Goodrich, young as he is, but experienced in the teachings of his father, is already busily engaged in the affairs of Organized Medicine. We wish you luck

Are there any other reports or supplementary reports?

I recognize Dr Chas Gordon Heyd

10 Executive Session

DR. CHAS GORDON HEYD I would move you that the Speaker declare the evening session of the House of Delegates that meets after the dinner this evening as an executive session, and that the Speaker be instructed to appoint marshals to see that only duly accredited members of the House of Delegates are present.

The motion was seconded, and there being no discussion, was put to a vote, and was unanimously carried.

SPEAKER KOPETZKY That seems to me to be, and is, unanimously carried The Speaker declares that the session tonight shall, and is, to be an executive session, and he hereby appoints Drs Arthur J Bedell as Sergeant-at-Arms or Marshal, George W Kosmak, and George M Fisher

Is there any other business to come before the session? I am ready to receive resolutions

11 Review of State Society Expenditures for Last Five Years

Section 58

DR. EDGAR A VANDER VEER, *Albany* I am directed by the County of Albany to present the following resolutions

WHEREAS, the work of the Medical Society of the State of New York has grown so extensive that it has become necessary to divide it among committees with substantial budgets, and

WHEREAS, the State Committees try to work through the respective County Committees, which apparently should also have financial resources, and

WHEREAS, the County Societies have too little information available on which to base the estimate of the budgets that should be allowed to these respective committees, therefore be it

Resolved, that the Medical Society of the State of New York prepare and furnish the County Societies with a detailed statement of the amounts budgeted annually in the last five years to the several Standing and important Special Committees and the detailed amounts expended by them respectively in that time, be it further

Resolved, that the President of the State Society be authorized and directed to appoint a special committee of five members to critically review the expenditures, and detail, insofar as practical, the actual benefits accrued to our membership in particular and the public in general by the expenditures of these funds during the past five years and that the committee be directed to file its report together with its recommendations concerning future spending policies at the next meeting of the House of Delegates, be it further

Resolved, that the Board of Trustees of the State Society be directed to appropriate a sufficient sum to reasonably cover the cost of this study

SPEAKER KOPETZKY Referred to Reference Committee on New Business A

12 Compulsory and Voluntary Health Insurance

Section 53

DR. EDGAR A. VANDER VEER I am directed by the County of Albany to present another resolution, as follows

WHEREAS, the Medical Society of the State of New York has always opposed the enactment of any compulsory health insurance law, and

WHEREAS, it is a recognized fact that most states or countries having compulsory health insurance began by promoting voluntary insurance or indemnity schemes, and

WHEREAS, there have been bills before the Legislature providing for legislation that would enable the creation of compulsory or voluntary health and medical indemnity organizations under various names, be it therefore

Resolved, that the Medical Society of the State of New York maintain its vigorous opposition to all types of compulsory and voluntary health insurance measures by whatever name known unless a decision to the contrary is reached only in the House of Delegates meeting in either regular or special session

SPEAKER KOPETZKY Referred to Reference Committee on New Business B

13 Licensing of Foreign Physicians

Sections 33–35–36

DR. MORRIS MASLON *Warren* The resolution I am about to introduce concerns Licensing of Foreign Physicians

WHEREAS, at this period in the history of our

tion which must be given and the spirited co-operation which must be engendered to fully consolidate the advantages obtainable through this fine instrument, must not be considered criticism of the manner in which the introduction of it has progressed during this short period. The particular things which were hoped for from the start—reached for by all and not yet fully obtained—are (1) a stronger and more positive financial control, (2) simplification of committee assignments to avoid unnecessary overlapping and duplication, (3) expeditious dispatch of the business of the Society by the Council, (4) clearer definition of the part which the Board of Trustees should play in financial policies

A definition of the duties of each of our full-time officers and employees and the building of precedents which shall govern their actions and their interrelations are essential in final detail

There is nothing elaborate about this program It is merely a continuation of what has been going on during the past year It is not the intent of the new constitution that the President of the Society shall dominate its activities That is a function reserved to you, the House of Delegates, during your session, and, during the interim, to the Council, each member of which is elected by you It is the Council, a reasonably small, compact body, which must learn, understand and develop its own duties and learn to accomplish its work expeditiously in accordance with present-day business standards With the staggered terms of office for councilors, an informed nucleus should be preserved in this, the controlling body, in the interval between the meetings of the House of Delegates t is to these experienced councillors and newly ected members added each year that we must ok for the maintenance of a government which is continuous, has general broad policies capable of normal conservative growth, and a business control which shall have the firmness and resiliency which only a durable, elastic body can develop

It seems clear that no immediate governmental changes are necessary, and that no special authorities need be given In my opinion the new constitution and by-laws set up all the machinery, grant all the authority, and assume all the prestige necessary for specific accomplishments The complete divorcement of the Board of Trustees from the Council to sit as a wholly separate appropriating and financial agency possessing only veto power on all appropriations of money, is workable but undesirable It is my opinion that through precept, precedent, and assignment, it may be established that the Board of Trustees also may have voice in the creating of financial policies and in the rejecting of impractical ideas for the expenditure of money at their inception I, therefore, pledge you strict attention to the business of the Society during the term of office as presiding officer of the Council so soon to begin The times demand the elimination of waste It shall be an important duty to conserve our resources, give tangible return for monies expended, and increase rather than diminish ponderable values to be distributed equitably to our members

SPEAKER KOPETZKY That will be referred to the same Reference Committee on Presidential Addresses, Dr John Bauer, Chairman

8 Supplementary Report on Workmen's Compensation

Section 55

DR. DAVID J KALISKI, *New York* I wish to make this supplementary report which has not been distributed—on behalf of the Workmen's Compensation Committee of the Council Under date of May 4, 1938, the following communication was received from Elmer F Andrews, Industrial Commissioner of the Department of Labor of the State of New York

"Pursuant to Section 13, Chapters 258 and 930 of the Laws of 1935 amending the Workmen's Compensation Law, and as a result of committee meetings and public hearings, I prepared and established a minimum medical fee schedule for medical treatment and care of injured employees under the Workmen's Compensation Law applying to the Metropolitan District of New York City effective May 1st, 1936

"Since then special committees have been appointed to secure and give careful study to data and information on the prevailing rate of fees paid for medical treatment and care rendered to injured employees in the upstate area

"As a result of evidence submitted at public hearings held on the upstate medical fee question and the special study and careful consideration given to this problem by the membership of the special committee appointed for that purpose and on the recommendation of the Industrial Council, I hereby rule and do adopt and establish the minimum medical fee schedule now in effect for the Metropolitan district of New York City, to apply to the entire state effective May 15th, 1938"

SPEAKER KOPETZKY It is referred to the Committee having the matter in charge

DR. DAVID J KALISKI, *New York* I would like to take this opportunity to congratulate the Industrial Commissioner, and to thank the members of the Industrial Council and the members of the Workmen's Compensation Committee who have been so industrious in bringing the prevailing rates throughout the state to the attention of the Commissioner

SPEAKER KOPETZKY At the proper time, sir, it would be perfectly in order for you to make a motion that proper letters or telegrams of thanks be sent, at the present time, it is not.

9 Introduction of Delegates from other State Medical Societies

SPEAKER KOPETZKY It is my pleasure to introduce the following guests, if they are present. I have been notified that they have been appointed and if they are present I shall ask them to kindly arise

From the Connecticut State Medical Society, Drs D Chester Brown and Stanhope Bayne-Jones!

(There was no response.)

15 Ex-Mental Hospital Patients—a Menace as Automobile Drivers

Sections 49–62

DR. CLARENCE V COSTELLO This concerns the menace of ex-state mental hospital patients as automobile drivers

WHEREAS, in the State of New York, there are annually admitted to the State Mental Hospitals approximately fifteen thousand patients, and forty-five per cent of these are discharged or paroled, and

WHEREAS, a large number of those discharged or paroled are automobile drivers, many of whom are a potential menace, be it

Resolved, on the recommendation of the Committee on Nervous and Mental Diseases that the Medical Society of the County of Monroe urge that some measure be had requiring the notification to the Motor Vehicle Bureau, of all patients discharged or paroled from State and Private Mental Hospitals in the State of New York, so that appropriate action may be taken by the Motor Vehicle Bureau, and be it further

Resolved, that a copy of this resolution be sent to the Council of the Medical Society of the State of New York.

That was adopted by the Committee on Mental and Nervous Diseases, November 30, 1937, approved by Public Health Committee, December 8, 1937, approved by Comitia Minora, December 20, 1937, approved by Medical Society of the County of Monroe, December 21, 1937

SPEAKER KOPETZKY Reference Committee on New Business B

16 Medical Advisory Committee to the State Wagner Act Commission

Section 56

DR. GEORGE BAEHR, *New York* I have a resolution to present

WHEREAS, the Wagner Act includes only one physician on a Commission of thirteen members which is to survey and make recommendations concerning medical care for the people of the State of New York, be it hereby

Resolved, that the Medical Society of the State of New York respectfully request His Excellency, the Governor, to designate a medical committee of distinguished physicians to act in an advisory capacity to the Commission, and be it further

Resolved, that in making this request, the Society call attention to the effective work of the former Governor's Committee on the Medical Abuses of the Workmen's Compensation Act, whose findings and recommendations resulted in widespread corrective changes in the medical provisions of this law

SPEAKER KOPETZKY Reference Committee on New Business A

17 Statement of Public Policy for Cooperation with Official and Voluntary Lay Agencies for Provision of Medical Care

Section 52

DR. MERWIN E. MARSLAND, *Westchester* I have two resolutions to present The first is

Resolved, that the following statement of public policy be hereby adopted and expressed by the Medical Society of the State of New York, and recommended to the American Medical Association, to the end that the American medical profession, through its duly constituted and recognized organization, may commit itself to a logical, affirmative and progressive policy through which it may proceed, in cooperation with official and voluntary lay agencies throughout the nation, to the provision of good medical care to every deserving citizen of the United States

Statement of Four Principles

1 We believe and assert that good medical care can be made available to the poor and to persons in the lower income classes, through more rational economic arrangements than have yet been developed, and under the same conditions of freedom and privacy as obtained for their more fortunate self-sustaining neighbors,

2 We submit that the medical profession has no valid objection to, but should endorse and encourage, the establishment of experimental programs of mutual or public assistance designed to aid such people in obtaining the benefits of good medical care, without resort to medical charity, provided only that in the administration of such programs, the function of the lay agencies involved must be limited and confined to the economic and financial aspects of the programs,

3 We submit that the medical profession must and should insist, in the public interest, that the medical and professional aspects of any and all such programs shall be administered, controlled, evaluated and operated under the responsibility of the organized medical profession, entirely free of political interference or lay dictation,

4 We submit that wherever any such plan of mutual or public assistance may be proposed, the approval and cooperation of the organized medical profession should be anticipated, provided that this clear and logical division of function and responsibility between the economic and the professional aspects is observed and properly implemented in the legislation under which the plan is to be established, or the articles of agreement under which the parties to the program propose to operate, and provided further that such plan is adapted to the local conditions of the community to which it is intended to be applied.

In summary we submit that

1 Organized medicine should favor such programs as will make good medical care more available than at present—by improved economic arrangements

2 Lay agencies must confine their functions to the non-medical aspects of any plans for that purpose.

3 The medical aspects of such plans must be absolutely and solely in the hands of the organized medical profession.

4 These two functions must be kept clearly inviolate and the status of the organized medical profession firmly established by suitable legislation.

local and state Society, New York State is becoming a haven for many foreign physicians whose place in their native lands has caused them to come here, and

WHEREAS, during the past ten years 800 foreign physicians have been granted licenses to practice in this state, and

WHEREAS, our own native physicians have been required to undergo schooling and training which has become markedly more expensive during recent years, and

WHEREAS, foreign nations have for years protected the members of their medical profession from outside competition, therefore be it

Resolved, that the Medical Society of the County of Warren now propose that action be taken by the House of Delegates at the annual meeting to direct the Medical Society of the State of New York to sponsor appropriate legislation whereby qualifications for granting of licenses to physicians of foreign countries be made as rigid as those qualifications now in force for practicing physicians of the State of New York, be it further

Resolved, that a copy of this resolution be immediately forwarded to the Secretary of the Medical Society of the State of New York, and be it further

Resolved, that the Delegate of the County of Warren be instructed to sponsor or support a resolution to the above effect

SPEAKER KOPETZKY Reference Committee on New Business C.

DR. J F GALLO, *Herkimer* This concerns the same subject

WHEREAS, at this period in the history of our local and State Society, New York is becoming a haven for many foreign physicians whose persecution in their native lands has caused them to come here, and

WHEREAS, during the past ten years, at least eight hundred foreign physicians have been granted a license to practice in this state, and

WHEREAS, our own native physicians have been required to undergo schooling and training which has become markedly more expensive during recent years, and

WHEREAS, foreign nations have for years protected the members of their medical profession from outside competition, therefore be it

Resolved, that the Medical Society of the County of Herkimer now proposes that action be taken by the House of Delegates to urge the State authorities and the Board of Regents to take some definite action to protect the practicing physicians of New York State from foreign physicians, and be it further

Resolved, that the rules governing the granting of a license to practice medicine to these foreign physicians coming to New York State be *at least* as rigid as those rules which would apply to our own physicians should they attempt to obtain a license to practice in the countries from which these men come.

I have been instructed by the Medical Society of the County of Herkimer to present that resolution.

SPEAKER KOPETZKY Reference Committee on New Business C.

DR FRANK MAZZOLA, *Queens* This concerns the influx of foreign medical graduates

WHEREAS, there has been a large influx of foreign medical graduates establishing practices in New York State, and

WHEREAS, these physicians are *not* familiar with the Code of Ethics governing the medical profession in this State, and

WHEREAS, a large number of such physicians violate the Code of Ethics before they are admitted to Organized Medicine, therefore be it

Resolved, that the Medical Society of the State of New York recommend to the State Board of Medical Examiners that such physicians be given a copy of the Code of Ethics when making application to participate in examinations to practice medicine.

SPEAKER KOPETZKY Reference Committee on New Business C

14 Public Hearings of Medical Testimony under Workmen's Compensation Law

Section 48

DR. CLARENCE V COSTELLO, *Monroe* I have two resolutions from the Medical Society of the County of Monroe

The first is regarding the amending of the rules of medical testimony of hearings administered by State Department of Labor

WHEREAS, under the rules of the Workmen's Compensation Law, administered by the Department of Labor of the State of New York, it is required that all hearings, including lay as well as medical testimony, be held in public and in the hearing and presence of the claimant and others, and

WHEREAS, physicians having to testify necessarily have to be descriptive of the patient's illness or accident, and factors leading up to the same, and

WHEREAS, the medical profession recognizes most acutely the destructive influence of such testimony on the patient and other witnesses at such hearings, be it

Resolved On the recommendation of the Committee on Nervous and Mental Diseases that the Medical Society of the County of Monroe request the Medical Society of the State of New York to petition the Department of Labor of the State of New York, to amend its rules of procedure so that all medical testimony be held only in the presence of the referee, the claimant, and the legal representatives of the claimant and carrier, and that no attorneys, or insurance adjusters, other than those involved in the case, should be present, and be it further

Resolved, that a copy of this resolution be sent to the House of Delegates of the Medical Society of the State of New York.

That has been adopted by the Committee on Mental and Nervous Diseases, November 30, 1937, Approved by Public Health Committee, December 8, 1937, Approved by Comitia Minora, December 20, 1937, and Approved by Medical Society of the County of Monroe on December 21, 1937

SPEAKER KOPETZKY Reference Committee on New Business B

DR. ARTHUR J BEDELL, *Albany* I move you, sir, that we disapprove of the suggested change

SPEAKER KOPETZKY Would it not be better, Dr Bedell, if the House concurs, that a motion for the adoption of such change be defeated, in other words, affirmative action is better than a negative one.

DR. BEDELL I accept your words

DR. J RICHARD KEVIN, *Kings* This apparently has escaped my vision. I little dreamed that this would come up again For years New York has been trying to get this through. When I say "trying" I mean has made efforts to get it through I was delegated as a delegate from Kings County to meet and obstruct it. And why? Because if this passes, there is no use of bringing you men here from upstate. Kings and Manhattan will do the job for you

SPEAKER KOPETZKY Dr Kevin, the Speaker does not like to interupt your flow of oratory, but there is no use shooting at dead men This resolution was not introduced by New York County

DR. KEVIN I did not say it was, but I said New York County for years tried to get it through. New York County has presented this year after year It first started about fifteen years ago We always have thought it was an injustice to have any one section or any one large area do all of our legislating for us If Kings and New York Counties can do it all why should the upstaters come down here and take part in this House of Delegates? I believe, sir, we should stick to the old theory We were given this privilege by the Legislature years ago when we started. Our fathers will turn over in their graves if you change this Why? Because it represents every county as it is now, without the fear of the larger cities controlling I am against the thing

DR. FLOYD S WINSLOW, *Monroe* That motion was not seconded, was it?

SPEAKER KOPETZKY If it has not been seconded, the motion as I understood it was on the adoption of the defeat of these amendments to the Constitution

DR. WINSLOW Dr Bedell made the motion that the House of Delegates disapprove of the change. In order to keep Dr Kevin's ancestors from turning over in their graves, and seconding the sentiments of the delegate from Albany who believes in thoughts and not words, I second the motion

SPEAKER KOPETZKY The point is this The resolutions amending the Constitution were introduced last year A motion was made that this House disapprove of them. You may vote to disapprove of them, but you will have to defeat these resolutions before you dispose of them. The Chair suggested that you deal with the resolutions, and if you do not like them, defeat them

DR. BEDELL But I most graciously accepted your rewording, and I therefore ask the stenographer to read the motion as I accepted it

The reporter read back Dr Bedell's original motion, the Speaker's comment thereon, and Dr Winslow's second

SPEAKER KOPETZKY The question before the House is on the adoption of the resolutions as presented, what is your pleasure?

DR. WALTER D LUDLUM, *Kings* What does the resolution provide for?

Secretary Irving re-read the resolutions and the substituted amendment.

DR. LUDLUM I move that this resolution be deferred to a session of the House after individual roll call has been had

The motion was seconded.

SPEAKER KOPETZKY A privileged motion to defer action until what time, sir?

DR. LUDLUM After the individual roll call has taken place

SPEAKER KOPETZKY Until after the individual roll call has taken place

The motion was put to an "aye" and "nay" vote and as the Chair was in doubt it was put to a rising vote, and declared lost.

SPEAKER KOPETZKY The question is now on the adoption of the resolutions

There being no further discussion, the motion was put to a vote, and was lost

SPEAKER KOPETZKY The resolution as presented a year ago is lost

20 Election of Honorary Member

SPEAKER KOPETZKY Mr Secretary you have one further matter, as I understand it, that has lain over since last year?

SECRETARY IRVING There is a nomination for Honorary Membership for Dr Jose Arce of Buenos Aires This was presented to the last House signed by three members of the Society, as prescribed by Chapter I, Section IV, of the old By-Laws

This is the letter of nomination

"Gentlemen

"The undersigned members desire to nominate for honorary membership in the Medical Society of the State of New York Dr Jose Arce, Professor of Surgery, University of Buenos Aires, Buenos Aires, Argentine.

"We beg to present this at the meeting of the House of Delegates in May, 1937, as prescribed by the By-Laws, Chapter I, Section IV

"Very truly yours,
(Signed) Floyd S Winslow
Joseph J Eller
Chas Gordon Heyd"

A vote was taken, and Dr Jose Arce was unanimously elected an honorary member of the Medical Society of the State of New York.

21 Medical Assistance Bill

Section 59

DR. HARRY ARANOW, *Bronx* I am sorry, but a resolution has just been handed to me, which I should like to present.

SPEAKER KOPETZKY Let us have the resolution from the Bronx.

DR. ARANOW This is practically the same resolution as was approved by Westchester County, and read before, but it is worded a little differently

WHEREAS the Medical Society of the State of New York, adopting a National Public Health Policy, proposed that '2 An immediate

SPEAKER KOPETZKY Pardon me, but what is your resolution?

DR. MARSLAND *Resolved*, that the following statement of public policy be hereby adopted and expressed by the Medical Society of the State of New York, and recommended to the American Medical Association, to the end that the American medical profession, through its duly constituted and recognized organization, may commit itself to a logical, affirmative and progressive policy through which it may proceed, in cooperation with official and voluntary lay agencies throughout the nation, to the provision of good medical care to every deserving citizen of the United States.

SPEAKER KOPETZKY It was just a rather unique way of putting a resolution in parliamentary form Pardon my ignorance for questioning it Referred to Reference Committee on New Business B

18 Basic Principles for Permanent Program of State Medical Welfare Service

Section 57

DR. MARSLAND I have another one

WHEREAS, the State Department of Social Welfare is reported to be considering a general revision of the rules and regulations pertaining to medical welfare service throughout the State, and

WHEREAS, a committee of the Council of the Medical Society of the State of New York is reported to be conferring with the State Department of Social Welfare, with a view to "Formulation of rules satisfactory to both the Department and the Profession," now therefore, be it

Resolved, by the Medical Society of the State of New York, for the information and guidance both of its own representatives and the State Department of Social Welfare, that it is the sense of this Society that any permanent program of medical welfare service, to be satisfactory and acceptable to the medical profession of this State, must conform with the following general stipulations

(1) The medical aspects of medical welfare service should be placed under the effective control and supervision of the organized medical profession, in somewhat the same manner as the medical aspects of Workmen's Compensation Service are controlled and supervised

(2) The participation of the entire profession in medical welfare service should be encouraged by minimizing the red tape and onerous regulations and by a policy of reimbursing local welfare officers on the basis of local fee schedules in accordance with the prevailing minimum fees in their localities as determined by conference between the local welfare officers and the local county medical society

(3) The welfare patient should be given effective free choice of physician, under the same protective limitations as are provided for the injured workmen under the Workmen's Compensation Law

(4) The provision of medical welfare service by local governments through county, city or town physicians serving under contract should be actively discouraged and disapproved as a policy

(5) Provision should be made and standards of eligibility established according to which needed medical care would be furnished for indigent and near-indigent families not otherwise eligible for material relief

(6) The routine use of clinics by public welfare authorities, thus avoiding payment of fees to private physicians, should be stringently limited, and made subject to medical consideration rather than economic considerations

SPEAKER KOPETZKY Reference Committee on New Business A.

19 Amendment to Constitution and By-Laws

(Component County Society Delegates)

SPEAKER KOPETZKY Gentlemen, there is on the desk an amendment to the Constitution which was presented last year, published once, and now legally before you The Secretary will read it.

SECRETARY IRVING Re Component County Society Delegates This was introduced on May 25, 1937, and is taken from the minutes

"THE SPEAKER We have the following resolution

"WHEREAS, the Constitution and By-Laws provide that each component county society shall be entitled to elect as many delegates as there shall be assembly districts in such county at the time of election, and

"WHEREAS, such representation is supposed to be based on population but in fact is not so based because of the failure of the State Legislature to make reapportionment, and

"WHEREAS, this Society should and can do away with political boundaries within the counties as far as it affects this body,

"*Therefore*, be it resolved, that each component county Society shall be entitled to elect at least one delegate, and one additional delegate for each 100,000 population as determined by the last United States census

"DR KRAKOW, *Bronx* May I move the following substitution as an amendment

"Each component county society shall be entitled to elect one delegate for each 100 members in such county at the time of election, but each component county society shall be entitled to elect at least one delegate. A component society representing by its name more than one county shall be entitled to a number of delegates proportionate to its combined membership at the rate of one delegate for one hundred members"

SPEAKER KOPETZKY The pending question is the adoption of this amendment to the by-laws What is your pleasure? This proposes an entire change in the House of Delegates, a different way of electing the delegates by popular concern called proportionate representation

DR. FRANK L. SULLIVAN, *Schenectady* I would like to ask a question This amendment as read, does that mean one delegate for each 100, and one extra delegate for each part of 100 members thereafter?

SPEAKER KOPETZKY Yes, sir

SPEAKER KOPETZKY The House will be in order

25 Report of Committee to Secure Gift for Miss Baldwin

SPEAKER KOPETZKY The Chair recognizes Dr Barringer

DR. EMILY D BARRINGER, *New York* I wish to make a report in regard to the gift that the House of Delegates gave Miss Baldwin on the occasion of her retirement If you will recall, at the last meeting an informal collection was taken up by the House of Delegates A committee of three were appointed, I being Chairman, with Drs Van Etten and Ratnoff, to buy an appropriate gift for Miss Baldwin. We had a committee meeting, and found we had $163 to spend We were fortunate in being able to go to Tiffany's and buy a wristwatch for Miss Baldwin We were able to get a very beautiful platinum, diamond-studded watch, and had the following inscription put on the back of it

LILY D BALDWIN

for

Distinguished Services

from the

House of Delegates

Medical Society of the

State of New York

Miss Baldwin was perfectly thrilled with the gift, and has written this letter, which I want to read to you at this time

"Dr Emily Dunning Barringer,

Chairman Committee appointed by the House of Delegates to select a gift to be presented to Miss Baldwin when she retired

My dear Dr Barringer

I wish to thank you and the House of Delegates through you, for the lovely gift which was sent me on my retirement. The watch, a wonderful timepiece, is a beauty and something I am particularly glad to have as it is my constant companion and goes with me everywhere a reminder, if it were necessary, as it it not of the courtesy, consideration, generosity and friendship which it has been my privilege to enjoy during the happy years when I was with the Society

Once more expressing my appreciation of the beautiful gift as well as of the thought which prompted it, which is perhaps even dearer to my heart, I am

Very sincerely,

(Signed) Lily D Baldwin."

SPEAKER KOPETZKY Read for information.

DR. BEDELL I would like to make a motion apropos of this, if you will entertain it

SPEAKER KOPETZKY You have the floor

DR. BEDDELL I move you, sir that the House of Delegates, through its Secretary Dr Irving, send a letter of appreciation to Miss Baldwin, one of recognition of her years of service and one expressing our kindest regards and our hope that she may live long to enjoy the years of greater freedom that have come to her

DR. GEORGE W KOSMAK, *New York* I second that

There being no discussion, the motion was put to a vote, and was unanimously carried.

SPEAKER KOPETZKY Is Dr George G Marshall from the Vermont State Medical Society in the room?

There was applause as Dr Marshall arose.

SPEAKER KOPETZKY Dr Marshall, I called for you this morning I extend to you a cordial welcome. You come from quite a distance. You have the privileges of the House. We are glad to have you with us as a delegate from the Vermont State Medical Society to the Medical Society of the State of New York (Applause)

Are any of the reference committees ready to report?

26 Directory Listing of Members

Section 61

DR. B WALLACE HAMILTON, *New York* I have a resolution to present as follows

WHEREAS, the directory of the American Medical Association lists its members in bold faced type, and

WHEREAS, many non-members of the Medical Society of the State of New York have expressed a willingness to conform to the principles of Professional Conduct though being unwilling for economic reasons to join the Society, therefore be it

Resolved that the names of members of the Medical Society of the State Society shall be printed in the Directory in bold faced type, and be it further

Resolved the non-members signing an agreement to abide by the accepted principles of professional conduct shall have an appropriate symbol placed after their names

SPEAKER KOPETZKY Reference Committee B

27 Administrative Cost of Relief and Medical Care of the Poor

Section 82

DR. M RENFREW BRADNER, *Orange* This was passed at a stated meeting of the Orange County Medical Society held on April 12 1938

WHEREAS, the amount of medical care required by persons under the responsibility of various public agencies is steadily increasing, and

WHEREAS, it has been the experience of this Society working in cooperation with the County Government that these matters can be handled simply and economically through Town and County accounting, but that state regulations have developed an increasingly complicated mechanism of supervision and control, reduplicated in Town, County and State Departments, and that this great activity in accounting obviously indicates a vast expense to the public in buildings, personnel and maintenance, and that these departments anticipate in only a small degree the greater complication and expense of similar Federal Bureaus at present under consideration, and that available data would indicate that administrative cost of these depart-

problem is the provision of adequate medical care for the medically indigent, the cost to be met from public funds" (Booth Report of 1933), and

WHEREAS, certain proposals in keeping with the above were enunciated by the Public Relations Committee and the Comitia Minora of the Westchester County Medical Society and approved by its membership, and

WHEREAS, a bill, known as the Medical Assistance Law, was introduced in the New York State Legislature (Assembly No 2787, Int 2310), embodying the policy and proposals mentioned above, specifically providing for a method of administration, similar to the provisions of the Workmen's Compensation Act, under medical control and allowing for free choice of physician, therefore be it

Resolved, that this Medical Assistance Bill which failed of enactment be re-introduced this year, be carefully scrutinized, and altered in a manner that will be most valuable to the needy public and the medical profession, and be it further

Resolved, that this bill be referred to the Legislative Committee for study and possible revision, with the object of approving the principles set forth therein

SPEAKER KOPETZKY Reference Committee A who has the other matters on similar topics

22 Persecution of Austrian Professionals

Section 34

DR. EDWARD R CUNNIFFE, *Bronx* This resolution is presented by the Medical Society of the County of the Bronx

WHEREAS, it has ever been the pride of the medical profession to engage in vital humane and unselfish endeavor,

WHEREAS, medicine, like all science, transcends national and geographic boundaries,

WHEREAS, we American physicians have a double heritage that of our profession and as citizens of the world's greatest democracy,

WHEREAS, because of such tradition and background we are intolerant of foul play and indignities committed against defenseless victims within or outside our national boundaries, therefore be it

Resolved, that the New York State Medical Society register a forceful protest against the humiliation and persecution of Austrian professionals belonging to racial or religious minorities, particularly physicians so classified, be it further

Resolved, that our delegates be instructed to present these resolutions at the American Medical Association convention

SPEAKER KOPETZKY Reference Committee C

23 Insurance Committee

Section 51

DR. JOHN J MASTERSON, *Kings* I have two resolutions

WHEREAS, the operation of the Group Insurance Plan is an important undertaking of the State Society, requiring continuity of supervision, and

WHEREAS, the compilation and analysis of the cost data upon which our insurance rates are predicated are complicated and require long and thorough study by men familiar with the operation of the Group Plan and mathematical computations, and

WHEREAS, it is desirable and necessary that the Chairman of the Insurance Committee be, so far as possible, continued in office from year to year and that he be in New York City where he can frequently consult with the Insurance Representative, now therefore be it

Resolved, that the Treasurer of the State Society be designated as the continuing Chairman of the Insurance Committee

SPEAKER KOPETZKY Reference Committee on New Business B

24 Advisory Service on Malpractice Insurance

Section 50

DR JOHN J MASTERSON, *Kings* The second resolution

During the past few years there has been noted an increasing tendency on part of individuals and small groups to enter into negotiations with insurance companies other than the authorized carrier of the Group Plan without consulting the insurance advisory service provided by the Society This creates an impression of lack of solidarity within the Society to meet with combined force the ever increasing threat of malpractice actions

Several of the overtures that are now being made to members are without merit and may lead to unsatisfactory defense and indemnity of members who seek protection outside the Group Plan When beset by threats of malpractice actions, members naturally turn to the defense machinery of the State Society It would appear altogether proper and logical, therefore, to seek the advice and guidance of the State Society's insurance service before entering into insurance arrangements which may, when needed prove inadequate and unsatisfactory, therefore be it

Resolved, that when approached by representatives of insurance companies other than the authorized carrier of the Group Plan, members be urged to consult with the Insurance Committee, Insurance Representative or the Legal Counsel, before committing themselves to insurance arrangements other than those approved by the Society, be it further

Resolved, that a copy of this resolution be sent to each component county society with instruction that it be brought to the attention of their members

SPEAKER KOPETZKY Reference Committee on New Business B

We will now recess until two o'clock so that the Reference Committees may function If you have business with them they will be on the first balcony, and you can appear before them and present your views (At 11 45 A M a recess was taken)

Afternoon Session

May 9, 1938

The session convened at 2 o'clock, pursuant to recess

DR. HARRY P MENCKEN, *Queens* I move the adoption of the report, together with the recommendation of the Committee.

DR. THOMAS P FARMER, *Onondaga* I second that motion

There being no discussion, the motion was put to a vote, and unanimously carried

SPEAKER KOPETZKY I thank the Reference Committee for their work.

31 Report of Reference Committee on Reports of Treasurer and Trustees

Section 75

DR. L. H. BAUER, *Nassau* Report of Reference Committee on the Reports of the Treasurer and Trustees This report contains several recommendations which are somewhat interrelated, and I think the House could act more intelligently if I read the report through in its entirety, and then took up the specific recommendations one by one

The report of the Treasurer calls attention to the custom of the Society to meet running expenditures from the current dues and the margin between the two is constantly growing smaller leaving less and less to be added to the permanent fund.

There has been a further default in the bonds held to the amount of $5,000 This means a total default of $28,000 in par value or $25 364 at cost. There is a cheering note in that the stocks purchased in accordance with the resolutions of the House of Delegates in 1937, have not passed any dividends up to date, but the Treasurer feels that reductions from this source must be expected in the near future

In addition the Treasurer reports a reduction in the quoted market value of the securities held of $33,682 17 as of December 31, 1937 The amount received from dues was $153 500 and the expenditures $144,472 71 While this leaves an apparent surplus of $9,027.29 and even adding to this the interest of $10,204 10, received on capital the total of the two is still $14,414.24 on the short side. In other words the financial standing of the Society was in reality on December 31, 1937 over $14,000 worse than it was a year ago, and probably still worse at the present date.

Not all of this can be laid to increased expenditures as already indicated, but it does show the importance of leaving a greater leeway between current income and expenditures, in order to allow for possible further shrinkage in capital as well as a hoped for addition to capital

The Treasurer feels that the present permanent fund of the Society of $225,000 is not of sufficient volume and that it should be increased Your committee agrees with this

The Treasurer has attempted to give a comparison of the cost of the previous committee setup of the Society and the present Council Committee plan This has been difficult to do because of the different administrative and fiscal years of the Society, and because the latter plan has not been in effect quite a year However, in 1936, under the old scheme the special committee cost was nearly $47,000 In 1937, with six months of each setup the total cost was a little over $40,000 This is almost $7,000 less in cost and with a whole year on which to base it, it would probably show a still greater saving It would appear, therefore, that the present Council Committee plan was a forward economic step

The increases in the expense of administration have been (1) the employment of a full time general manager This has of course increased the cost of the main office Your committee feels, however, that this increase is justified and that the work of Dr Irving is worth to the Society much more than his salary

(2) The Public Relations Bureau is the largest item of committee expense. In 1936, the Committee on Trends spent nearly $21,000 In 1937, its successor, the Public Relations Bureau was responsible for a net expenditure of $15,600, odd Recommendations as to this Bureau will be made under the report of the Trustees

(3) The Social Security taxes are an increasing burden on the Treasury In 1937, they amounted to over $2,500 and the Treasurer estimates that in succeeding years they will total over $3,500 This is an expense about which we can do nothing but it is an additional sign of the necessity of conserving funds in other directions

The Treasurer ends his supplementary report with a warning that conservatism and a retrenchment in expenditures or a resort to an increase in dues is necessary He calls attention to the elementary principle of governing expenditures by receipts and allowing a surplus for emergencies and additions to the capital fund Your Committee agrees with this and compliments the Treasurer on his caution and conservatism Methods of carrying out his recommendations will be discussed under the Report of the Trustees

The Committee recommends that in the future the Treasurer's report to the House of Delegates give a fuller interpretation of the Auditor's report including a more detailed analysis of the expenditures of the Society so that the report will be more readily understood by every member, and will afford a clearer guide for future recommendations of expenditures

The Board of Trustees likewise sounds a note of warning on the ever-increasing costs of the administration of the Society and states that had the expenditures increased in proportion to the income during the past twenty years, as they have in the past few years, there would have been no trust fund. This is another way of saying that if the increase in expenditures continues, the trust fund will be wiped out. Not only is the increased expenditure of funds a factor, but the safety of our investments has been endangered by the existing financial condition at large.

They cite the fact that the total bond losses and decrease in market value of other securities held on April 11, 1938, come to over $52,500

The budget this year called for $149,000 in expenditures and the income from dues was $153,500 leaving a margin for emergencies of only $4,500 Last year this margin was over $6 000 This year there was also $4,500 allowed in the budget but not spent leaving an actual

ments already exceeds the actual cost of medical services rendered, therefore be it

Resolved, by the Orange County Medical Society that a letter be written to the Board of Supervisors of the County citing the above noted conditions and requesting its interest in an investigation of the administrative cost of relief and medical care of the poor, and be it further

Resolved, that this matter be presented to the State Medical Society through its House of Delegates requesting that further information be obtained from the State Department of Social Welfare pertaining to the administrative statistical and accounting expenses involved in its medical and relief activities for the fiscal year of 1936 and 1937

SPEAKER KOPETZKY Reference Committee A

28 Invitation to Buffalo for 1939 Annual Meeting

Section 81

DR. ALBERT GARTNER, *Erie* This is regarding the next meeting of the State Society

WHEREAS, the Medical Society of the State of New York has held the annual meeting but once in Buffalo since 1915, and

WHEREAS, the Medical Society of the County of Erie would consider it an honor and pleasure to act as your host, and

WHEREAS, except for the Metropolitan Area, Buffalo, being the second largest city in New York State, has more than ample hotel and hospital facilities, be it

Resolved, that the Council of the Medical Society of the State of New York be memorialized to hold the 1939 annual meeting of the Society in Buffalo, New York.

SPEAKER KOPETZKY Reference Committee A

29 Minimum Fee Schedule for Contract Practice

Section 54

DR JOSEPH WRANA, *Queens* (Subject) Minimum Fee Schedule for Contract Practice

WHEREAS, there is an apparent increase in lodge, group and contract practice, and

WHEREAS, there are springing up throughout the Metropolitan Area insurance groups purporting to furnish medical care on a voluntary health insurance basis, and

WHEREAS, these groups and lodges are beginning to manifest the underbidding and solicitation so undesirable in this type of practice, and

WHEREAS, there is no set standard of fees for this work, and

WHEREAS, the Commissioner of Labor has recently decreed that the fee schedule governing compensation practice in the Metropolitan Area be made state wide, therefore be it

Resolved, that the Medical Society of the State of New York go on record as demanding as minimum fee schedule for group, lodge or contract practice; the same schedule of fees as prevails in this state in compensation practice.

SPEAKER KOPETZKY Reference Committee C

30 Report of Reference Committee on Report of Council

Public Health Matters

DR. JAMES ALEXANDER MILLER, *New* Your Reference Committee has been re to review those portions of the Report Council which are contained in Paragraph and three of that report. This covers the jects of Pneumonia, Cancer, Syphilis, an Deaf and Hard of Hearing

Pneumonia

The Council has evidently been very pr erly impressed by the importance of havi all of our members kept abreast of the pro ress of modern medical knowledge relating the prompt diagnosis and adequate treatmen of pneumonia Their efforts in this direction are to be commended and should be energetically pursued in close cooperation with the Public Health authorities, and with the advice and counsel of its Committee on Matters Pertaining to Public Health

Cancer

The educational program carried on in cooperation with the American Society for the Control of Cancer should be continued

The representation of our Society upon the State Commission for the Study of Cancer and the work of this Commission should result in a definite advance in the knowledge of the prevalence of this disease in New York State

Syphilis

In recognition of the great potential value of the intensive efforts of the control of Syphilis which are being exerted by the United States Public Health Service and the New York State Department of Health, your Committee would recommend to the Council that every proper effort be made by the State Society to cooperate with this movement and would especially recommend that the importance of the training of proper personnel in this field be emphasized, not only as it applies to the staff of the Public Health Services but especially by recognition of the opportunities which would be afforded to the furtherance of this campaign if the services of the large body of practicing physicians are fully and properly utilized

The Deaf and Hard of Hearing

The progress which the Council reports to have been made through cooperation with the State Commission is very notable and all concerned with the accomplishment of the adequate program of education for this class of defectives are to be heartily congratulated

In conclusion, your Reference Committee is impressed by the need at the present time for a general survey of the field of public health as it concerns the medical profession of the State of New York

It consequently recommends to the Council that the Committee on Matters Pertaining to Public Health be instructed to make such a survey during the coming year in a manner similar to that pursued by the Committee on Matters Pertaining to Medical Care, and to report to the Council before the session of the Soci

The Committee, therefore, feels that it would not be advisable to raise the dues at this time, and except for the proposed assessment for Workmen's Compensation, recommends that no increase be made.

We will now turn to the specific recommendations, Mr Speaker "The Committee recommends that in the future the Treasurer's report to the House of Delegates give a fuller interpretation of the Auditor's report, including a more detailed analysis of the expenditures of the Society so that the report will be more readily understood by every member and will afford a clearer guide for future recommendations of expenditures"

I move the adoption of this recommendation.

The motion was seconded, and as there was no discussion, the recommendation was put to a vote, and was carried

Dr. Louis H Bauer "One recommendation by the Trustees is that the Publicity and Publication departments be merged This refers to a combination of the present Public Relations Bureau with the Journal Publication Department, the latter recommended by the Trustees No decision can or should be made on this until a definite decision has been reached about the Journal. In any event, the Committee deems it unwise to consider any consolidation until after a Publication Department has been established, provided such a step is taken. If the Society decides to establish its own Publication Department, then your Committee believes that the Public Relations Bureau should be merged with the Publication Department as the two Departments could be run more economically as one and without impairment of the efficiency of either"

I question whether we could take legal action on something which is predicated on something that may not happen

Speaker Kopetzky You can bring in your recommendation, and your Committee will not be discharged, since it has this matter under consideration, until after action by this House of Delegates has been taken upon this matter by the recommendation of the Reference Committee having it in charge Then you can come in and finish your part of this report Meanwhile we will consider that as pending, and since no motion is made it is still pending Go on

Dr. Louis H Bauer I will read the recommendation again about an amendment of the By-Laws

Speaker Kopetzky The amendment to the By-Laws need not be read twice We take official notice of the fact that an amendment to the By-Laws has been presented It shall be published according to the Constitution once during the year and will come up for action in the next House of Delegates Proceed, sir!

Dr. Louis H Bauer 'The supplementary report of the Treasurer states that the Workmen's Compensation Board has cost the Society a total the past year of $7,185 14 Workmen's Compensation administration has been of great benefit to the medical profession of this state Those registered by the County Societies including a certain number of non-members have been the direct beneficiaries The average cost of the State Board would be about fifty cents apiece for those registered under the Compensation law This is not much per person but it is a large sum for the State Society Your Committee feels that it would work no particular hardship on anyone if this cost were assessed against the County Societies in proportion to their registrants at the end of each year They in turn could absorb it or further pass the assessment on to their registrants as they deem advisable. The Committee feels that Workmen's Compensation should be paid for by those doctors who receive the benefits and that the Society should not pay for it out of its general funds This expense should be more or less stationary now that the work necessary in getting it organized and running smoothly is out of the way It is therefore recommended that the Council be authorized to take the necessary steps to levy this assessment as already outlined"

I move the adoption of the recommendation of the Reference Committee

The motion was seconded

Speaker Kopetzky It is moved by the Reference Committee that the Council be instructed to levy an assessment on those members of the State Society doing Workmen's Compensation practice under the law, and that fifty cents a head

Dr. Louis H Bauer Approximately fifty cents

Speaker Kopetzky And that the expense of approximately fifty cents a head be not levied on the general membership The Council will have to work out the details and put this matter into operation, provided it meets with the approval of this House What is your pleasure?

Dr. Arthur J Bedell, *Albany* I appreciate the work of the Reference Committee, but I object in principle to the doctrine that we should begin to segregate and assess for certain individual state-wide functions When you start the process it will be difficult to stop it I feel that this is a part of the function of the State Society, and as such I believe it should be under general budgetary control

I am perfectly familiar with most of the arguments that will be presented that all do not participate in it, but for years we have had a State Directory which upstate men have received all of them flattered to see their names in print but they practically except in rare instances have ever used it They have been assessed for that for years, assessed far more that this compensation per capita would be I believe it unwise to establish the principle of separate taxation

Dr. David J Kaliski Do I understand the Chairman of the Reference Committee to state that this sum is to be absorbed by the County Societies?

Chorus What is the question?

Speaker Kopetzky The question has been asked Is the gentleman from New York correct in his understanding that this sum that is to be assessed by the Council on those participating in Workmen's Compensation will be absorbed by the County Societies? The Chairman of the Reference Committee will please answer that question

total margin of $9,000 Although the income from dues has steadily increased, the expenditures have increased more, so that the margin has become smaller and smaller

A year ago in accepting this similar Reference Committee's report, the following recommendation was adopted by the House

"The House of Delegates direct that the Society maintain its expenditures within its ordinary income, exclusive of the principal or the income from its investments, and that this policy be not departed from except by resolution of the House either in regular or special meeting assembled or by reference vote."

There being no immediate prospect of the general economic situation being relieved nor there being any encouragement on the horizon that the threat of social upheaval is apt to diminish during the next few years, to cut into the general fund of the Society would soon leave it bankrupt There remains, therefore, the alternative of cutting expenses or raising the dues If expenses are to be cut, manifestly the cuts must come on those items which will affect the welfare of the profession the least

The Trustees have made definite recommendations about the JOURNAL and the Directory, but as these items have been referred to a special committee, this committee will make no comments or recommendations

One recommendation by the Trustees is that the Publicity and Publication departments be merged This refers to a combination of the present Public Relations Bureau with the JOURNAL Publication Department, the latter recommended by the Trustees No decision can or should be made on this until a definite decision has been reached about the JOURNAL In any event, the Committee deems it unwise to consider any consolidation until after a Publication Department has been established, provided such a step is taken If the Society decides to establish its own Publication Department, then your Committee believes that the Public Relations Bureau should be merged with the Publication Department as the two Departments could be run more economically as one and without impairment of the efficiency of either

The Board of Trustees also calls attention to the fact that they must approve all contracts and that approval without full information is meaningless They feel that if they are to approve a contract involving a large sum of money, they should participate in making the contract Certainly, if the Board of Trustees is to remain a valuable body it should have such authority This Board is thoroughly familiar with all the assets and liabilities of the Society and the financial interest of the Society in any contract will be furthered by the fact of such knowledge.

It is, therefore, recommended that the By-Laws be amended as follows

Section 2, Chapter V of the By-Laws is hereby amended by inserting the following before the final sentence of that section "The Board of Trustees shall make and execute all contracts for the Society"

Inasmuch as any amendment must wait a year before final action can be taken, no action is necessary now, but this is read in order to comply with Section 2, Chapter XVIII of the By-Laws

The Board of Trustees also specifically recommends that the dues not be raised Before considering this the Committee has two other recommendations to make, as follows

(1) The Supplementary Report of the Treasurer states that the Workmen's Compensation Board has cost the Society a total the past year of $7,185 14 Workmen's Compensation administration has been of great benefit to the medical profession of this state Those registered by the County Societies including a certain number of non-members have been the direct beneficiaries The average cost of the State Board would be about fifty cents apiece for those registered under the Compensation Law This is not much per person but it is a large sum for the State Society Your Committee feels that it would work no particular hardship on anyone if this cost were assessed against the County Societies in proportion to their registrants at the end of each year They in turn could absorb it or further pass the assessment on to their registrants as they deem advisable. The Committee feels that Workmen's Compensation should be paid for by those doctors who receive the benefits and that the Society should not pay for it out of its general funds This expense should be more or less stationary now that the work necessary in getting it organized and running smoothly is out of the way It is therefore recommended that the Council be authorized to take the necessary steps to levy this assessment as already outlined

(2) There was a final difference of $9,000 this year between the income from dues and the actual expenditures This added to the recommended saving of over $7,000 on Workmen's Compensation totals over $16,000 The Committee recommends that the Council endeavor to increase this still more by economies in the present budgetary items so that the budget will be at least $20,000 less than the estimated income from dues, leaving this amount for contingencies, emergencies, and protection of or addition to the capital It is recommended that this budgetary restriction be adopted.

The increasing inroads and attacks on the medical profession require corresponding increasing vigilance on our part The officers and committees of the Society are called upon to sacrifice both time and money in carrying on the affairs of the Society and the protection of the individual doctor The profession must lend its weight to the protection of its own welfare Can this be best accomplished by volunteers or individuals on a full-time salary? If the latter is the answer, then an increase in dues may be necessary

The Committee hopes that economies will be effected in the JOURNAL and in the publication of the Directory If so these economies plus the savings recommended on Workmen's Compensation and other budgetary restrictions may make any increase in dues unnecessary

We should first know the result of these steps in economy and also should know, that if any increase in dues is necessary, how the additional money is to be spent and what probable benefits would ensue.

State Society, and felt that something must be done in the way of retrenchment of expenditures unless we are to cut seriously into our permanent fund. Bear in mind that last year we lost $14,000 altogether in spite of the fact that $19,000 was added to the permanent fund. This was considered not as increasing expenditures If you will recall I read this statement 'This expense should be more or less stationary now that the work necessary in getting it organized and running smoothly is out of the way" We felt there should not be any gradual increase in this expense, and I think the Committee still feels it is an emergency measure to help us tide over this present financial upheaval we are in, without working a hardship on anyone.

The question was called for and the motion was put to a vote, and was lost

DR. LOUIS H BAUER 'There was a final difference of $9 000 this year between the income from dues and the actual expenditures This added to the recommended saving of over $7 000 on Workmen's Compensation totals over $16,000 (That will have to be deleted in view of your previous action) The Committee recommends that the Council endeavor to increase this still more by economies in the present budgetary items so that the budget will be at least $20,000 less than the estimated income from dues (on my own responsibility, Mr Speaker, without consulting with the Committee, I would amend that figure to $13 000, which is the $20,000 less the $7,000 which has been eliminated by the House) leaving this amount for contingencies, emergencies and protection of or addition to the capital It is recommended that this budgetary restriction be adopted."

I *so move.*

The motion was seconded

SPEAKER KOPETZKY The recommendation of the Reference Committee that a budgetary restriction of $13,000 be adopted, said $13 000 to be reserved for contingencies, emergencies, and protection of or addition to the capital as a sort of reserve fund, is before you for action. A motion has already been made and seconded to adopt the said recommendation. Is there any discussion? Are you ready for the question?

DR. JAMES F ROONEY As a member of the Board of Trustees I should like to know what provision is to be made in relation to this contingent fund. What is to be done with it? Is it to be invested? Is it to be placed in savings banks? What is the opinion of the House as to the manner in which this one more fund is to be managed? I should like to hear—and I am sure all of the other members of the Board of Trustees would too although I speak only for myself—the opinion of the House as to the manner in which the Trustees, whose duty it is to supervise the financial affairs of the Society, are to manage this so-called contingent fund

DR. LOUIS H BAUER May I answer that question? This is not a separate fund. The custom has been to budget the items from the income of the Society at so much, leaving a balance for leeway to cover emergencies and additions to capital. We are merely recommending that the budget be not more than $13,000 less than the estimated income from dues It is not a separate fund requiring a special accounting It would be available for emergencies or for additions to capital, the same as any budgetary restriction applies today This year there was an estimated saving of $4 500 between the budget and the actual estimated income from dues We are recommending that next year it be $13,000 less

SPEAKER KOPETZKY Is there any further discussion? Are you ready for the question?

DR. HARRY ARANOW, *Bronx* I would like to know why $13,000 less?

DR. LOUIS H BAUER The original recommendation of the Committee was for $20,000 The $7 000 that was the estimated savings on Workmen's Compensation has just been rejected so I simply deducted that, leaving it $13 000

DR. ARANOW It seems to me that would limit the Trustees too much and not give them the leeway they should have in administering our financial affairs To set a definite sum of $13 000 seems to me to be entirely unreasonable. I think, after all, the reason we have Trustees is to make the necessary decisions as to the financial affairs of our Society, and while the Society can express a sentiment it does not seem to me that they can act in this way without knowing definitely what the expenses are going to be.

SPEAKER KOPETZKY What do you want to do about it? Do you want to make any amendment?

DR. ARANOW I do not think the Trustees should be limited to any definite sum as a reserve. After all we have Trustees to make the decision on financial matters for us. They get *together, and decide what items of expense* are proper and what are not proper, in view of our estimated income. There are many emergencies which arise, and they should be able to act according to their best judgment.

DR. THOMAS P FARMER, *Onondaga* I wish to speak against this recommendation. I realize the weight that the Committee has given to it, and I think they are prompted by the highest ideals On the other hand, the setting aside of a special amount is rather a dangerous precedent

This year our expenses are actually increased by the traveling fund of the House of Delegates to the San Francisco Convention. We will not have to meet that again another year, but such a thing may come up again some time, and it may interfere with some other expenditure that the Society is carrying on for some excellent work. I would be very heartily in favor of supporting a recommendation showing the desire to set aside a larger amount but to specifically state the sum, I am opposed to that

DR JOHN J MASTERSON *Kings* I do not think that the Board of Trustees in view of the increasing activities of our Society and all the work that the members wish it to do should be asked to save $13 000 out of our budget. I think if they will live within the budget that is all we should ask them to do

There is something in there about an emergency We have been accumulating money for a

DR. LOUIS H BAUER The Reference Committee recommends that at the end of the year the cost of the Workmen's Compensation be assessed against the County Society registrants Therefore the County Society will, of course, have the option as to whether they will absorb it directly or further pass it on to those registered in the County

DR. KALISKI I wish to point out that at the present time the larger counties have found it necessary already to make an assessment, although it is a voluntary assessment, against the individuals who are registered and authorized under the Workmen's Compensation Law This is necessary because of the machinery that the County Societies have had to set up to carry out the various functions under the law It would, therefore, mean that there would be a double assessment on the members, particularly in the larger counties, where it is obligatory and absolutely necessary to have an additional source of revenue to take care of the work of the County Societies in regard to Workmen's Compensation Consequently there would be a County Society assessment, which amounts to at present $2 or $3 per registrant, plus the additional assessment which the Committee recommends

It seems to me there are certain functions that devolve upon the State Society in regard to Workmen's Compensation I do not think these functions should be assessed against a county Society or against the individual members in the County Society There are many intangibles connected with this new Workmen's Compensation Law I believe it is the obligation of the State Society to carry on this function in regard to Workmen's Compensation, not only as it affects the administration of the law, but also as it affects contact with the State, and with the Labor Department and various other agencies I think at this time at the very beginning when we are working out the details of the Workmen's Compensation Law that the cost should be borne by the State Society and not assessed against the individual County Societies I also agree with everything that Dr Bedell has said, and I am against this recommendation.

DR. JAMES F ROONEY, *Albany* I entirely agree with the two preceding speakers It is a very simple thing to levy a tax at a small sum and it is a very easy thing to increase that tax year by year until the child has become a giant

There is considerable complaint in that many of the members do not feel they are getting all they should from the Medical Society of the State of New York. If we were to assess them still further, it would intensify this complaint which largely is due to comparative lack of knowledge of what the State Society is doing for them.

There is one other factor that has not been spoken of, and that is this It would be very difficult, as I see it, for the administrative mechanism of this Society to exercise the rigid control over the financial expenditures of this Workmen's Compensation *Division* in the event that it was felt, through extension of its work, and the County Societies being obliged to pay a per capita assessment in proportion to the number of those who are registered in those Societies under the law, that they could increase it, say, $10, $20, or $30, so they would have to meet each year the additional expenditures that might be required from the extension of the Division's activities

I hope that the motion of the Reference Committee will not prevail I hope that the membership of this Society and of all of the County Societies will realize that this is distinctly a function of the State Society, for which they are already paying, and for which they should continue to pay out of their general funds

DR. CHAS GORDON HEYD, *New York* In connection with the recommendation of the Reference Committee, we should bear in mind the genesis of this whole problem. Governor Lehman appointed a Commission composed entirely of members of the Medical Society of the State of New York and the Academy of Medicine. The object of that Commission was to take Workmen's Compensation out of the realm of being a racket and make it a decent, dignified form of medical service. The Medical Society of the State of New York wrote all of the medical provisions of the revised or amended Workmen's Compensation Bill Therefore, they assumed a moral responsibility to organize medically the service under the amended Workmen's Compensation Bill

If the recommendation of the Reference Committee prevails, you are going to segregate essential functions of the Society, which means disruption, incomplete control, and diversification of financial responsibility

I think the recommendation of the Reference Committee should be disapproved by the House of Delegates

SPEAKER KOPETZKY Is there any further discussion?

DR. WALTER P ANDERTON, *New York* It is only fair to state on the other side of the question that there are plenty of men who are not practicing Workmen's Compensation, and who are helping to pay for it, while the other men who do practice it are getting the benefits It strikes me the people who are getting the benefits should pay for them rather than those who are not.

DR. JOSEPH WRANA, *Queens* I would like to call attention to the fact that only one registration is required by law, that the law *does not require* a registration fee, and that the Medical Society of the State of New York cannot enforce the payment of such a fee, also that non-members will not pay a fee.

SPEAKER KOPETZKY If there is no further discussion, the Chairman of the Reference Committee will now close the debate.

DR. LOUIS H BAUER, *Nassau* I may say that the Reference Committee considered all of the arguments that have been brought forth here. We realize it is an unusual step to take. We feel, however, that Workmen's Compensation does not apply to every man in the State Society, and that it is not really establishing a precedent in segregating the expense for this and passing on certain factors which applied to the local Societies.

The Committee was greatly impressed with the seriousness of the financial situation of the

particular conflict between the original motion and the substitute motion as amended If this House wishes to limit the budget to an amount which will leave $13,000 as a margin from our receipts for dues, it may also instruct us to definitely earmark four or six per cent of the total receipts for a specific purpose, that is to make up the loss on our investment funds

I think, without having had a chance to consult with the rest of the Board, that the Trustees would very much like to have you adopt the original motion for this reason Every year the budget is made out, and then all through the year at every meeting we are presented with demands for extra funds which were not provided for in the budget. Some of those sums are quite large. We feel that if we are definitely limited in the amount that we are allowed to allocate the Committees will be a little bit more careful, and some of the officers may be a little more careful about incurring debts, and then coming to us and saying, "What are you going to do about it? We have spent $400 or $500 If you don't pay it, we will have to pay it out of our own pockets" It kind of puts us on the spot, and we would like very much to have this House instruct us to limit that budget so that we may have a $13,000 leeway, not necessarily to be saved and put into the investment fund, but as Dr Goodrich says if an emergency comes up we will have that money to fall back on. We know there will be emergencies all through the year In addition to that, I see no reason why we should not be instructed to definitely earmark a certain percentage—four or six per cent—for the specific purpose of investment As a Trustee, I see no objection to an accommodation of these two motions, and I hope you will vote in favor of the Reference Committee's recommendation.

SPEAKER KOPETZKY The question is on the amendment reserving six per cent of the gross net income until the losses have been made up, and then it is at the disposition of future houses or future recommendation of the Board of Trustees That is the substitute motion which you have decided to consider It is before you for action. There being no further discussion, I will call for the question Those in favor of adopting the amendment will kindly say "Aye", those opposed, "No" The Chair is in doubt. Those in favor of the amendment will kindly raise their right hands, those opposed to it will kindly raise their right hands The amendment is carried. It disposes of the original recommendation of the Reference Committee since you decided to consider the substitute motion and have adopted it as amended

DR. WILLIAM KLEIN, *Bronx* I don't think it disposes of the original motion. This is a separate motion entirely The original motion has nothing to do with putting away for this or for that.

SPEAKER KOPETZKY The original motion said to put away $13,000 It was substituted that four per cent be put away rather than the $13,000 That was amended to make the four per cent, six per cent, and the amendment was accepted by the proposer, and as such was passed, that is, the substitute motion, as amended, was passed. Is there anything else in the original motion that needs action?

PRESIDENT GOODRICH A point of order!

SPEAKER KOPETZKY I am willing to entertain your point of order and be corrected, if I am wrong

PRESIDENT GOODRICH The substitute motion was to encourage the Board of Trustees and the Council to save an adequate amount each year for a contingent fund which if not used during the year by appropriation of the Trustees for emergencies should be saved for the capital account. Dr Heyd recommended that four per cent be earmarked to cover the depreciation on securities, and Dr Kosmak, the Treasurer, moved that four per cent be made six per cent. In other words, there were two amendments Now, as I understand it, Mr Speaker, the vote disposed of the six per cent amendment. It did not dispose of the substitute motion which I made.

SPEAKER KOPETZKY I think the point of order is well taken.

PRESIDENT GOODRICH My substitute motion was to give the Trustees a free hand. I felt it was honoring them to give them a free hand because of our confidence in their wisdom and their care of our funds Inasmuch as the Chairman of the Board of Trustees says they would be glad to have a specified amount set, I will withdraw my substitute motion.

DR. J RICHARD KEVIN, *Kings* I submit, sir, that this can be cleared up to everybody's satisfaction. I move you, sir, that the original motion as substituted be presented to the House now

SPEAKER KOPETZKY The original motion, as substituted, will you state it?

DR. LOUIS H BAUER "The Committee recommends that the Council endeavor to increase this still more by economies in the present budgetary items so that the budget will be at least $13,000 less than the estimated income from dues, leaving this amount for contingencies, emergencies, and protection of or addition to the capital"

PRESIDENT GOODRICH I second the motion of Dr Kevin.

SPEAKER KOPETZKY You have just heard the recommendation made by Dr Kevin that the original motion as amended be presented to the House. It has been seconded by the President. What is your pleasure?

DR. ARTHUR J BEDELL Question of information What happens to the motion that has just prevailed?

SPEAKER KOPETZKY It is law as far as this House of Delegates is concerned until it is rescinded or revoked

DR. JAMES F ROONEY Question of information Do I understand the ruling of the speaker to be that the only instruction thus far received from the House is that the Board of Trustees be instructed to set aside the matter of six per cent of the gross income of the Society for the purpose of creating a contingent fund to make up the losses in the investment portfolio of this Society through the fall of the market?

SPEAKER KOPETZKY That is as far as they go on the question.

DR. JAMES F ROONEY Then do I understand

good many years, and at the present time we have in our treasury over $200,000 which could be used, or at least part of it, in the event of any emergency arising, and I do not believe that the Board of Trustees should be restricted in the amount of our income that they should expend.

PRESIDENT GOODRICH I know from intimate experience in the three years in which I have sat on the Board of Trustees that you can trust the Board of Trustees to save all the money that it is possible to save by conscientious review of the recommendations as regards appropriations

My impression is that it would have the possibilities of great danger if any specific amount, large or small, should bind the Trustees to a certain amount in a contingent fund for emergencies or for the investment of capital That has been going on in a satisfactory amount for several years, as you know, for you have just heard what the accumulations amount to, although we have had to take losses due to a drop in the bond market. However, I do believe that this House should encourage the Council and Trustees in every way possible to so guard appropriations that a large contingent fund can be set aside each year, and so that they will lay aside something for investment as well when that contingent fund is not all used for emergencies

I believe the spirit of this recommendation is grand but, gentlemen, you have very carefully and thoughtfully elected the Board of Trustees, and in my opinion it is obligatory upon the House that, having elected them for a certain purpose, they let them fulfill that purpose and be our economists, be our thoughtful last consideration for the saving of our monies

I would, therefore, move you, sir, a substitute motion that the Council and the Board of Trustees be encouraged to set aside each year an adequate contingent fund for emergencies, and that when the year is completed any unused portion of any contingent fund so set aside should be placed in the investment account.

The substitute motion was seconded.

DR. CHAS GORDON HEYD I would like to move an amendment to Dr Goodrich's substitute motion. Encouraging Trustees to save money is a pious hope They must be instructed to save it. The amendment is that it be obligatory upon the Trustees to deduct four per cent of the gross annual income of the Medical Society of the State of New York to be placed in a contingent fund until such time as our deficit on investments of $52,545 is equalized. We are $52,000 poorer in our investment account—

Discussion to the amendment

SPEAKER KOPETZKY I must know from the House whether it wants to entertain the substitute motion or the original motion. Then we will discuss Are you ready for question that we shall discuss the substitute? Those in favor kindly say "Aye", opposed, "No" Those in favor of a discussion, not an adoption but a discussion, of the substitute motion, kindly rise, those opposed, kindly rise. The substitute motion is before you for discussion Dr Heyd will open the discussion.

DR. CHAS GORDON HEYD You can see, gentlemen, we have had to write off on our investment account a bond item to the extent of $27,539 We also have a drop in the market value of our investments of $25,006, so we are according to the market value of our holdings today $52,000 poorer than we were some time ago

Good business and prudence will suggest that we set aside a certain sum of money over a period of years to wipe out that loss If the market value comes up, then we have saved that money, if the market value remains the same, in the course of the next seven or eight years we will have liquidated the fall in our investment account

I, therefore, propose the amendment that out of the total monies received by the Society there be set aside each year four per cent until such time as a sum of money shall have been accumulated to equal the deficit in our bond and investment account.

PRESIDENT GOODRICH A question of information May I ask Dr Heyd if he accepts the principle enunciated in the substitute motion that this amount is a contingent fund which should be laid aside for emergencies during the year and then the unused portion added at the end of the year to this purpose for which he decides four per cent should be set aside? If so, I would be very glad to accept his amendment, and the whole question could be opened along that line.

SPEAKER KOPETZKY The amendment specifically states in its language what it does that it lays aside four per cent until the loss is made up It does not say that anything should be specifically done with it, nor does it imply any principle. It is very specific.

PRESIDENT GOODRICH May I ask is that besides the motion for the contingent fund?

SPEAKER KOPETZKY The amendment says nothing about a contingent fund The amendment says four per cent of the gross income shall be reserved until such time as the losses are made good, and then it shall go into the general fund, and there is nothing implied or reserved in the matter It is a purely business proposition. As stated, the amendment is before the House, and it amends President Goodrich's substitute motion. The discussion is on the amendment

PRESIDENT GOODRICH Is this added to the motion, or is it a substitute for the substitute motion?

SPEAKER KOPETZKY It is an amendment of the substitute motion, and it is before the House for discussion

DR. GEORGE W KOSMAK I would like to amend Dr Heyd's amendment to make that figure six per cent, and not four per cent.

The amendment was seconded

SPEAKER KOPETZKY You are filling in blanks The amendment to the amendment is that instead of four per cent it shall be six per cent.

DR. HEYD I will accept the six per cent has been accepted by the good business man

SPEAKER KOPETZKY Six per cent has been

PRESIDENT GOODRICH I will accept the amendment and make it a part of my substitute motion

DR. GEORGE W COTTIS I do not see any

tions, but the whole matter is becoming more and more complex from your discussion, and for one I will hardly know what to do when it is over

SPEAKER KOPETZKY Is there any further discussion?

DR. WALTER A. LUDLUM, *Kings* As I understood this last motion, the sum of $13,000 is directed to be put into a contingent fund, which is in addition to the six per cent which must be set aside to take care of the depreciation in our investment account. I wonder whether all of the delegates understand that that is the case, that on the basis of a $155,000 income, approximately fifteen per cent is removed from the budget, leaving at the disposition of the Trustees in the budget only eighty-five per cent of the dues income. I think that is an improper procedure, but my essential purpose is to make it clear that it is not six per cent, nor $13,000, but that it is six per cent plus $13,000 that is recommended for specific disposition.

DR. ARTHUR J BEDELL, *Albany* Question of information Have we not in this House disposed of this six per cent segregation? Did we not vote to do that?

SPEAKER KOPETZKY We did

DR. BEDELL It is disposed of?

SPEAKER KOPETZKY Yes, sir Now you are voting on the additional—

DR. BEDELL Question of information I would like a restatement of just what we are voting on please

SPEAKER KOPETZKY Dr Heyd, read your motion leaving off that portion which we have already adopted

DR. HEYD The annual dues of the Society are approximately $155,000 My substitute motion was to enable the subtraction of $13,000 from that $155,000 Deducting that $13,000 would then make available for budgetary purposes a residue of $142,000 It is then up to the Trustees to run this Society on a budget of $142,000

What will we do with the $13,000? We will take six per cent of $155,000, approximately $9,000, and we will place that at the discretion of the Board of Trustees for reinvestment to bring our loss of our investment fund up to the purchase price. The remainder, $4,000, is utilized in the discretion of the Board of Trustees for any emergency or contingency that might arise. The purpose of my substitute motion was to enable the saving of $13,000, of which $9,000—or six per cent of our total membership revenue—would be set aside to liquidate the loss in our investment fund and to bring it up to its cost price It is not incompatible with the motion that has been passed

SPEAKER KOPETZKY Are you satisfied, Dr Bedell?

DR. BEDELL No, sir, I don't see how that does it. If I understood Dr Heyd, he was using this six per cent from the gross That was the motion that prevailed?

SPEAKER KOPETZKY It did.

DR. BEDELL Then why do we have to reconsider it now?

SPEAKER KOPETZKY It is not under reconsideration.

DR. BEDELL I did not consider I was voting for a six per cent to be used as an increase of our investment fund, to be taken from this other $13,000 I thought we disposed of the six per cent. If so, why is it now before us?

SPEAKER KOPETZKY The Chair understood that six per cent of the gross income was to be deducted and used by the Trustees to refund losses The question of the $13,000 came originally from the Reference Committee, and had no connection with refunding losses That was subsequently changed by Dr Heyd's motion to set aside a definite sum to be used by the Trustees at their discretion, reducing the total amount of income available for ordinary budgetary purposes, and giving a reserve, a leeway, a margin, in addition to the six per cent. Your conception, as you stated it, Dr Bedell, was my conception, but we both might be wrong

DR JAMES F ROONEY This thing seems to be making confusion more profound I think it can be settled by a motion to reconsider the previous vote in relation to this substitute motion

SPEAKER KOPETZKY Did you vote in favor of it?

DR. ROONEY Yes, I voted in favor of it. I move it be reconsidered

SPEAKER KOPETZKY It must be seconded by someone who voted in favor of it also

Several said they voted in favor of it, and were seconding Dr Rooney's motion

SPEAKER KOPETZKY The question is on the reconsideration of the six per cent amendment that was passed Are you ready for the question? All in favor, kindly say aye, those opposed, no It is a vote, and the question is now on the reconsideration of the amendment setting aside six per cent of the budget for the refunding of losses What is your pleasure?

DR. JAMES F ROONEY A point of order

DR. THOMAS P FARMER A point of order

DR. ROONEY I yield to Dr Farmer

DR. FARMER How can you vote an amendment to a motion that has been withdrawn?

SPEAKER KOPETZKY You cannot. That is why I said the motion could not be withdrawn

DR. ROONEY I raise this point of order In view of the fact that we are now ready to reconsider an amendment or a substitute to the original motion, is it not the Speaker's understanding that that reopens the whole question of the original motion?

SPEAKER KOPETZKY It is my understanding that the whole question should be reopened, although technically it does not do so, and with the consent of the House, since we want to do business, let us open the whole question, and start anew

DR. ROONEY I would yield the floor to Dr Chas Gordon Heyd in order that he may present his motion

DR. HEYD Mr Speaker, I think we are all agreed that we want to save money, therefore, I make a motion—it is a substitute—

SPEAKER KOPETZKY There is nothing before the House at all

DR. HEYD I make the following motion In order to instruct the Board of Trustees as to the desirability of placing our fiscal management on a proper basis that an amount not to

that Dr Kevin's motion is really a re-making of the motion made by the Chairman of the Reference Committee?

SPEAKER KOPETZKY Yes, sir It is really a restatement of the motion made by the President allowing the Board of Trustees freedom of action in setting aside additional monies to cover contingencies or conserve our funds

DR. JAMES F ROONEY I am not speaking for the Board of Trustees, I am speaking for myself as a Trustee I want some specific direction from this House as to where we are going to keep the expenses of this Society We have had enough of this sort of thing that we can do this or that. We are highly honored by the confidence that the House places in us but nevertheless, as Dr Cottis has so well said, at every meeting there come up extra budgetary appropriations for extra budgetary expenditures, expenditures that are against the resolutions of this House passed during the last five years If the House wishes to instruct this Board specifically that you shall hold out of the normal dues income of this Society $13,000 a year, keep the budget, the total budgetary appropriations below that sum, limit all of these—I hesitate to use the word, but it is true—illegal expenditures, I am sure that as a trustee I should welcome it, and I think I can bespeak that same sentiment for nearly all the other members, if not all the members, of the Board.

I hope that this motion to instruct us to limit the total expenditures to $13,000 below our normal dues income will prevail

PRESIDENT GOODRICH Question of privilege.

SPEAKER KOPETZKY State your question of privilege

PRESIDENT GOODRICH As I understand Dr Kevin's motion, it referred to the report of the Reference Committee, am I right, that $13,000 be set aside for a contingent fund?

DR. KEVIN Yes My interpretation of this sir, according to my knowledge of parliamentary law is that whatever precedes an amended motion, when that amended motion is carried, you must necessarily carry through step by step Therefore, the last amendment to be voted on now, and the first one made, is the money question The amendments made after that have been passed.

PRESIDENT GOODRICH Therefore, I seconded Dr Kevin's motion feeling that he had essentially, according to parliamentary law, moved the previous question, which was the report of the Reference Committee I withdrew my motion, therefore, my substitute motion, and was told by the Speaker I could not because it had been amended

SPEAKER KOPETZKY Because the substitute motion as amended had been carried.

PRESIDENT GOODRICH I was attempting to show my change of feeling when the Trustees desired the specific instructions by seconding the motion of Dr Kevin. I wish the House to understand that what Dr Kevin has really done is in effect to move the previous question and in order to clear the skies I seconded it. I have no desire to press the substitute motion as long as the members of the Board of Trustees prefer the specific instruction

DR CHAS GORDON HEYD I propose a substitute motion, and that is that the House of Delegates communicate to the Board of Trustees their instructions that an amount equal to $13,000 be obligatorily subtracted from the annual dues for the purpose of meeting the contingencies that may arise in the administration of the Society, second, that an amount equal to six per cent of the annual dues shall be allocated to liquidate the disparity between our investment cost and the market value.

SPEAKER KOPETZKY The second part of your motion has been passed. The other part is before you

Dr Heyd's substitute motion was seconded

DR. GEORGE W KOSMAK It would seem to me an unnecessary restriction on the Board of Trustees to state a definite amount which is to be subtracted from the yearly income. Although we have an income of $155,800 approximately from dues, those dues are not promptly paid, and at the end of the year we may not obtain the dues of that entire membership I believe that it would be a very unsatisfactory bookkeeping procedure if the Trustees were compelled to subtract a definite sum such as $13,000 If a percentage figure were agreed upon on the dues actually collected, that would be a much more appropriate thing, but I do not believe that is necessary It seems to me that the sentiment of this House of Delegates and of a great many other members of the Society must have impressed itself upon the Board of Trustees sufficiently by this time so that they will use their natural saving functions to make that budget just as small as possible. I, for one, cannot see the need or necessity of naming an abstract sum to be deducted from a more or less variable income. I hope that part of the motion will not prevail

DR WILLIAM H ROSS As one of the Trustees I wish to observe that if this complexity goes on very much longer, it will require some definite interpretation of the results to guide the Trustees I think you are getting into deep water

This year there have been various items presented since the budget was adopted, amounting to about $6,000 Some of it is very definite and we must meet it. To definitely set aside a contingent fund is an invitation to spend it. I think that you ought to trust the Board of Trustees to take care of the funds, and I can assure you that in their present state of mind they are inclined not to exceed the income of the Society at all

The particular thing that you have before you is an effort to make up the losses due to market depreciation I question whether that is very sound or not We have an income still from the investments, and if that is not touched that will make up that difference It amounts this year to about $10,000, so we will gradually come out of it, and of course everybody expects some day there will be some improvement and withdrawal of the wet blanket that holds business paralyzed today, and then there will be an appreciation I question very much whether it is a wise thing to limit the Trustees in that way However, we are ready to accept instruc-

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exceed $13,000 be deducted from the gross income of the Society per year, of that $13,000, $7,000 shall be allocated under the direction of the Board of Trustees yearly until such time as the loss in our investment fund is made up to the market price that we paid for our securities

The motion was seconded

DR ARTHUR J BEDELL There is one word in Dr Heyd's motion that changes it from what he said originally, as I heard it He said "up to the sum of $13 000 "

DR. HEYD "Not to exceed $13,000 "

DR. BEDELL Not to exceed it, but under that, they could allocate $100, or $200, in other words, there is a maximum, but no low limit.

DR. HEYD I will change the diction An amount of $13,000, but not in excess of it.

SPEAKER KOPETZKY Is there any further discussion?

DR HARRY ARANOW, *Bronx* I am afraid I am guilty for having this thing all tangled up, but I cannot see the point of making a definite limit Suppose by some unforeseen good luck the Board of Trustees are able to save $25,000, what are they going to do with the rest of the money? Aren't they allowed to save that money? It seems to me it ought to be not less than $13,000 If they can save more money, that much the better

DR. JOHN J MASTERSON, *Kings* Did Dr Heyd say what the Board of Trustees were going to do with the difference between the $7,000 and $13,000, the $6,000? I do not recall that he stated just what the Board of Trustees were going to do with that.

SPEAKER KOPETZKY Can you enlighten the gentleman from Kings?

DR HEYD In substance, we are going to tell the Board of Trustees they have to save money, that they have got to save an amount equal to $13,000 per year, and the only way we can do it is to have them deduct that out of the total income of the Society before they make their budget. That has been done for years, gentlemen, with previous treasurers Of that $13,000, $7,000 is to go to make up the difference between the present market value of our securities and what we paid for them, which leaves $6,000 for contingencies that may arise.

After that $13,000 is deducted from our total income, if we do business for a year, and the Board of Trustees at the end of the year has a surplus, it does not limit their saving that too, but it impresses upon them it is the wish of this House that they shall at least take out of current revenue $13,000

DR. THOMAS H CUNNINGHAM It seems to me that we are building up a very involved machinery here to do a very simple thing that we all want to do We want to economize. We do not have to impress upon the Board of Trustees the fact that this Society should save money We do not have to set up a contingent fund, because who is going to say when that fund shall be spent. If we would go at this thing from the other end, if we would cut down the expenditures of our Society, the perfectly unnecessary, useless, silly expenditures that are going on, and have been going on, over a period of years, they would not have the slightest difficulty in laying aside $13,000 every year That I think is the way to go at this

SPEAKER KOPETZKY The question has been called for Those in favor of the question, kindly say "Aye", those opposed, "No" The question is before you Those in favor of adopting the motion made by Dr Heyd, kindly say "Aye", those opposed, "No" It is a vote, and it is carried, and it is so ordered.

DR. LOUIS H BAUER One more item, Mr Speaker "We should first know the result of these steps in Economy and also should know, that if any increase in dues is necessary, how the additional money is to be spent and what probable benefits would ensue.

"The Committee, therefore, feels it would not be advisable to raise the dues at this time, and except for the proposed assessment for Workmen's Compensation (which you have already voted out), recommends that no increase be made."

I move the adoption of that recommendation

The motion was seconded.

DR. JAMES R. REULING, JR., *Queens* I would move that that matter be laid on the table until after the report of the Reference Committee on President's Address has been made.

The motion was seconded, put to a vote, and was carried.

DR. LOUIS H BAUER There are two items that have been deferred, so the adoption of the report as a whole cannot be made at this time.

SPEAKER KOPETZKY I agree with you.

32 Report of Committee on Prize Essays

I have here a notification that I must put before the House. "The Committee on Prize Essays reports receipt and consideration of two essays submitted for the Lucien Howe Prize for which competition is open this year The Committee has awarded the prize to that essay bearing the sign 'Macula'" That is signed by Frank Bethel Cross, Chairman of the Committee on Prize Essays

Secretary Irving opened the envelope.

SPEAKER KOPETZKY The winner of this prize I am very proud to announce is one who has won prizes here before Dr Arthur J Bedell, of Albany Congratulations, sir! (Applause)

(To be continued)

Medical News

Allegany County

Dr Ralph W Bohn of the Gowanda State Hospital, spoke on "Psychiatry in General Practice" before the Allegany County Medical Society at Wellsville on April 28

Bronx County

The scientific program of the Bronx County Medical Society on April 20 was as follows

"Relation of the Pituitary Gland in Health and Disease," Max A Goldzieher M D *Discussion* A Inter-relation of Pituitary to Mid Brain, Nathan Savitsky, M D , B Inter-relation of Pituitary to Pancreas, Samuel Gitlow, M D , C Inter-relation of Pituitary to Ovaries, Raphael Kurzrok, M D , D Inter-relation of Pituitary to Thyroid, Solomon Ginsburg, M D

Franklin County

Dr. Macartney's fine book on "Fifty Years a Country Doctor" is now in its fourth printing In reply to a letter of congratulations from the editor of the Massena *Observer,* Dr Macartney wrote from Florida

Reviews of the book are coming in with every mail. I received 23 one day last week, which may be only a flash in the pan, to use a phrase from the days of the old flint lock musket. Every little bookstore in Florida seems to have it in stock and two weeks after publication the E P Dutton Company stated that it had already reached the fourth printing

This is rather overwhelming to me and it would be silly to deny that I am pleased since every normal man loves his own baby even if it is only a brain (?) child. I am given to understand that the Book of the Month Club has it listed and the Readers' Digest will publish a condensation of it soon Many thanks for your kindness

Nassau County

"Tuberculosis Undiscovered Endangers You—Your Family—Your Community," was discussed by Dr James Bulmer of Glen Cove before the Freeport Lions' Club on April 26

New York County

Recently a number of professional men in Yorkville (the East Eighties), have been held up and robbed by the same thief The victims were held up during office hours, the thief claiming to be a patient. He is about six feet tall, dark hair and eyes, sallow complexion and slender physique If such an individual is seen in a physician's office he should be detained and the police notified

Niagara County

Dr. W J Engel of the Cleveland Clinic, Cleveland, spoke on May 10 at the monthly meeting of the Niagara County Medical Society in the Hotel Niagara, at Niagara Falls on obstruction of the upper urinary tract

Oneida County

A dinner meeting of the Utica Academy of Medicine, at Hotel Utica, on May 19, was addressed by Dr M L Lurie, Boston, on the topic "Our Hearing and What May Happen to It," with discussion by Dr Karl Gruppe and Dr Fred Jones.

Onondaga County

A Physicians' Secretaries Society has been formed with Miss Dorothy Rush, President, Mrs Iva E Bush, Vice-President, Miss Mildred Pegano, Corresponding Secretary, Mrs L C Mattice, Recording Secretary, and Miss Dorothy Clary, Treasurer

Ontario County

Dr. J F Maltman was host to the Canandaigua Medical Society, on May 12, when Dr Philip M Standish read a paper on "Water Balance and Intravenous Medication"

Westchester County

Dr. Theodore Jost was elected president and Dr Harold Herring vice-president of the Mount Vernon Medical Society at the annual meeting and outing on May 12 at the Leewood Country Club in Tuckahoe.

Other officers named were Dr Mark G Khatshco, secretary, and Dr William A Randel, treasurer

After the election, members turned to golf and dinner and a social hour which followed Approximately sixty attended

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"We believe," Dr Ewing said, "that radiation therapy is still in its infancy The equipment for radiation therapy (x-rays and radium) includes all known modern instruments and some new super-voltage x-ray apparatus not previously employed"

Together with its second largest radium pack in the world, this new super-voltage x-ray equipment will constitute the most powerful anti-cancer artillery to be concentrated anywhere in the world

"This building," Dr Ewing said, "is an indication of a new era in the attitude toward cancer We wish to rob cancer of the pall of emotion which obscures its real significance and intensifies its stern realities and prevents real progress We want to introduce the idea of a business approach to the cancer problem, an emergency business, with the best service given to the early comers

"This is only a beginning We expect in time this whole city block (between First and York Avenue and Sixty-seventh and Sixty-eighth Streets) will be covered by other additions to our plant.

"I think modern society has got to realize that if it wants the results which it is more or less emphatically demanding and hysterically providing for in some directions, it will have to devote a much larger portion of its material resources to projects of this type, and I do not believe the modern conscience is up to that point yet."

The ceremonies were held on the anniversary of the laying of the cornerstone of the original Memorial Hospital fifty-four years ago

Newsy Notes

LIABILITIES OF $1,546,240 and assets of $596,096 are listed in bankruptcy schedules filed by the Broad Street Hospital in New York City

•

RICHMOND MEMORIAL HOSPITAL, Dreyfus Foundation, Staten Island, celebrates "Hospital Day" every year by planting a tree in memory of some person prominently connected with the institution

This year the hospital honored the late Richard Getz of Eltingville, secretary of the hospital's maintenance organization until his death January 19

Getz is the twelfth person in whose name a tree has been planted along the driveway surrounding the hospital on Princes Bay road

DR LEWIS WEBB CRIGLER, surgeon director and secretary of the board of surgeons of the Manhattan Eye and Ear Hospital, died suddenly on April 30 of a heart attack in his office. He was sixty-one. He was a consulting surgeon at the New Rochelle Hospital, the Sutton Memorial Hospital, in Middletown, the United Hospital, in Port Chester, and the Peekskill Hospital

•

MISS NORA E YOUNG, who has served twenty years as superintendent of the Caledonian Hospital in Brooklyn, was honored at a dinner at the Towers on April 23

Improvements

PETITIONS URGING THE city council of Schenectady to authorize immediate construction of an addition to the City hospital to alleviate overcrowding in the contagious wards and provide facilities for mental disease cases were presented to the city council on May 13

THE NIAGARA COUNTY BOARD of Supervisors is considering the feasibility of the enlargement of the present hospital building at the Niagara County Infirmary at Lockport or the erection of a new building

THE MEMORIAL HOSPITAL at Niagara Falls has installed new kitchen equipment at a cost of some $10,000

At the Helm

THESE HOSPITAL OFFICIALS HAVE BEEN CHOSEN

Dr A J Rongy to be president of the medical advisory board of the Hospital for Joint Diseases in New York City

Francis L Durk, to be president of the Brooklyn Eye and Ear Hospital

Dr Joseph Tenopyr, to be director of surgery at the Kings County Hospital

Dr Israel Magelaner, to be medical superintendent of Harlem Hospital

Mrs Otho C Hudson, to be president of the Hempstead branch of the Nassau Hospital auxiliary

Hospital News

A New "Cancer Center of the World"

THE CORNERSTONE OF "the largest cancer center in the world," the new Memorial *Hospital for the Treatment of Cancer and* Allied Diseases in New York City, was laid on May 20 in the presence of a distinguished gathering of medical men and cancer authorities

The principal speaker was Dr James Ewing, director of the hospital and president of its medical board, one of the world's foremost authorities on cancer Another speaker was Dr Lewis W Douglas, former director of the United States Budget, now principal and vice-chancellor of McGill University, Montreal, who is a member of the Memorial board of managers Harry Robbins, president of the hospital, presided

The new institution was described by Dr Ewing as "the largest cancer center in the world," and by Mr *Robbins as "the greatest* cancer project now contemplated anywhere in the world" With its ultramodern equipment, the most powerful anticancer artillery in the world, combined with its research laboratories, its highly trained personnel and its vast experience from the treatment of 75,000 cancer patients in the hospital's fifty-four years of existence, the new institution, under the leadership of Dr Ewing, will embody humanity's greatest hope for finding a cure for cancer, if such a cure, or cures can be found

"To the public, rich and poor, patient or philanthropist," Dr Ewing said, "this conspicuous building, added to an already great medical center (the Cornell University Medical College), should offer renewed encouragement to approach the cancer problem with greater alertness, wider knowledge and finer discrimination, for by fighting cancer with such weapons we may eventually reach substantial control of this group of diseases

"New York City need no longer acknowledge a subordinate position among the great cities of the world in equipment to accomplish these ends"

The new "cancer center of the world" occupies a plot 613 by 200 feet given by John D Rockefeller, Jr, and is being constructed with a grant of $3,000,000 made by the General Education Board of the Rockefeller Foundation The institution, a twelve-story and penthouse building costing nearly $4,000,000, will replace the present institution at Central Park West and 106 Street

Labor Rows Caused Delay

It became known that labor troubles caused a delay of one year in the completion of the building and an additional cost of about $1,000,000 in its construction It was added that "many luxuries and conveniences and some necessities desired for the patients" had to be omitted from the building as a result of these labor difficulties, which, it was charged, developed as a result of "extravagant demands and tyrannical practices" of certain labor unions connected with the building trades

As the original grant was only $3,000,000, it was learned, the extra $1,000,000 still must be raised In addition, the center will need about $2,000,000 as an endowment to operate the new institution at full capacity, and to enable it to carry on the most concentrated and effective methods for fighting mankind's natural enemy No 2 yet to be contemplated anywhere in the world

A box was placed in the cornerstone containing publications of the hospital, data on the present five-year cure-rates at the institution in the different types of cancer, external and internal, gold seeds filled with the radium product radon, used in treating cancer, and other radium applicators developed at the Memorial Hospital, photographs of the nursing, laboratory, clinical, fellowship and resident staffs and other articles and documents

The building, fronting on East Sixty-eighth Street, will provide at the outset for 168 beds, with provision for expansion It will contain extensive facilities for diagnostic and treatment clinics, surgery, research laboratories and special provision for irradiation with x-rays and radium

light district, and, if so, what would it show? Are we merely guppies of a later type, to follow where they lead?

Well, it turned out that they were very moral little guppies, and shunned the red lights A few wayward ones resorted thither, but the great majority, 75 to 1, we are informed, preferred the blue Just what position was taken by the 5 guppy is not stated, perhaps he merely lingered longingly near the crimson chamber, and scored only half a point He was a waverer Some of us are like that.

Ask the Ants What they Think

Thus the guppies Next the ants Volumes, as we all know, have been written to tell us what smart little fellows the ants are. As man has the supreme intelligence in the animal kingdom, so the ant seems to have the keenest brain in the insect realm What could be happier than to signal from one realm to the other and ask, as it were, "Which do you like better, red or blue?" The query was put to the ants by enclosing them in an ant-house, covered, half and half, with red and blue cellophane. Which will they prefer? The reply is immediate and emphatic They flocked at once to their red-light district, without a qualm If the ants are as brainy as claimed, does this contain any teaching for us? To make their feeling perfectly clear, they not only lived and bred in the crimson or primrose paths, but used the blue part for a cemetery, and buried their dead there "That's all your land of blue-laws is good for," they seemed to say The moral is for each one to decide for himself, perhaps with the self-searching inquiry—"Are you an ant or a guppy?"

Then it was the turn of the flies to be questioned, and they were introduced into a box, lighted half red, half blue. Determined to show their independence, they treated both colors alike, and favored neither the blue nor the red.

The Answer to the Riddle

What is the explanation of these contradictory tastes of guppies, ants, and flies? Dr Vollmer, (who, by the way, must not be blamed for the deep moralizing above on his experiments) explains it very simply Guppies like the light, so they prefer the blue, because it is lighter than the red, ants like semi-darkness, and favor the red, flies seek full daylight, so that neither red nor blue satisfies them

Rats are of course favorite subjects of study, and the European investigators had based some of their conclusions about the influence of light upon experiments with them, so Dr Vollmer conducted a series of careful tests upon these rodents, running over many months There is not room here to go into the details, but it is sufficient to say that any differences that appeared in the animals living under one or another color of light were easily explained on other grounds, so that there was no true scientific evidence that the colored light was of any effect at all

"Negative Light Therapy"

It is true that smallpox patients kept in "red room" do not develop suppuration of th eruptions and subsequent scar formation, but, as Dr Vollmer remarks, this is "negative light therapy," and depends on the exclusion of chemically active light, the light of short wave length, and not on any specific influence of red light. Total darkness is equally good He also attacks the treatment of inflamed areas with red light irradiation as an "erroneous theory," and reports a number of experiments of which "all presented negative results" Favorable results of red light treatments obtained by various clinicians and practitioners he would explain as due in great part to the heat that goes with the light.

This is a growing subject. Heat, light, sound, x-ray, and perhaps cosmic ray, are all forms of radiation, all a part of the mysterious realm of radioactivity Its potency for good or ill no one denies Radiotherapy is in its infancy One of the European workers quoted by Dr Vollmer is Professor Pincussen, whose very name suggests that the subject is full of good points

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The witty young wife of a university professor remarked during her first pregnancy, "I'm quite modern, you know—heir-conditioned, so to speak."—*Canadian Doctor*

Nurse "I think he's regaining consciousness, doctor, he just tried to blow the foam off his medicine."—*Petroleum Engineer*

Across the Desk

Pink Panes for Pained People?

THE MAN WHO SEES THE WORLD through rose-colored spectacles is happy, while the one who "sees red" is unhappy, the one "in the red" feels blue, and the one "in the pink" feels like a fighting-cock The cure for the blue fellow in the red would have been the "long green" in the days when that currency was current So we must own up that color-therapy at least has something in it There is evidently something in it for the "healers," who put their sufferers, or victims, under colored glass, of all hues and shades of the rainbow The rainbow is thus the Bow of Promise to the victim, and the healer is after the pot of gold at the end of it. The various shades give the shady touch that is appropriate

Busy doctors, too occupied with real medicine to pay attention to fakirs, will be amazed to know that there is actually a cult of "chromotherapy" Some of its "literature" has fallen into the hands of the Editor of the *Archives of Physical Therapy*, who says that "every ethical member of the medical profession would be shocked were he to see the brazen and fantastic claims made for it by self-appointed exponents of this twilight zone of therapy" Its followers, it appears, are promised a veritable gold mine in the utilization of colored pieces of glass to treat all human ills Some of the colors listed are picturesque, anyway—"flame red," "spinach green," "etheric blue," "tangerine," "love-bird green," "pansy," "cobalt green," etc

Every Ill Has its Hue

All that's necessary, it seems, is to put panes of the right color in the window, and the sick man is as good as cured. When this form of treatment comes into its own, we shall see the doctor hastening down the street, not with his little black bag, but with an assortment of colored window-panes under his arm, and carrying a blob of putty and a silver-handled putty-knife A lightning diagnosis indicates tomato-worm green, say, and in no time the sufferer is basking in this pleasing hue.

"I feel better already, doc," he says

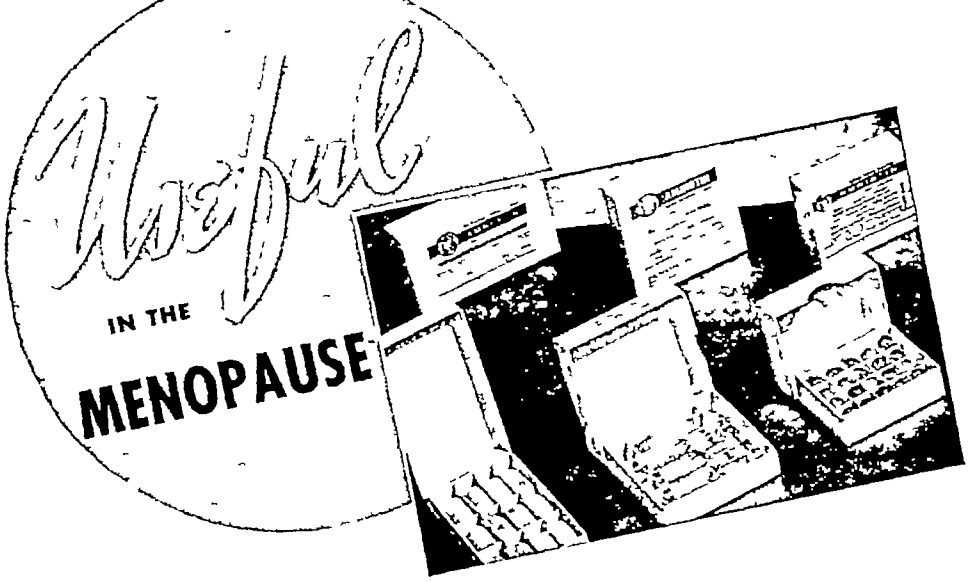
"Yes, you are very, very lucky," replies the chromotherapist grandly "You called me just in time. By tomorrow you would have had to have potato-bug brown, much more expensive Now this will cost you only fifty dollars" But the patient has fainted

As the literature explains, some colors are "anabolic," some "metabolic," and some "katabolic" Some are caustic, some gentle, while others can cause "festers" or slay germs Certain colors, it appears, are helpful in enabling a tottering dotard to regain sexual potency, while others, on the contrary, will subdue excessive erectility Even a child harboring worms in its intestinal canal merely needs certain colored pieces of glass placed over its abdomen "to cause the worms to be so humiliated at the unworthy treatment that they will emigrate in a huff," as the Editor of *Physical Therapy* remarks, or else, he adds, "it may be that the worms, in spite of 'spinach-green,' feel they cannot compete with Popeye, the sailor man"

Turn the Searchlight on it

Now, we may ask, is there a serious side to all this? Do various colors of light really have any healing value? Is there a grain of the true wheat in all this chaff of charlatanry? Well, a paper marked by science and good sense on this very topic was read in April at the Eastern Sectional Meeting of the American Congress of Physical Therapy, and is printed in its *Archives* It is written by Dr Hermann Vollmer, a Heidelberg man now practicing in New York City, who carried out his experiments at Mount Sinai Hospital

What Dr Vollmer did was to take the claims made by German and other investigators whose findings were published in scientific journals, and test them out carefully with his colleagues at Mount Sinai One test, for example, was made with the little fish known as guppies A rectangular aquarium was divided into two equal parts, but in such a way that the guppies could swim freely back and forth from one to the other One half was covered with red cellophane, the other with blue. Which would the fish prefer? Would they flock to their red-



IT IS GENERALLY RECOGNIZED that the subjective nervous symptoms which frequently accompany the menopause can quite generally be alleviated by treatment with estrogenic substance (Amniotin) The problem of dosage of estrogenic substance is practically the only one confronting the physician who seeks to treat or correct the vasomotor symptoms Amniotin is supplied in dosage forms and potencies adaptable to any circumstances

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Books

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and the interest to our readers

RECEIVED

A Textbook of Clinical Pathology Edited by Roy R. Kracke Octavo of 567 pages, illustrated Baltimore, William Wood & Company, 1938 Cloth, $6 00

Essentials of Psychiatry By George W Henry Third edition Octavo of 465 pages Baltimore, The Williams & Wilkins Company, 1938 Cloth, $5 00

The Practice of Urology By Leon Herman, M D Octavo of 923 pages, illustrated Philadelphia, W B Saunders Company, 1938 Cloth, $10 00

Hernia. Anatomy, Etiology, Symptoms, Diagnosis, Differential Diagnosis, Prognosis, and the Operative and Injection Treatment. By Leigh F Watson, M D Second edition Quarto of 591 pages, illustrated St Louis, The C V Mosby Company, 1938 Cloth, $7 50

Actinomycosis. By Zachary Cope, M D Octavo of 248 pages, illustrated New York, Oxford University Press, 1938 Cloth.

A Diabetic Primer for Children. By Alfred E Fischer, M D Second edition Octavo of 55 pages, illustrated New York, Dr Alfred E Fischer, 1938 Paper, 75¢.

REVIEWED

Physiology for Pharmaceutical Students By Harold H Barber, B Sc. Octavo of 477 pages, illustrated Baltimore, William Wood and Company, 1937 Cloth, $4 50

For the purpose for which this book was written it fulfills its need. It is an excellent text of elementary physiology but hardly of the type to interest the practioner or student of medicine

GEORGE B RAY

Security Against Sickness. A Study of Health Insurance. By I S Falk. Octavo of 423 pages Garden City Doubleday, Doran & Company, Inc. 1936 Cloth, $4 00

The author of this valuable book has spent years on and had wide experience in his subject The work is divided into four parts

I Need for group payment of sickness in the United States

II A study of European experience with health insurance

III The basis of an American program

IV Appendices

It is a scholarly performance in succinct, clear style, with much convincing logic. The author's conclusions are based on an enormous amount of "laboratory work," covering statistical data from England, Germany, and Denmark Aside from the cold facts of his work, Dr Falk reveals an unbiased mind, acute vision and a profound sense of duty toward the "underdog" in life, which add immensely to the challenge he brings to American thinkers on a problem which has been looming larger He emphasizes the disastrous effect of incapacitating sickness amongst our people on the stability of the land His reasoning leads him to the conclusion that, sooner or later, compulsory health insurance will become an established fact with us, and that, properly inducted, it should be absolutely free from political influence, should protect the needy in times of sickness and as (in England) be of great benefit to the profession of medicine and dentistry in an ethical solution of their economic problems Right or wrong, the book is a masterpiece and will command serious attention of a large number of people, both lay and professional, whose hearts are in this big subject and who will surely read with open minds what the author has to suggest in the way of "basic principles for an American program" He is perfectly clear that some form of State medicine is inevitably in the offing, and he is giving to those interested the findings of years of intensive study and wise counsel, based upon these findings and his own conception of the indications to be followed.

Dr Falk's book both merits and demands careful reading by everyone interested in the alleviation of human suffering and particularly in relation of the dual function of the medical profession and the State.

J M VAN COTT

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Nitrites	none	Magnesium Sulphate	320
Nitrates	none	Sodium Sulphate	180
Odor (cold)	none	Sodium Chloride	20
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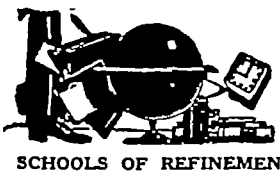
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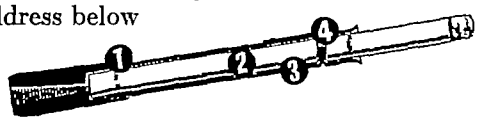
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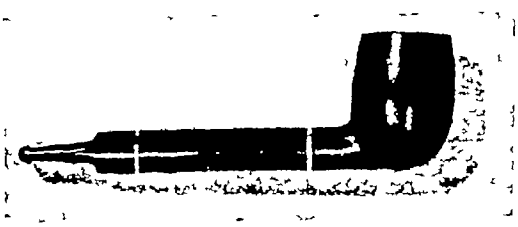
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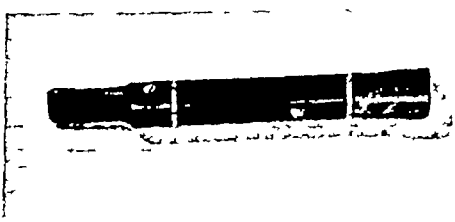


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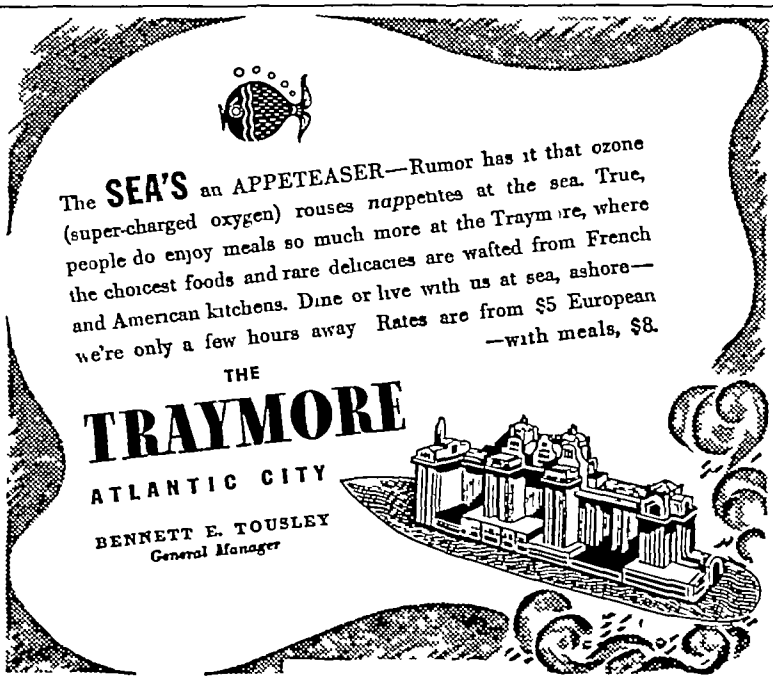
Each little parish, the largest of which is Ste Petronille, where the ferry docks, has its immaculate, tall-spired church, and wayside shrines beckon to the faithful at many points between the villages Orleans is probably the least-visited and at the same time the best place for the stranger at Quebec to meet the habitant and observe his primitive mode of living, and a 30-mile drive around the highway which encircles the island will more than repay the visitor having the initiative to make it.

* * *

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(*Continued on Page xh*)



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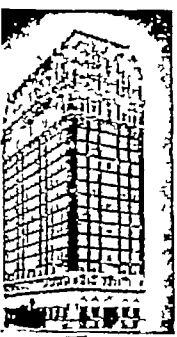
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Or take a short sea trip to Nova Scotia At Yarmouth, the *Lakeside Inn*—open June 28 to Sept. 8, is closeby the famous tuna fishing grounds At Digby, *The Pines* is open June 24 to Sept. 14—with good golf and fishing, also a salt water swimming pool, at Kentville, the *Cornwallis Inn*—open all year, is not far from Evangeline's Acadia and Grand Pre

Steamship Service—New York-Boston to Yarmouth Or by rail to St. Andrews Saint John. *Ferry Service*—Saint John to Digby Dominion Atlantic Railway meets all ships

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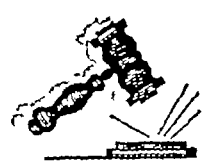
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Come along for the "time of your life"—just across from Steel Pier



A. G TOWERS
General Manager

HARRISON COOK
Resident Manager

The Seaside ATLANTIC CITY

(Continued from Page xxxvii)

New York, were Dr and Mrs Raymond E Meek of Manhattan and Scarsdale

Among registered guests at the Seaside Hotel in Atlantic City, during May, were Dr Asher L Baker of Beacon and Dr C P Rhoads of the Rockefeller Hospital in New York City

* * *

Aviation Progress

Launching a field study program to supplement classroom work, thirty-six Flying Cadets from the Morgan Park Military Academy in Chicago, left the Chicago Municipal Airport on Sunday, May 22nd, for a 3,000 miles aerial tour of the historical and geographical spots of interest in the United States

Under the command of Major Edward Bouma and accompanied by Dwight Green, former United States District Attorney in Chicago, the cadets took off in two giant "Flagship" Clubplanes of American Airlines, Inc., for Pittsburgh, the first stop, for a reception by city officials From there the flight continued to Harrisburg where the cadets met Gov George H Earle who accompanied them on a tour of the historic Gettysburg battlefields

From there the flight continued to Washington where the cadets were guests of Attorney-General Homer S Cummings and paid a visit to President Roosevelt. While here, a side trip was made to Virginia to visit the historical spots of that section

The flight then carried the cadets to New York for a day of sightseeing Returning home, the flight was made via Buffalo and Detroit.

Facts and data gathered by the students on this trip, according to Major Bouma, are to be used by the cadets to summarize and round out their classwork for the year

* * *

Bobby came in at noon looking very distressed.

"Mummy," he said, "is it true that an apple a day keeps the doctor away?"

"Yes, dear," replied his mother "Why?"

"Well, I've kept thirteen doctors away this morning, but I'm afraid one will have to come this afternoon."

* * *

"Willie, how dare you kick your little brother in the stomach!"

"It's his own fault—he turned round!"

* * *

"What has become of the portable garage?"

"I tied a dog to it, and a cat passed by"

* * *

"First of all, my boy, realize that my time is limited Secondly, say what you want. Thirdly, be short."

"Well, dad, first I do Secondly I will Thirdly I am!"



Great Western

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When a patient requires a superior champagne during convalescence specify "Great Western."

Produced since 1860 in the Finger Lakes region of New York, from grapes grown under soil and climatic conditions matching those of the great wine-producing regions of France, Great Western wines have been well recognized by the medical profession

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Vermouth Dry and Sweet

Champagnes Dry, Medium and Sweet The American champagne that won medals in Paris, Brussels and Vienna

Still wines (under 14% alcohol) Sauterne, Rhine, Claret, still Burgundy

Still wines (18% alcohol) Sherry, Port Tokay, Sweet Catawba, Muscatel

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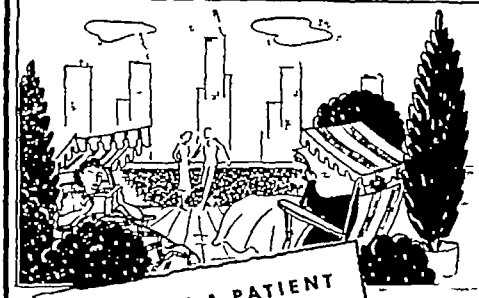
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